

Studies offer strategies to end mistreatment and offer respectful maternal and newborn care

October 13 2023



A women receives medical attention for a humanized childbirth, Hospital Materno Infantil, Honduras. Credit: Yael Martínez/Magnum Photos

A growing body of evidence shows that the mistreatment of women in maternal health care is a reality worldwide. For several years, the World Health Organization (WHO) and HRP (the UNDP/UNFPA/UNICEF/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction) have been documenting this human rights violation, and its impact on

health and well-being.

The WHO guideline on intrapartum care for positive childbirth experience includes a number of related recommendations, but little research has been done into what interventions can be put into place to make a difference—until now.

HRP and WHO authors and collaborators have now published a special series of five papers in the journal *PLOS Global Public Health* exploring a range of strategies on different themes to end mistreatment of women during childbirth and improve respectful care.

The [first of these papers](#) looks at theories of interventions to reduce physical and verbal abuse. In this study two themes emerge: first, that violence is normalized in society, particularly against "othered" groups; and second, the belief that mistreatment of women is necessary to reduce clinical harm.

The authors make the point that solutions must not focus merely on staff failures through trainings or audit procedures, but must, in addition, look for longer-term solutions that can encourage sustainable changes in attitudes and beliefs that then make a permanent change in behavior. This would have the effect of changing behavior at all levels of the [health](#) and social care system, from first-line health workers to senior staff and middle managers, and from organizational funders and auditors to leaders of local communities, politicians and any other key stakeholders.

The authors comment, "The intention is that resulting individual, group, institutional, and community norms change profoundly and sustainably to resist 'othering' at a fundamental level, and into the longer term, after the formal intervention program is complete." Implementation science tools, which integrate practical solutions, such as the theoretically

informed Behavioral Change Wheel, might be helpful in designing tailored interventions suitable for each context.

The [second article](#) looks at strategies to reduce stigma and discrimination, an important part of the mistreatment experienced by women. While much research has been done to describe stigma and discrimination experienced by women in sexual and reproductive health care settings, more needs to be done to better understand how to end it.

This new research therefore focuses on interventions that could make a difference and underlines how any policy relating to health care and improving equity, should consider including and measuring stigma and discrimination. What is more, and as the authors comment, "efforts to address mistreatment will not be effective when stigma and discrimination persist."

This paper therefore provides an analysis and recommendations, including a multi-level stigma model for sexual reproductive health and rights, that can inform actions and implementation research to promote respectful, person-centered care for all. The authors note that more work is needed to challenge and dismantle societal conditions, sociocultural norms, and institutional policies that influence the opportunities and well-being of stigmatized groups.

The [third article](#) in the series looks at communication strategies to improve interpersonal communication to reduce mistreatment of women. Two main approaches were identified: the training of health workers, and using communications tools. While most interventions uncovered focus on providing information, incorporating other communication goals—such as building a relationship, including women and their partners in making decisions—could further improve the experience of care for women, their partners and their families.

The [fourth article](#) in the series looks at how factors relating to organizations and working environments can affect mistreatment in low- and middle-income countries. There is growing evidence on how health systems staff shortages and other barriers can affect respectful maternal care, but this paper identifies and addresses significant gaps in research relating to multiple work and organizational factors.

This includes key organizational challenges related to high workload; unbalanced division of work; lack of professional autonomy; low pay; inadequate training; poor feedback and supervision; and workplace violence—all of which are differentially influenced by shortages of resources.

In response, the broad strategies identified are planning for pressures and health worker and staff shortages, providing supportive supervision, boosting resilience through peer support, reshaping leadership and mitigating workplace violence.

The [fifth paper](#) is a critical interpretive synthesis, which aims to increase understanding of the drivers of power-related mistreatment of women. It explores and consolidates literature from across different fields of study to advance theory and practice on this theme.

The authors identified multiple, underlying power-related drivers behind mistreatment at diverse levels of society, including: intrapersonal (e.g., lack of knowledge about one's rights); interpersonal (e.g., hierarchy between patients and health workers); community (e.g., pre-existing widespread discrimination against indigenous women); organizational (e.g., pressure for health workers to achieve performance goals), and law and/or policy (e.g., lack of accountability for violations of human rights). The authors conclude that addressing these drivers requires the engagement of different stakeholders, including women, community, health workforce, and policy-makers will be critical moving forward.

Taken as a whole, the authors of the series noted that while many powerful interventions with great potential for change have been unearthed by this research, much more needs to be done—particularly on how to develop and test context-specific models for optimal and sustainable implementation of respectful care for all.

What the authors say

Özge Tunçalp, one of the authors of the series and a medical officer at HRP commented, "These findings help inform interventions to make positive change for the quality of care experienced by pregnant and birthing women worldwide. They don't however give us a magical solution to end mistreatment and improve respectful care for all, right away. The drivers are much more complex than that. We therefore need to bring together people from across sectors and disciplines to make deep systemic change—specific to each particular context, and to be honest and proactive about this complexity."

The authors underline the important implementation research agenda which is opened up by the special series—and the crucial need for more implementation research which demonstrates and replicates the usefulness of specific strategies to end mistreatment of [women](#) in maternity care and beyond.

These findings will be crucial in informing a new WHO knowledge translation companion for respectful maternal and newborn care, planned to be published in 2024, which will aim to support lasting positive change in health systems.

More information: Soo Downe et al, Theories for interventions to reduce physical and verbal abuse: A mixed methods review of the health and social care literature to inform future maternity care, *PLOS Global Public Health* (2023). [DOI: 10.1371/journal.pgph.0001594](https://doi.org/10.1371/journal.pgph.0001594)

Meghan A. Bohren et al, Strategies to reduce stigma and discrimination in sexual and reproductive healthcare settings: A mixed-methods systematic review, *PLOS Global Public Health* (2022). [DOI: 10.1371/journal.pgph.0000582](https://doi.org/10.1371/journal.pgph.0000582)

Klaartje M. Olde Loohuis et al, Strategies to improve interpersonal communication along the continuum of maternal and newborn care: A scoping review and narrative synthesis, *PLOS Global Public Health* (2023). [DOI: 10.1371/journal.pgph.0002449](https://doi.org/10.1371/journal.pgph.0002449)

Bhavya Reddy et al, A scoping review of the impact of organisational factors on providers and related interventions in LMICs: Implications for respectful maternity care, *PLOS Global Public Health* (2022). [DOI: 10.1371/journal.pgph.0001134](https://doi.org/10.1371/journal.pgph.0001134)

Marta Schaaf et al, A critical interpretive synthesis of power and mistreatment of women in maternity care, *PLOS Global Public Health* (2023). [DOI: 10.1371/journal.pgph.0000616](https://doi.org/10.1371/journal.pgph.0000616)

Provided by World Health Organization

Citation: Studies offer strategies to end mistreatment and offer respectful maternal and newborn care (2023, October 13) retrieved 3 May 2024 from <https://medicalxpress.com/news/2023-10-strategies-mistreatment-respectful-maternal-newborn.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.