

Maternal Health and Respectful Maternity Care

Fact Sheet
April 2014

Access to maternal health services and respectful maternity care are essential to women's sexual and reproductive health and rights.

Pregnancy continues to carry a high risk of death worldwide. In developing countries, women and girls face a 1 in 150 risk of death in pregnancy or childbirth – this risk is as high as 1 in 39 in sub-Saharan Africa. Despite numerous commitments to address the issues that fuel maternal mortality and morbidity, 287,000 women died from pregnancy-related causes globally in 2010, which means that more than one woman died every two minutes (WHO 2012).

Women and girls should have access to comprehensive sexual and reproductive health services, that includes family planning, essential medicines, skilled and respectful maternity care, and HIV prevention and treatment.

- Globally, 222 million women who wish to delay or avoid pregnancy have an unmet need for contraception (Guttmacher 2012).
- Many of the top causes of maternal morbidity and mortality – such as hemorrhage, sepsis, unsafe abortion, and eclampsia – are largely preventable through low cost and highly effective medicines like oxytocin, misoprostol, and magnesium sulfate delivered by skilled providers (United Nations Commission on Life-Saving Commodities for Women and Children 2012).
- HIV-positive women have a higher risk of maternal death because they are more likely to experience complications during pregnancy (Lancet 2010).

Frequently, maternal health care is neither high quality nor rights-based. A 2012 survey of maternal health stakeholders from 19 countries in the Global North and Global South revealed that maternity care often fails to “go beyond the prevention of morbidity or mortality to encompass respect for women’s basic human rights.” For example, 56 percent, 50 percent, and 46 percent of respondents identified lack of privacy, lack of informed consent, and verbal abuse, respectively, as examples of disrespect or abuse during childbirth in their countries. Such practices undermine efforts to reduce maternal mortality and morbidity by leading women and girls – especially those with fewer resources and who experience stigmatization – to avoid seeking care (MCHIP).

Maternal health interventions must include rights-based, respectful maternity care. In their 2010 landscape analysis, Bowser and Hill identified common acts of disrespect and abuse faced by women in maternity care such as: physical abuse, verbal abuse, discrimination, lack of privacy, detention, and denial of care. *The Universal Rights of Childbearing Women* charter affirms that woman-centered maternity care must prioritize “women’s basic rights, including respect for women’s autonomy, dignity, feelings, choices, and preferences, including companionship (White Ribbon Alliance 2011).”

Evidence shows that access to health care alone is not enough to promote maternal health and decrease maternal morbidity and mortality. The Dominican Republic has a maternal mortality ratio (MMR) of 150 – compared to the MMR of 16 in developed countries – despite the fact that 95 percent of women have skilled attendants during childbirth (WHO 2012; WHO 2013). In the Dominican Republic, and in many other countries, the lack of rights-based maternity care is a barrier to quality maternal and other sexual and reproductive health services (CHANGE 2009).

The Impact of Maternity Care on HIV & Family Planning

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Disrespectful maternity care negatively affects women's health and acts as a barrier to family planning and HIV services.

Though maternal health care is widely accepted as an entry point for HIV testing and treatment and voluntary family planning services, disrespectful and abusive maternity care negatively affects women's health-seeking behaviors and is a barrier to services that ultimately promote maternal health. Maternal health services that are not rights-based may serve as an exit point for health care instead of an entry point.

Integration of maternal health care with family planning and HIV services helps to ensure the highest attainable standard of sexual and reproductive health for women and girls. Women save time and money when they have access to integrated HIV, family planning, and maternal health services. Integrated services often lead to higher utilization of services and improved quality of care and health outcomes as well (Integra Initiative 2013). For example, *Saving Mothers, Giving Life* built on the U.S. government's PEPFAR platform to intensify efforts to reduce maternal mortality. In just one year, the program increased by 28% the number of pregnant women who received prophylaxis or treatment for the prevention of mother-to-child transmission (PMTCT) in pilot districts. (Saving Mothers, Giving Life 2013).

Many women who experience disrespect and abuse during childbirth are less likely to seek skilled health care in the future. Bowser and Hill's 2010 analysis shows that violating women's rights during childbirth leads women to distrust health care providers and facilities. These women are not only less likely to seek out maternity care – such as postnatal and emergency obstetric care – but other health services as well, such as family planning and antiretroviral therapy (AIDS and Behavior 2013).

Respectful maternity care aligns with rights-based, voluntary family planning programs and woman-centered HIV treatment and prevention. Rights-based approaches to women's health continue to build on the foundation laid by the International Conference on Population and Development (ICPD) in Cairo in 1994. Respectful maternity care promotes the universal sexual and reproductive health and rights of women and reflects the protection of human rights outlined in recommendations like EngenderHealth's "Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights" and "UNAIDS perspectives on the critical elements and impact of a rights-based approach to HIV and beyond."

More data is needed to bolster support and increase funding for respectful maternity care programming. Evidence suggests that disrespect and abuse during maternity care negatively affect maternal health, family planning, and HIV services for women. However, additional efforts to explore how access to rights-based care affects women are essential to increase both stakeholder and donor support for respectful maternity care and our understanding of how respectful maternity care interacts with other aspects of women's sexual and reproductive health. Interventions to promote respectful maternity care must include the following:

- 1) Support for provider training in client-centered approaches;
- 2) Accountability for funded programs on integration and rights-based care; and,
- 3) Meaningful participation of women and girls – including those living with HIV – in the design, implementation, and evaluation of programs.