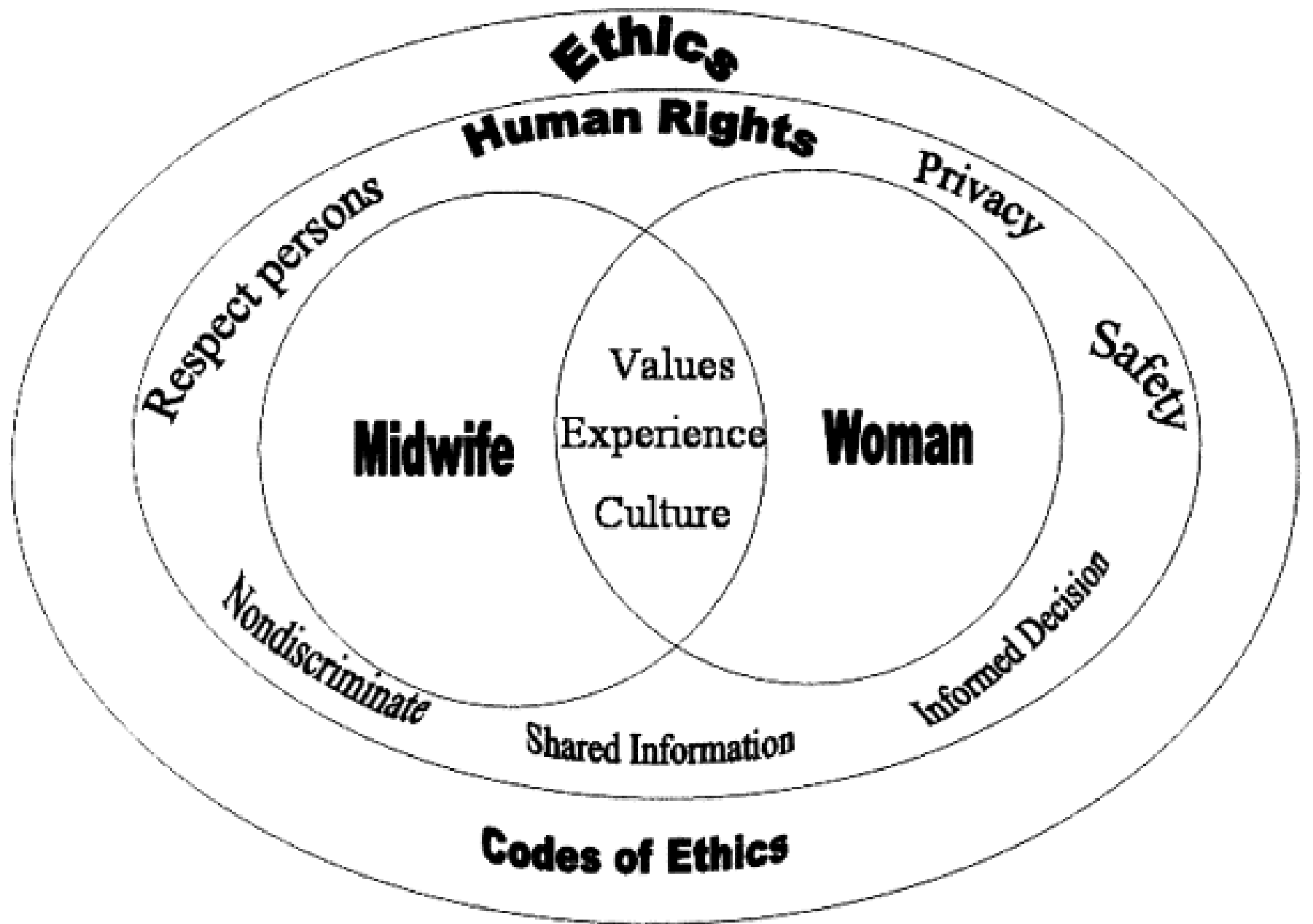


Respectful and Safe Childbirth

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Disrespect and Abuse of women in maternity facilities is common

- It is reported in many maternity facilities throughout the world
- Up to 16% of women experience disrespect and/or abuse in South Africa
- Disrespect and abuse is not a soft issue and can have major consequences

Some Consequences of Disrespect and Abuse of women during childbirth

- Post traumatic stress disorder
- Non-attendance for maternity care
- Deterrent to care for most vulnerable (eg. teenagers, asylum seekers)
- Fear of childbirth
- Consumer pressure for elective CS
- Breakdown in trust between communities and health facilities
- Increasing maternal and perinatal mortality

Disrespect and Abuse: what is it?

- Physical abuse
- Non-dignified care / Verbal abuse
- Non-confidential care
- Non-consensual care
- Neglect / abandonment of care
- Extortion of money / seeking bribes
- Inappropriate detention in facility

Disrespect and Abuse: why does it occur?

ATTITUDE PROBLEMS

- Gender-based violence against vulnerable women
- Provider prejudice / unequal power relations
- Hierarchical training / lack of role-modelling

HEALTH SYSTEM ISSUES

- Provider demoralisation due to weak health systems, lack of staff and other resources,
- Poor professional development opportunities, lack of status and respect from management

DISRESPECT AND ABUSE

WHAT ARE THE SOLUTIONS?

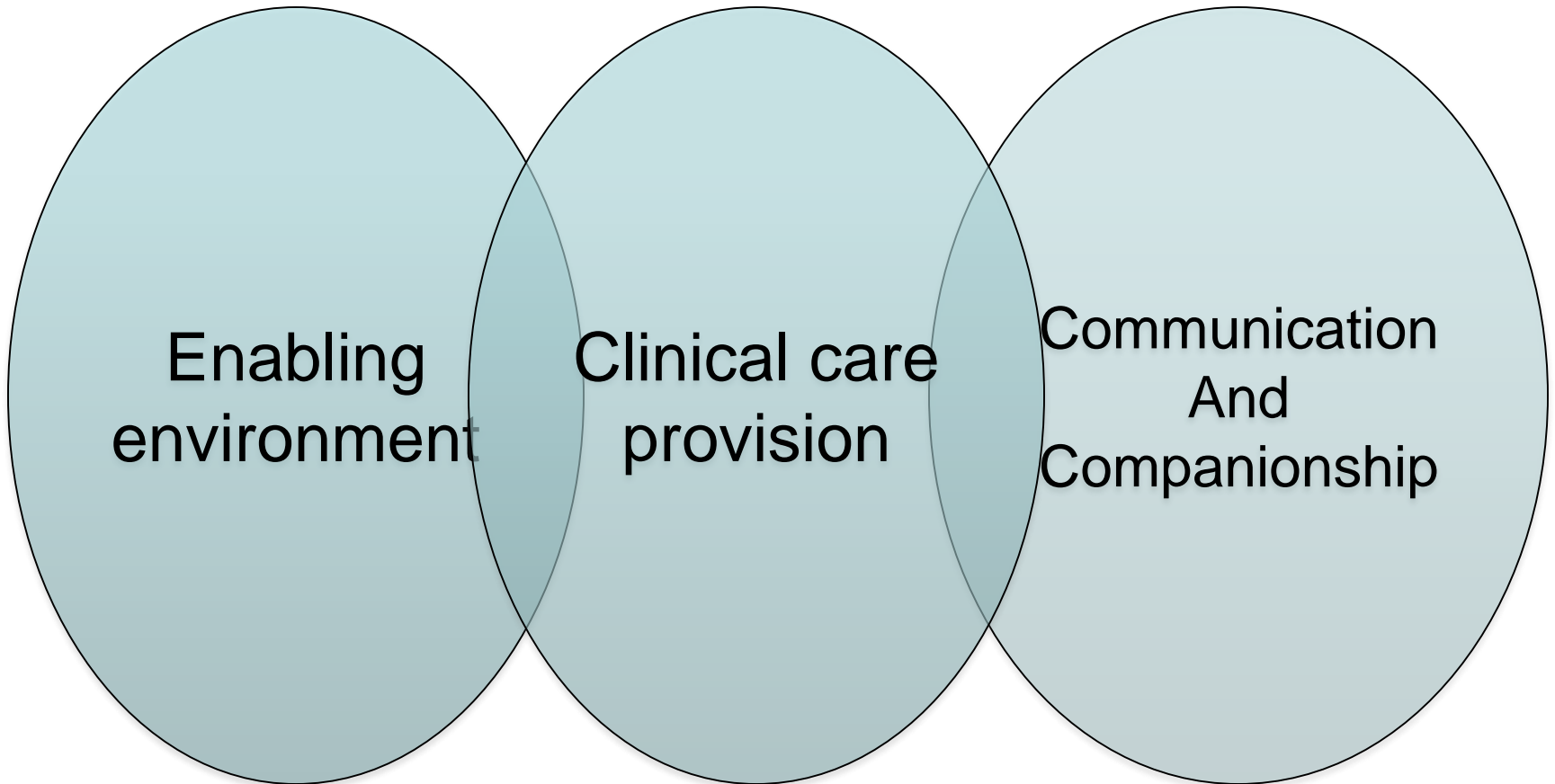
Skills station:

**“Unco-operative woman” in the
second stage of labour**

Respectful and Safe Maternity Care

- Focus on the **interpersonal** aspects of care we provide women in maternity facilities
- An issue of **human rights** (Right to autonomy, dignity and respect)
- An issue of **savings lives** of mothers and newborns
- Should also involve **caring for the carers**

Determinants for Respectful and Safe childbirth



Respectful & Safe Childbirth:responsibility

- *ENABLING ENVIRONMENT (managers)*
Leadership and accountability, Infrastructure, Drugs, Supplies, Water, Electricity.
Emergency transport, Competencies for BEOC or CEOC.
- *CLINICAL CARE PROVISION (clinical managers, staff)*
Supervision and training, protocols displayed, EOST drills.
Clinical governance and outreach.
- *COMMUNICATION (Health professionals, reception staff, security)*
Respectful maternity care, provision of information about care, promotion of birth companions for all women in labour. Appreciation and care for health providers.
- *MONITORING AND AUDIT (Clinical managers, health staff)*
Mortality and morbidity meetings, patient feedback mechanisms

Empathy

EMPATHY is 'being with' patients

**There are 6 useful skills for
empathic engagement**

1. Privacy, building rapport, warmth and genuineness

- Make the patient feel comfortable, relaxed
 - Informal conversation, interest in the patient's concerns
- Create a 'safe space' through creating calm and as much privacy as possible
- Try to understand or imagine the patient's perspective
- Be professional, do not share your own frustrations or personal experiences
- Show friendliness and care
 - Warm, quiet tone of voice
 - Face and eyes can easily show kindness

2. Communication

- Non-verbal
 - Facial expressions
 - Body posture
 - Tone, volume of voice
 - Touch

- Verbal
 - Closed questions
 - Yes/no/factual answers
 - Keeps health worker in position of power
 - Open questions
 - Shows interest
 - Shows non-judgementalism
 - Gives patient a sense of agency

“Can you tell me....?”

“How do you feel about...”

“What has been happening...”

3. Reflecting feelings

- NOT about asking questions, getting information, leading the conversation
- State back to the patient what you think she may be feeling
- Be gentle, as you may be wrong

“It sounds as if you are very angry.”

“You seem afraid and uncertain, am I right?”

Reflection may

- Make the patient feel valuable as a person
- Make the patient appreciate you are trying to understand her
- Build trust

4. Affirming, support and encouragement

- Tell the patient what they have done well
- Support or encourage them about their
 - Choices; knowledge; behaviour
- Help empower patients

“You have done well to....”

“You can be proud of yourself for...”

- Normalise the patient’ s feelings
 - = explain that patient’ s emotional responses/feelings are similar to what others would have in same situation

5. Getting feedback when providing advice, and suggestions

- Shows respect and empowers the patient
- Acknowledges that she has choice
- Helps us check she has understood our advice

“How would that plan work for you?”

“What do you think about...?”

“Would you be comfortable doing....?”

6. Knowledge sharing

- **Not** the same as giving instructions or advice
- Explanation in ways and language the patient can understand
- Avoids or explains technical words
- Can
 - Correct misconceptions
 - Address fears
 - Empower the patient

6 empathic engagement skills

1. Privacy, building rapport, self-disclosure, empathy, warmth and genuineness
2. Communication: Non-verbal and verbal
3. Reflecting feelings
4. Affirming, support and encouragement; and normalising feelings
5. Getting feedback when providing advice, suggestions and recommendations
6. Knowledge sharing

Safe and respectful maternity care: how can it be measured or monitored?

- WHO Safe Childbirth checklist
- Patient exit questionnaires or interviews
- Complaints and compliments monitoring
- Reflective debriefing of staff on regular basis.

1

On Admission

Does mother need referral?

- No
 Yes, organized

Check your facility's criteria

Partograph started?

- No, will start when ≥ 4 cm
 Yes

Start plotting when cervix ≥ 4 cm, then cervix should dilate ≥ 1 cm/hr

- Every 30 min: plot HR, contractions, fetal HR
- Every 2 hrs: plot temperature
- Every 4 hrs: plot BP

Does mother need to start:

Antibiotics?

- No
 Yes, given

Ask for allergies before administration of any medication
 Give antibiotics to mother if any of:

- Mother's temperature $\geq 38^\circ\text{C}$
- History of foul-smelling vaginal discharge
- Rupture of membranes > 18 hrs

Magnesium sulfate and antihypertensive treatment?

- No
 Yes, magnesium sulfate given
 Yes, antihypertensive medication given

Give magnesium sulfate to mother if any of:

- Diastolic BP ≥ 110 mmHg and 3+ proteinuria
- Diastolic BP ≥ 90 mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

Give antihypertensive medication to mother if systolic BP > 160 mmHg

- Goal: keep BP $< 150/100$ mmHg

- Confirm supplies are available to clean hands and wear gloves for each vaginal exam.

- Encourage birth companion to be present at birth.

- Confirm that mother or companion will call for help during labour if needed.

Call for help if any of:

- Bleeding
- Severe abdominal pain
- Severe headache or visual disturbance
- Unable to urinate
- Urge to push

This checklist is not intended to be comprehensive and should not replace the case notes or partograph. Additions and modifications to fit local practice are encouraged. For more information on recommended use of the checklist, please refer to the "WHO Safe Childbirth Checklist Implementation Guide" at: www.who.int/patientsafety.

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Just Before Pushing (Or Before Caesarean)

Does mother need to start:

Antibiotics?

- No
 Yes, given

Ask for allergies before administration of any medication

Give antibiotics to mother if any of:

- Mother's temperature $\geq 38^\circ\text{C}$
- History of foul-smelling vaginal discharge
- Rupture of membranes > 18 hrs
- Caesarean section

Magnesium sulfate and antihypertensive treatment?

- No
 Yes, magnesium sulfate given
 Yes, antihypertensive medication given

Give magnesium sulfate to mother if any of:

- Diastolic BP ≥ 110 mmHg and 3+ proteinuria
- Diastolic BP ≥ 90 mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

Give antihypertensive medication to mother if systolic BP > 160 mmHg

- Goal: keep BP $< 150/100$ mmHg

Confirm essential supplies are at bedside and prepare for delivery:

For mother

- Gloves
 Alcohol-based handrub or soap and clean water
 Oxytocin 10 units in syringe

Prepare to care for mother immediately after birth:

Confirm single baby only (not multiple birth)

1. Give oxytocin within 1 minute after birth
2. Deliver placenta 1-3 minutes after birth
3. Massage uterus after placenta is delivered
4. Confirm uterus is contracted

For baby

- Clean towel
 Sterile blade to cut cord
 Suction device
 Bag-and-mask

Prepare to care for baby immediately after birth:

1. Dry baby, keep warm
2. If not breathing, stimulate and clear airway
3. If still not breathing:
 - clamp and cut cord
 - clean airway if necessary
 - ventilate with bag-and-mask
 - shout for help

- Assistant identified and ready to help at birth if needed.

This checklist is not intended to be comprehensive and should not replace the case notes or partograph. Additions and modifications to fit local practice are encouraged. For more information on recommended use of the checklist, please refer to the "WHO Safe Childbirth Checklist Implementation Guide" at: www.who.int/patientsafety.

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Soon After Birth (Within 1 Hour)

Is mother bleeding abnormally?

- No
 Yes, shout for help

If bleeding abnormally:

- Massage uterus
- Consider more uteronic
- Start IV and keep mother warm
- Treat cause: uterine atony, retained placenta/fragments, vaginal tear, uterine rupture

Does mother need to start:

Antibiotics?

- No
 Yes, given

Ask for allergies before administration of any medication
 Give antibiotics to mother if placenta manually removed or if mother's temperature $\geq 38^{\circ}\text{C}$ and any of:

- Chills
- Foul-smelling vaginal discharge

If the mother has a third or fourth degree of perineal tear give antibiotics to prevent infection

Magnesium sulfate and antihypertensive treatment?

- No
 Yes, magnesium sulfate given
 Yes, antihypertensive medication given

Give magnesium sulfate to mother if any of:

- Diastolic BP ≥ 110 mmHg and 3+ proteinuria
- Diastolic BP ≥ 90 mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

Give antihypertensive medication to mother if systolic BP >160 mmHg
 • Goal: keep BP $<150/100$ mmHg

Does baby need:

Referral?

- No
 Yes, given

Check your facility's criteria.

Antibiotics?

- No
 Yes, given

Give baby antibiotics if antibiotics given to mother for treatment of maternal infection during childbirth or if baby has any of:

- Respiratory rate >60 /min or <30 /min
- Chest in-drawing, grunting, or convulsions
- Poor movement on stimulation
- Baby's temperature $<35^{\circ}\text{C}$ (and not rising after warming) or baby's temperature $\geq 38^{\circ}\text{C}$

Special care and monitoring?

- No
 Yes, organized

Arrange special care/monitoring for baby if any:

- More than 1 month early
- Birth weight <2500 grams
- Needs antibiotics
- Required resuscitation

Started breastfeeding and skin-to-skin contact (if mother and baby are well).

Confirm mother / companion will call for help if danger signs present.

4

Before Discharge

Confirm stay at facility for 24 hours after delivery.

Does mother need to start antibiotics?

- No
 Yes, given and delay discharge

Ask for allergies before administration of any medication

Give antibiotics to mother if any of:
 • Mother's temperature $\geq 38^{\circ}\text{C}$
 • Foul-smelling vaginal discharge

Is mother's blood pressure normal?

- No, treat and delay discharge
 Yes

Give magnesium sulfate to mother if any of:

- Diastolic BP ≥ 110 mmHg and 3+ proteinuria
- Diastolic BP ≥ 90 mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

Give antihypertensive medication to mother if systolic BP >160 mmHg
 • Goal: keep BP $<150/100$ mmHg

Is mother bleeding abnormally?

- No
 Yes, treat and delay discharge

If pulse >110 beats per minute and blood pressure <90 mmHg

- Start IV and keep mother warm
- Treat cause (hypovolemic shock)

Does baby need to start antibiotics?

- No
 Yes, give antibiotics, delay discharge, give special care

Give antibiotics to baby if any of:

- Respiratory rate >60 /min or <30 /min
- Chest in-drawing, grunting, or convulsions
- Poor movement on stimulation
- Baby's temperature $<35^{\circ}\text{C}$ (and not rising after warming) or baby's temperature $\geq 38^{\circ}\text{C}$
- Stopped breastfeeding well
- Umbilicus redness extending to skin or draining pus

Is baby feeding well?

- No, establish good breastfeeding practices and delay discharge
 Yes

Discuss and offer family planning options to mother.

Arrange follow-up and confirm mother / companion will seek help if danger signs appear after discharge.

Danger Signs

Mother has any of:

- Bleeding
- Severe abdominal pain
- Severe headache or visual disturbance
- Breathing difficulty
- Fever or chills
- Difficulty emptying bladder
- Epigastric pain

Baby has any of:











- Fast/difficult breathing
- Fever
- Unusually cold
- Stops feeding well
- Less activity than normal
- Whole body becomes yellow

PATIENT SURVEY - PASIENTE VRAELYS - IMIBUZO NGESIGULANE

Facility Name _____

Date/Datum/ Umhla _____

Time _____

Questions	Yes/Ja/E we Happy	No/Nee/Hayi Unhappy	Comments: Please indicate if you're referring to Antenatal clinic, Labour ward or Postnatal clinic?
1. How do you feel about the way you were treated by the staff?			
2. Did the clinic have the supplies & equipment to care for you?			
3. Were decisions about your care and the care of your baby discussed with you?			
4. Were you helped to cope with the pain during labour?			
5. Did you have a companion with you during labour?			

?

Recap

- Recognising Disrespect and abuse
- Causes and Consequences
- Enabling health system
- Interpersonal skills
- Care for the carers
- Safe Childbirth check lists
- Monitoring and evaluation