

# Respectful Care at Birth- Literature Review

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## Introduction

Respectful Maternity care aims to eliminate abusive behaviors by healthcare providers that many birthing people may encounter so that they may have a safe birthing experience. The leading causes of death and disability among women of reproductive age in most countries are due to pregnancy, childbirth, and their consequences. There is a concentrated effort globally to reduce the maternal mortality rate, therefore more women are delivering in a health facility, leading to more challenges and a need for respectful maternity care for all.

## Background

According to the latest data obtained from the World Health Organization (WHO), about 295,000 women died during and following pregnancy and childbirth in 2017. Many of these deaths (94%) occurred in low-resource settings, and most could have been prevented. Even though the maternal mortality ratio (MMR) has seen a significant decrease of about 38% worldwide from 2000 to 2017, due to increased access to life saving care and education, there is no commitment to improve women's experience during childbirth. Many of these strategies taken to reduce maternal mortality address the direct causes of pregnancy related deaths by providing quality antenatal and postnatal care as well as having skilled healthcare workers attending to the patient. Unfortunately, there is not the significant decrease in maternal mortality worldwide as expected due to these facilities having staff not trained adequately, lack of infrastructure, and evidence-based care. This standard of care must be humane, dignified, and delivered to all patients with respect for their fundamental human rights

## Categories of Disrespect and Abuse

Category of Disrespect and Abuse	Corresponding Right	Example
Physical abuse	Freedom from harm	Hitting, care without anesthesia
Non-consented care	Right to information	No explanation of procedures
Non-confidential Care	Confidentiality / privacy	Taking history in public
Non-dignified care	Dignity / respect	Threats / unhygienic conditions
Discrimination	Equality / equitable care	Denial of care due to money
Abandonment / neglect	Timely care	Delay in receiving care
Detention	Liberty / autonomy	Retaining mother / unable to pay

## Respectful Care at Birth

NYC Department of Health working healthcare facilities has implemented an evidenced-based program called "Respectful Care at Birth" in which care for all during the pregnancy journey is standardized across all participating hospitals. These standards were created from best practices agreed on by the Sexual and Reproductive Justice Community Engagement Group (SRJ-CEG) and the New York City Department of Health and Mental Hygiene (NYC DOHMH) to "inform, educate, and support pregnant, birthing and parenting people with regard to their human rights and encourage them to be active decision-makers in their healthcare experiences." There are 29 NYC Standards that are organized into seven categories of Education, Quality of Care, Informed Consent, Decision Making, Dignity and Nondiscrimination and Support. There are specific guidelines that if followed by a hospital, would ensure that all patients are receiving respectful and safe care while giving birth. These standards are culturally, and community driven as a means of promoting sexual and reproductive health and justice in NYC. Hospitals such as SUNY Downstate have begun to implement these standards as a part of the Quality Improvement projects that are done by the staff and students.

## Gender-neutral care

1. Identify a patient's name and pronouns so that you may utilize gender neutral language and avoid misgendering.
2. Include policies and procedures to prevent staff members from objecting towards treatment of non-binary patients.
3. Non-binary patients should not be used as a training opportunity for staff
4. Medical history and treatment should be done in private.
5. All areas should have gender inclusive signs and posters - including bathrooms.
6. Train staff as to the proper medical terminology for non-binary patients.

## Faculty Advisor

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## Discussion

Sustainable Development Goals (SDG) calls for a global maternal mortality rate drop to 70 per each 100,000 live births by the year 2030, therefore there is still much work to be done if this is to be realized. According to the World Health Organization, the current maternal mortality rate is 211 per each 100,000 live births with most of the deaths occurring in developing countries. In addition to addressing the inequalities in access to healthcare, we must also ensure that this healthcare is universally provided to all. We must also strengthen the health systems worldwide so we can gain high quality data to ensure best practices in the care provided and as discussed above, this care must be respectful for all

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