



*Where is the baby in the respectful
childbirth agenda?
A preliminary study on disrespectful
care of newborns*

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BACKGROUND

- “ September 2014: WHO statement on the prevention and elimination of disrespectful and abusive care during childbirth
- “ Respectful care acknowledged as important aspect of quality of care
- “ Necessary step to ensuring respectful maternity care; yet most of this focus has been on mothers

METHODS

- “ (1) A literature review was conducted to explore the extant documentation on disrespectful care for newborns
- “ (2) Secondary data analyses were conducted on data from Uganda, Zambia and Mexico, where previous evaluations of maternal health care projects included interviews (N=74) and focus groups (N=48) with recently-delivered women about their childbirth and neonatal care experiences
- “ Themes around newborn care, including disrespectful and abusive care, were coded and analysed by thematic content

SELECTED RESULTS – LITERATURE REVIEW

- “ Respectful care for newborns has been lacking across the continuum of care: for mothers, stillborn infants, and all newborns, including those born preterm and those who die in infancy.
- “ Health systems are often not prepared to handle critically-ill newborns and few hospitals have sensitive policies with a range of options for palliation, burials or grieving.
- “ *Related commentary published: E. Sacks & M. Kinney. Respectful care for mothers and newborn: building a common agenda. Reproductive Health, 2015.*

SELECTED RESULTS – SECONDARY DATA ANALYSIS

- “ physical abuse,
- “ non-confidential care,
- “ non-consented care,
- “ non-dignified care,
- “ abandonment or neglect,
- “ discrimination, and
- “ unfair requests for payment.

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RESULTS – UGANDA AND ZAMBIA

- “ Women who accessed care largely reported positive experiences
- “ In half of the focus groups, women described experience or knowledge of denial or threat of denial to postnatal care.
- “ Experiences of discrimination in accessing postnatal care were more common than outright denial of care.
- “ Ugandan women reported receiving lower priority for care due to birth location; Zambian women reported being denied a pediatric health card and other obstacles.



RESULTS – UGANDA AND ZAMBIA

- “ Fear of mistreatment by staff was second most common reason to not seek PNC
- “ *No we did not go to the hospital [for postnatal care] because if they notice that you delivered from the village, you and the nurse ... **she can easily beat you.** So it is better I go to the old lady in the village because I know she will treat me well. (Kamwenge, Uganda)*
- “ *I didn't go [for postnatal care] because **they may not treat you** if you cannot explain yourself [why you delivered at home]. (Lundazi, Zambia)*

RESULTS - UGANDA

- “ Denial of PNC because of home birth
- “ *I had already bought a card which was supposed to give me access to services at the health centre. But during that time [after the birth], **they told me that I would not be given anything because I did not deliver from there.***
(Kamwenge, Uganda)
- “ *After 3 days she got fever and she was really badly off. I said let me take her to the facility maybe I would be helped. **They told me the medicine is not there for me** [because I had delivered at home].* (Kabarole, Uganda)

RESULTS - ZAMBIA

- “ Denial of PNC because of home birth
- “ *I will deliver at the hospital [next time] because when I went for under-five [clinic], the **nurse almost refused to attend to me** and I was told that it's not good to deliver from home because you can die or the baby can die if there is any complication upon delivering. (Nyimba, Zambia)*
- “ ***They tell us to come back** when we can explain ourselves to see if they are satisfied with the explanation [for having delivered at home]. (Nyimba, Zambia)*

RESULTS - ZAMBIA

- “ Other obstacles
- “ *Nurses at the hospital refuse to give under-five cards and **send us back home** and tell us to come back when we have reasons for delivering at home. So we are punished for that and told we did it [delivered at home] willingly. (Nyimba, Zambia)*

RESULTS - MEXICO

- “ Fear of non-consented care was the third most common reason for not seeking postnatal care
- “ Fear was strong and also related to delivery location (fear of Caesarean, episiotomy)
- “ Violations were rare but serious
- “ No one was turned away, but many women were dissatisfied with their care
- “ Two reports of women separated from their newborns who were transferred to another facility without consent



RESULTS - MEXICO

- “ Fear of non-consented care
- “ *There are some women who are afraid of the medication, because they say that sometimes they **are given bad medicine without asking**; it can possibly kill the baby, and why some do not want to go, that's what they say. (Chiapas, Mexico)*

RESULTS - MEXICO

- “ Separation from baby / detainment
- “ *I had to pay for the service and **if not paid they would not give me my baby**. The problem is that my baby wanted the breast. We had no choice but to go back [to our village], collect money and pay up.
(Chiapas, Mexico)*

RESULTS - MEXICO

- “ Separation from baby / non-consented care
- “ *When my baby was transferred to the hospital, I was never even asked permission or agreed to the move. They did not even let me see her when she was taken by ambulance ... nor her father allowed to see her. What I do not like is that I did not say anything about my baby, [nor] even asked me if I agreed to the move; I only heard the ambulance arrived. (Villahermosa, Mexico)*

CONCLUSIONS

- “ Respectful care for newborns is a neglected, but necessary, issue to address in global health
- “ We need to document cases of neglect and abuse across the globe
- “ We need to include newborns and stillborn infants in the respectful maternity care agenda and post-2015 global reproductive care frameworks

THANK YOU

“ Questions/comments

“ Collaborations

“ Contact:

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Extra slides

SELECTED RESULTS

- “ In the studies examined in Uganda and Zambia, there were predominantly cases of threats from facilities to deny or delay postnatal care for newborns due to delivery location. In Uganda some women reported outright refusal of care; in Zambia, some women were given lower priority for postnatal care or asked to pay extra due to having a home delivery. In Mexico, there were more cases of maternal-infant separation without consent reported, but fewer accounts of denial of postnatal care. Across countries, women and their newborns experienced discrimination if they were of a lower economic class or were a member of an ethnic or linguistic minority group.