



# Advocacy to Promote Respectful Maternity Care for all Childbearing Women

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The White Ribbon Alliance for  
Safe Motherhood



**RESPECTFUL  
MATERNITY CARE:  
THE UNIVERSAL  
RIGHTS OF  
CHILDBEARING  
WOMEN**



Objectives  
of Today's  
Presentation

# Categories of Disrespect and Abuse

- Physical Abuse
- Non-Dignified Care
- Non-Consented Care
- Non-Confidential Care
- Discrimination
- Abandonment or Withholding of Care
- Detention in Facilities

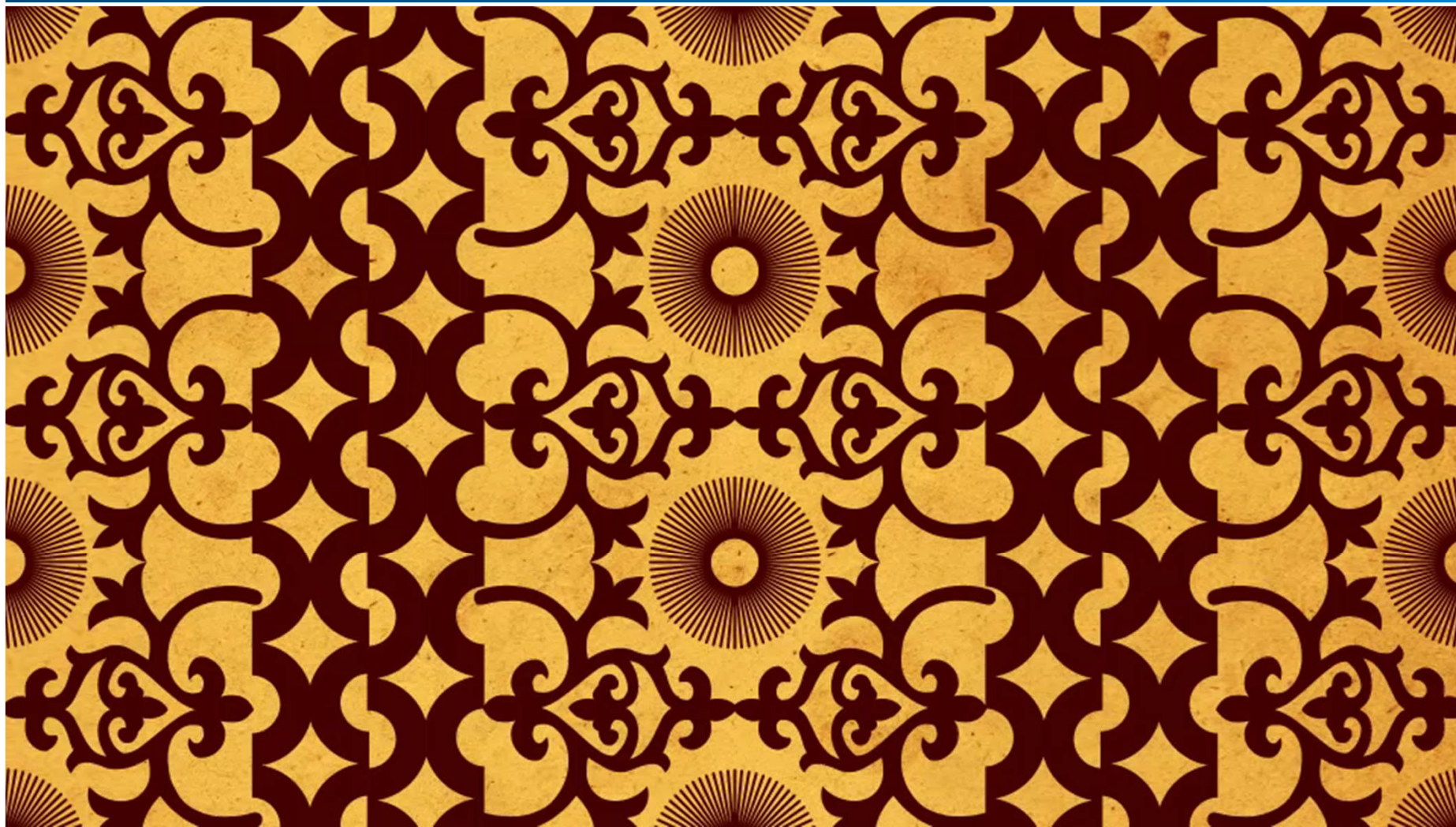
-Bowser and Hill (2010)



*Source: USAID TRAction Project*



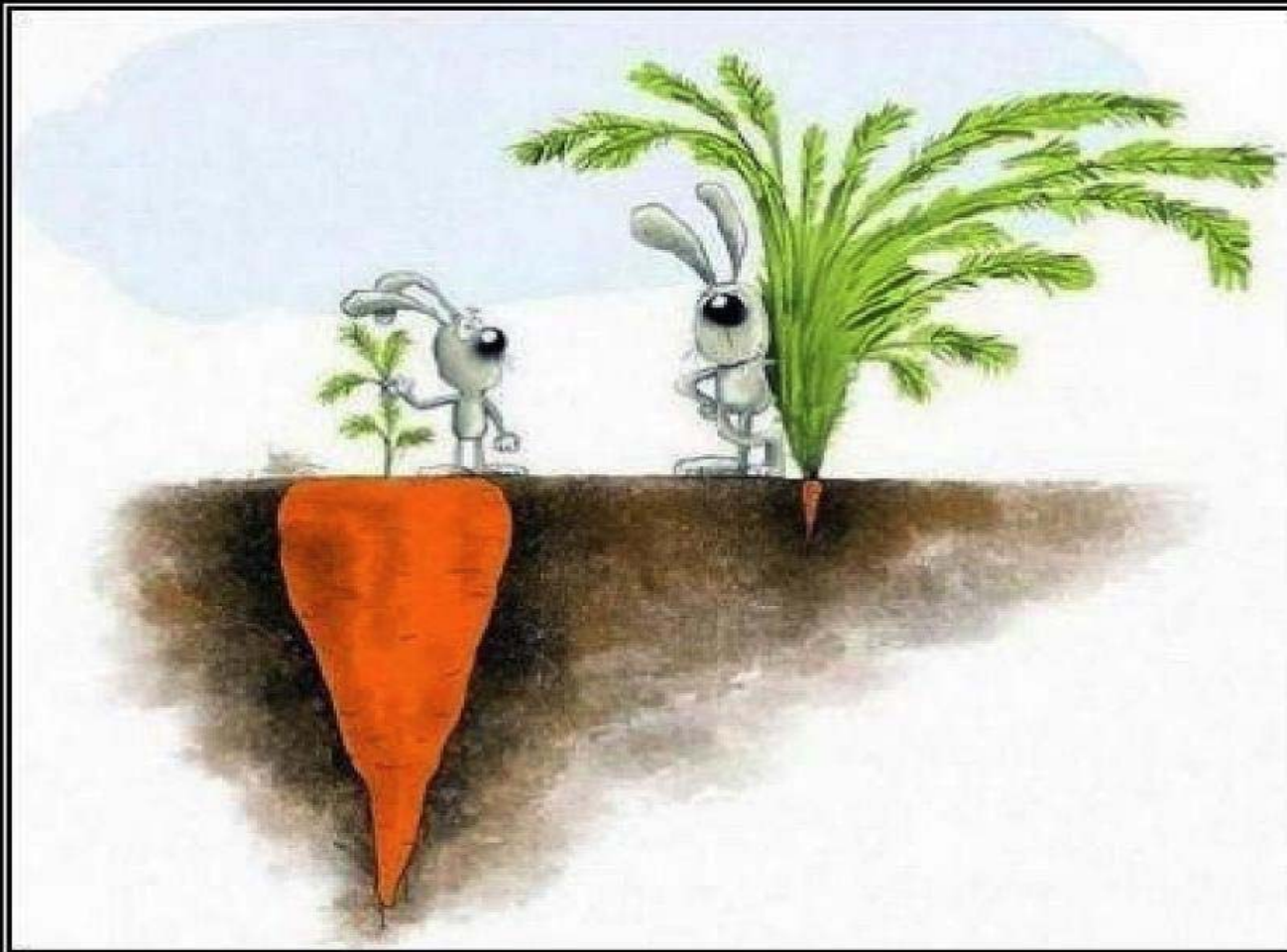
# Break the Silence



# Human rights and access to quality care



- The rights argument is commonly framed within the context of access to health care services
- Access is not sufficient
- Disrespectful and abusive behavior does happen even where women have free access to maternity care



**RESPECTFUL  
MATERNITY  
CARE**

JOIN US:  
FIND OUT,  
SPEAK OUT  
KNOW YOUR RIGHTS



## **Human Rights: Underlying Cause and Potential Solution**



# The Charter



Category of Disrespect and Abuse		Corresponding Right
1.	Physical abuse	Freedom from harm and ill treatment
2.	Non-consented care	Right to information, informed consent and refusal, and respect for choices and preferences, including companionship during maternity care
3.	Non-confidential care	Confidentiality, privacy
4.	Non-dignified care (including verbal abuse)	Dignity, respect
5.	Discrimination based on specific attributes	Equality, freedom from discrimination, equitable care
6.	Abandonment or denial of care	Right to timely healthcare and to the highest attainable level of health
7.	Detention in facilities	Liberty, autonomy, self-determination, and freedom from coercion

# RESPECTFUL MATERNITY CARE: THE UNIVERSAL RIGHTS OF CHILDBEARING WOMEN



## The Distinctive Importance of the Childbearing Period

In every country and community worldwide, pregnancy and childbirth are momentous events in the lives of women and families and represent a time of intense vulnerability. The concept of “safe motherhood” is usually restricted to physical safety, but childbearing is also an important rite of passage, with deep personal and cultural significance for a woman and her family. Because motherhood is specific to women, issues of gender equity and gender violence are also at the core of maternity care. Thus, the notion of safe motherhood must be expanded beyond the prevention of morbidity or mortality to encompass respect for women’s basic human rights, including respect for women’s autonomy, dignity, feelings, choices, and preferences, including choice of companionship wherever possible.

By design, this document focuses specifically on the interpersonal aspects of care received by women seeking maternity services. A woman’s relationship with maternity care providers and the maternity care system during pregnancy and childbirth is vitally important. Not only are these encounters the vehicle for essential and potentially lifesaving health services, women’s experiences with caregivers at this time have the impact to empower and comfort or to inflict lasting damage and emotional trauma, adding to or detracting from women’s confidence and self-esteem. Either way, women’s memories of their childbearing experiences stay with them for a lifetime and are often shared with other women, contributing to a climate of confidence or doubt around childbearing.

## Growing Evidence of Disrespect and Abuse

Imagine the personal treatment you would expect from a maternity care provider entrusted to help you or a woman you love give birth. Naturally, we envision a relationship characterized by caring, empathy, support, trust, confidence, and empowerment, as well as gentle, respectful, and effective communication to enable informed decision making. Unfortunately, too many women experience care that does not match this image. A growing body of anecdotal and research evidence collected in maternity care systems from the wealthiest to poorest nations worldwide paints a different and disturbing picture. In fact, disrespect and abuse of women seeking maternity care is becoming an urgent problem and creating a growing community of concern that spans the domains of healthcare research, quality, and education; human rights; and civil rights advocacy.



In seeking and receiving  
maternity care before,  
during and after childbirth:

**1** EVERY WOMAN HAS THE RIGHT TO  
**BE FREE FROM  
HARM AND ILL  
TREATMENT**  
NO ONE CAN PHYSICALLY  
ABUSE YOU

**2** EVERY WOMAN HAS THE RIGHT TO  
INFORMATION, INFORMED  
CONSENT AND REFUSAL,  
AND **RESPECT** FOR HER  
**CHOICES** AND  
PREFERENCES, INCLUDING  
**COMPANIONSHIP**  
DURING MATERNITY CARE  
NO ONE CAN FORCE YOU OR DO  
THINGS TO YOU WITHOUT YOUR  
KNOWLEDGE AND CONSENT

**3** EVERY WOMAN HAS THE RIGHT TO  
**PRIVACY** AND  
**CONFIDENTIALITY**  
NO ONE CAN EXPOSE YOU OR  
YOUR PERSONAL INFORMATION

**4** EVERY WOMAN HAS THE RIGHT TO  
BE TREATED WITH  
**DIGNITY** AND  
**RESPECT**  
NO ONE CAN HUMILIATE  
OR VERBALLY ABUSE YOU

All rights are grounded in established international human rights instruments, including the Universal Declaration of Human Rights; the Universal Declaration on Bioethics and Human Rights; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination Against Women; the Declaration of the Elimination of Violence Against Women; the Report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights; and the United Nations Fourth World Conference on Women, Beijing. National Instruments are also referenced if they make specific mention of childbearing women.

Safe Motherhood is more than the prevention of death and disability...It is respect for every woman's humanity, feelings, choices, and preferences.

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**5** EVERY WOMAN HAS THE RIGHT TO  
**EQUALITY,  
FREEDOM**  
FROM DISCRIMINATION,  
AND **EQUITABLE CARE**  
NO ONE CAN DISCRIMINATE  
BECAUSE OF SOMETHING THEY  
DO NOT LIKE ABOUT YOU

**6** EVERY WOMAN HAS THE RIGHT TO  
**HEALTHCARE**  
AND TO THE HIGHEST  
ATTAINABLE LEVEL  
OF **HEALTH**  
NO ONE CAN PREVENT  
YOU FROM GETTING THE  
MATERNITY CARE YOU NEED

**7** EVERY WOMAN HAS THE RIGHT TO  
**LIBERTY, AUTONOMY,  
SELF-DETERMINATION,  
AND FREEDOM**  
FROM **COERCION**  
NO ONE CAN DETAIN YOU OR YOUR  
BABY WITHOUT LEGAL AUTHORITY

Disrespect and abuse during  
maternity care are a violation of  
women's basic human rights.



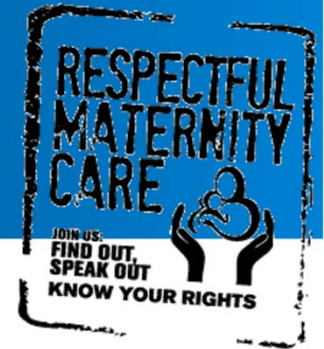
For more information visit:  
[www.whiteribbonalliance.org/respectfulcare](http://www.whiteribbonalliance.org/respectfulcare)

# WRA's Vision for RMC



- RMC reflected in a sense of entitlement and institutionalized as a core value in maternity care systems

# Supporting National Alliance



WRA supports National Alliances to develop and implement country-led RMC advocacy campaigns

- WRA Nepal
- WRA Nigeria
- WRA Malawi
- RMC Guide for national-level advocates



# Strengthening Capacity of Midwives



WRA strengthens capacity of midwives, as key change agents, to advocate

- Targeted advocacy trainings for midwives
- Midwifery Voices

# Fostering Multisectoral Coordination



Fostering multisectoral coordination and collaboration

- Multisectoral community of concern
- Online RMC interactive map

# Desired Outcomes



- Systemic changes that will effect policy, health system, curriculum, and awareness to bring about improved maternity care.
- Inclusion of the rights language in safe motherhood legislation and professional standard setting documents.
- Standards for respectful maternity care incorporated into curricula for all disciplines involved in providing maternal health care
- Childbearing women know their rights, and advocate to create the conditions that foster a sense of entitlement





For more information,  
please visit:

[www.whiteribbonalliance.org/respectfulcare](http://www.whiteribbonalliance.org/respectfulcare)  
[www.healthpolicyproject.com/focus-areas/maternal-health](http://www.healthpolicyproject.com/focus-areas/maternal-health)



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