

Dignified and Respectful Care

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Pregnant women face abuse from staff (IOL, 2015)

PREGNANT WOMEN BULLIED AND ABUSED (M&G, 2011)

Family hits out at hospital (ANN7, 2016)

"If you air your views or your opinion, they laugh at you and ridicule you" (South Africa)

"if you move, you'll be responsible if we prick your baby", "if anything happens to the baby, it will be your fault" (Mexico)

"They asked why I could not stay still to give birth, and they started to beat me" (Tanzania)

Disrespect and abuse in health

- Global problem
- Overwhelming evidence of its ubiquity in maternity settings
- "Signal of a health system in crisis"
- Perpetrated by all staff categories

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

What are the consequences?

- Post traumatic stress disorder
- Non-attendance for maternity care
- Deterrent to care for most vulnerable
- Fear of childbirth
- Consumer pressure for elective CS
- Breakdown in trust between communities and health providers
- Increasing maternal and perinatal mortality

Why does it occur?

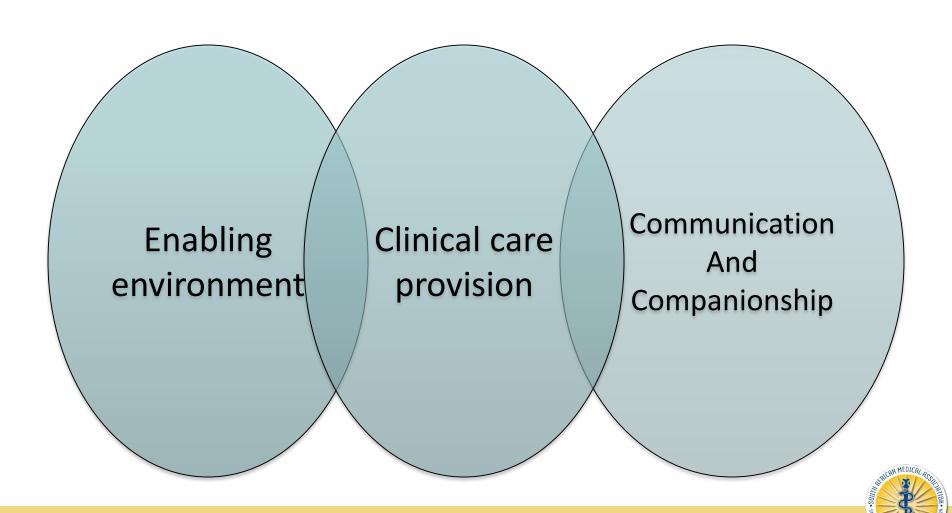
ATTITUDE PROBLEMS

- Gender-based violence
- 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

What needs to be done?



Enabling environment

- Advocacy
- Global and national initiatives
 - Rights-based approach to care
 - Laws and policies
 - Accountability of providers for poor QoC
- Respectful maternity care: the universal rights of childbearing women (WRA, 2014)
- The Patient-Centred Maternity Care: Code in the Cape Metro (PGWC, 2013)
- Leadership and accountability
- Education and training
- Infrastructure, supplies
- Emergency transport

Clinical care provision

- Supervision and training
- Protocols for treatment and referral
- Care policies
- Clinical governance and outreach
- Emergency drills

Communication and companionship

- Respect for people, as people
- Provision of information about care
- Appreciation and care of providers
- Promote and encourage labour and birth companionship

Consider your-SELF

- Scientific
 - What is the evidence for what I am doing?
- Ethical
 - Is there any ethical transgression in what I am doing?
- Legal
 - What are the legal implications for what I am doing?
 - Not just medico-legally but also constitutionally
- Fair
 - Is what I am doing fair and equitable to each user of my service?

Chalupowski, 2012

"We must stop creating excuses [for poor maternity care] by fixing our system. We must also stop making excuses for [health staff], saying that they are overworked. Yes they are. There could be a few rotten apples, or even those who are disillusioned. But there has to be individual accountability."

Nolwazi Gaza, Department of Monitoring, Performance and Evaluation, Pretoria, April 6, 2011

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