

The prevention and elimination of disrespect and abuse during facility-based childbirth

WHO statement

Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care.



photo: UNICEF

Many women experience disrespectful and abusive treatment during childbirth in facilities worldwide. Such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination. This statement calls for greater action, dialogue, research and advocacy on this important public health and human rights issue.

Background

Ensuring universal access to safe, acceptable, good quality sexual and reproductive health care, particularly contraceptive access and maternal health care, can dramatically reduce global rates of maternal morbidity and mortality. Over recent decades, facility delivery rates have improved as women are increasingly incentivized to utilize facilities for childbirth, through demand generation, community mobilization, education, financial incentives or policy measures.

However, a growing body of research on women's experiences during pregnancy, and particularly childbirth, paints a disturbing picture. Many women across the globe experience disrespectful, abusive or neglectful treatment during childbirth in facilities. (1-3) This constitutes a violation of trust between women and their health-care providers and can also be a powerful disincentive for women to seek and use maternal health care services. (4) While disrespectful and abusive treatment of women may occur throughout pregnancy, childbirth and the postpartum period, women are particularly vulnerable during childbirth. Such practices may have direct adverse consequences for both the mother and infant.

Reports of disrespectful and abusive treatment during childbirth in facilities have included outright physical abuse, profound humiliation and verbal abuse, coercive or unconsented medical procedures (including sterilization), lack of confidentiality, failure to get fully informed consent, refusal to give pain medication, gross violations of privacy, refusal of admission to health facilities, neglecting women during childbirth to suffer life-threatening, avoidable complications, and detention of women and their newborns in facilities after childbirth due to an inability to pay.(5) Among others, adolescents, unmarried women, women of low socio-economic status, women from ethnic minorities, migrant women and women living with HIV are particularly likely to experience disrespectful and abusive treatment.(5)

Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care throughout pregnancy and childbirth, as well as the right to be free from violence and discrimination. Abuse, neglect or disrespect during childbirth can amount to a violation of a woman's fundamental human rights, as described in internationally adopted human rights standards and principles.(6-9) In particular, pregnant women have a

right to be equal in dignity, to be free to seek, receive and impart information, to be free from discrimination, and to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health.(10)

Despite the existing evidence that suggests women's experiences of disrespect and abuse during facility-based childbirth are widespread,(1-3,5) there is currently no international consensus on how disrespect and abuse should be scientifically defined and measured. Consequently, its prevalence and impact on women's health, well-being and choices is not known. A considerable research agenda exists to better define, measure and understand disrespectful and abusive treatment of women during childbirth, and how it can be prevented and eliminated.

To achieve a high standard of respectful care during childbirth, health systems must be organized and managed in a manner that ensures respect for women's sexual and reproductive health and human rights. While many governments, professional societies, researchers, international organizations, civil society groups and communities worldwide have already highlighted the need to address this problem (11-14) in many instances policies to promote respectful maternal care have not been adopted, are not specific, or have not yet been translated into meaningful action.



photo: World bank

In order to prevent and eliminate disrespect and abuse during facility-based childbirth globally, the following actions should be taken:

1. Greater support from governments and development partners for research and action on disrespect and abuse

Greater support from governments and development partners is needed for further research on defining and measuring disrespect and abuse in public and private facilities worldwide, and to better understand its impact on women's health experiences and choices. Evidence on the effectiveness and implementation of interventions in different contexts is required to provide the necessary technical guidance to governments and health-care service providers.

2. Initiate, support and sustain programs designed to improve the quality of maternal health care, with a strong focus on respectful care as an essential component of quality care

Greater action is needed to support changes in provider behaviour, clinical environments and health systems to ensure that all women have access to respectful, competent and caring maternity health care services. This can include (but is not limited to) social support through a companion of choice, mobility, access to food and fluids, confidentiality, privacy, informed choice, information for women on their rights, mechanisms for redress following violations, and ensuring high professional standards of clinical care. The focus on safe, high-quality, people-centered care as part of universal health coverage can also help inform action.

3. Emphasizing the rights of women to dignified, respectful health care throughout pregnancy and childbirth

International human rights frameworks highlight disrespect and abuse during childbirth as an important human rights issue, (6-8,15) and can aid women's health advocates in raising awareness and developing policy initiatives on the importance of respectful maternal care. Rights-based approaches to organizing and managing health systems can facilitate the provision of respectful, quality care at birth.

4. Generating data related to respectful and disrespectful care practices, systems of accountability and meaningful professional support are required

Health systems must be accountable for the treatment of women during childbirth, ensuring clear policies on rights and ethical standards are developed and implemented. Health-care providers at all levels require support and training to ensure

that childbearing women are treated with compassion and dignity. Those health services that already provide respectful maternity care, promote participation of women and communities and have implemented processes to track and continuously improve respectful care need to be identified, studied and documented.

5. Involve all stakeholders, including women, in efforts to improve quality of care and eliminate disrespectful and abusive practices

Ending disrespect and abuse during childbirth can only be achieved through an inclusive process, involving the participation of women, communities, health-care providers, managers, health professional training, education and certification bodies, professional associations, governments, health systems stakeholders, researchers, civil society groups and international organizations. We call upon these entities to join in efforts to ensure that disrespect and abuse is consistently identified and reported, and that locally appropriate preventative and therapeutic measures are implemented.

References

1. Silal SP, Penn-Kekana L, Harris B, Birch S, McIntyre D. Exploring inequalities in access to and use of maternal health services in South Africa. *BMC Health Serv Res*. 2011 Dec 31;12:120-0.
2. Small R, Yelland J, Lumley J, Brown S, Liamputtong P. Immigrant women's views about care during labor and birth: an Australian study of Vietnamese, Turkish, and Filipino women. *Birth*. 2002 Nov 30;29(4):266-77.
3. d'Oliveira AFPLA, Diniz SGS, Schraiber LBL. Violence against women in health-care institutions: an emerging problem. *Lancet*. 2002 May 10;359(9318):1681-5.
4. Bohren M, Hunter EC, Munther-Kaas HM, Souza JP, Vogel JP, Gulmezoglu AM. Facilitators and barriers to facility-based delivery in low- and middle-income countries: A systematic review of qualitative evidence. Submitted to *Reprod Health*. 2014.
5. Bowser D, Hill K. Exploring Evidence for Disrespect and Abuse in Facility-based Childbirth: report of a landscape analysis. USAID / TRAction Project; 2010.
6. UN General Assembly. Universal Declaration of Human Rights. UN General Assembly; 1948 Dec.
7. UN General Assembly. Declaration on the Elimination of Violence against Women. UN General Assembly; 1993 Dec.
8. UN General Assembly. International Covenant on Economic, Social and Cultural Rights. UN General Assembly; 1976 Jan.
9. White Ribbon Alliance. Respectful Maternity Care: The Universal Rights of Childbearing Women [Internet]. Washington DC: White Ribbon Alliance; 2011 Oct. Available from: http://whiteribbonalliance.org/wp-content/uploads/2013/10/Final_RMC_Charter.pdf
10. Office of the United Nations High Commissioner for Human Rights. Technical guidance on the application of a human rights based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality. UN General Assembly; 2012 Jul.
11. Warren C, Njuki R, Abuya T, Ndwiga C, Maingi G, Serwanga J, et al. Study protocol for promoting respectful maternity care initiative to assess, measure and design interventions to reduce disrespect and abuse during childbirth in Kenya. *BMC Pregnancy Childbirth*. 2012 Dec 31;13:21-1.
12. Freedman LP, Kruk ME. Disrespect and abuse of women in childbirth: challenging the global quality and accountability agendas. *Lancet*. 2014 Jun 20.
13. White Ribbon Alliance. Respectful Maternity Care: The Universal Rights of Childbearing Women. White Ribbon Alliance; 2011 Oct.
14. FIGO Committee on Safe Motherhood and Newborn Health. Mother and Newborn Friendly Birthing Facility [Internet]. International Federation of Gynecology and Obstetrics; 2014 Feb. Available from: <http://www.figo.org/figo-committee-and-working-group-publications>
15. UN General Assembly. Convention on the Elimination of All Forms of Discrimination Against Women. UN General Assembly; 1979 Dec.

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This statement is endorsed by:

American College of Nurse-Midwives
American Refugee Committee
Association des femmes médecins du Sénégal
Artemis Association
Association for Improvements in the Maternity Services
Association Nationale des Sages-femmes Libérales, France
Averting Maternal Death and Disability, Mailman School of Public Health, Columbia University
Barts Health NHS Trust, United Kingdom
Barts and the London School of Medicine and Dentistry, Queen Mary University of London, United Kingdom
Birth House Association (Hungary)
Birth Rights Bar Association
BJOG: An International Journal of Obstetrics and Gynaecology
California Association of Midwives
CARE
Center for Health and Gender Equity (CHANGE)
Center for Reproductive Rights
Center for the Right to Health (CRH)
Centro de Investigación en Salud Poblacional (CISAP), Argentina
Commonsense Childbirth Inc
Commonwealth Medical Trust (Commat)
DONA LLUM, Associació Catalana per un Part Respectat
Elizabeth Glaser Pediatric AIDS Foundation
El Parto Es Nuestro, Spain
ENCA European Network of Childbirth Associations
Family Care International
Fundacji Rodzic Po Ludzku (Childbirth with Dignity Foundation), Poland
GFA Health Project in Central Asia
Hadhramout Health Organization, Yemen
Human Rights in Childbirth
Human Rights Watch
Hungarian Alternatal Foundation
Hungarian Association of Independent Midwives
Hypnobabies Childbirth Hypnosis
Ifakara Health Institute, Tanzania
Impact, University of Aberdeen
ImprovingBirth.org
Initiativ Liewensufank, Luxembourg
International Confederation of Midwives
International Federation of Gynecology and Obstetrics (FIGO)
International Initiative on Maternal Mortality and Human Rights
International Islamic Center for Population Studies and Research, Al Azhar University
International Medical Corps
International Motherbaby Childbirth Organization
International Society of Psychosomatic Obstetrics and Gynaecology (ISPOG)
IntraHealth International
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Karnataka Health Promotion Trust
Lamaze International
Makarere University College of Health Sciences, School of Medicine Department of Obstetrics and Gynaecology
Maternal and Child Survival Program
Maternal Adolescent Reproductive & Child Health (MARCH), London School of Hygiene & Tropical Medicine
Maternal Health Task Force
Metropolitan University College, Denmark
Micronutrient Initiative
Midwives Alliance of North America
National Advocates for Pregnant Women
National Perinatal Task Force (NPTF)
Organisation nationale syndicale des sages-femmes
Ordem dos Enfermeiros, Portugal
Partners in Population and Development (PPD)
Pathfinder International
Perinatal Mental Health Project (PMHP), University of Cape Town, South Africa
Plan International
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Reproductive Health Matters
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SafeHands for Mothers
SQUAT Birth Journal
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United States Agency for International Development (USAID)
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Ženské kruhy (Women's Circles), Slovakia