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Elizabeth Duff
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Prevention and elimination of disrespect and abuse during childbirth

A new WHO statement illustrates a commitment to promoting the rights of women and to promoting access to safe, timely, respectful care during childbirth. It calls for greater co-operation among governments, health care providers, managers, professional associations, researchers, women's advocates, international organisations and women themselves to end disrespect and abuse during facility-based childbirth.

Ensuring universal access to safe, acceptable, good quality sexual and reproductive health care, particularly contraceptive access and maternal health care, can dramatically reduce global rates of maternal morbidity and mortality. Over recent decades, facility birth rates have improved as women are increasingly incentivised to utilise facilities for childbirth, through demand generation, community mobilisation, education, financial incentives or policy measures.

However, a growing body of research on women's experiences during pregnancy, and particularly childbirth, paints a disturbing picture. Many women across the globe experience disrespectful, abusive or neglectful treatment during childbirth in facilities. This constitutes a violation of trust between women and their healthcare providers and can also be a powerful disincentive for women to seek and use maternal health care services. While disrespectful and abusive treatment of women may occur throughout pregnancy, childbirth and the postpartum period, women are particularly vulnerable during childbirth. Such practices may have direct adverse consequences for both the mother and infant.

Reports of disrespectful and abusive treatment during childbirth in facilities have included outright physical abuse, profound humiliation and verbal abuse, coercive or unconsented medical procedures (including sterilisation), lack of confidentiality, failure to get fully informed consent, refusal to give pain medication, gross violations of privacy, refusal of admission to health facilities, neglecting women during childbirth to suffer life-threatening, avoidable complications, and detention of women and their newborns in facilities after childbirth due to an inability to pay.

Among others, adolescents, unmarried women, women of low socio-economic status, women from ethnic minorities, migrant women and women living with HIV are particularly likely to experience disrespectful and abusive treatment.

Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care throughout pregnancy and childbirth, as well as the right to be free from violence and discrimination. Abuse, neglect or disrespect during childbirth can amount to a violation of a woman's fundamental human rights, as described in internationally adopted human rights standards and principles.

In particular, pregnant women have a right to be equal in dignity, to be free to seek, receive and impart information, to be free from discrimination, and to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health.

Despite the existing evidence that suggests women's experiences of disrespect and abuse during facility-based childbirth are widespread, there is currently no international consensus on how disrespect and abuse should be scientifically defined and measured. Consequently, its prevalence and impact on women's health, well-being and choices is not known. A considerable research agenda exists to better define, measure and understand disrespectful and abusive treatment of women during childbirth, and how it can be prevented and eliminated.

To achieve a high standard of respectful care during childbirth, health systems must be organised and managed in a manner that ensures respect for women's sexual and reproductive health and human rights. While many governments, professional societies, researchers, international organisations, civil society groups and communities worldwide have already highlighted the need to address this problem, in many instances policies to promote respectful maternal care have not been adopted, are not specific, or have not yet been translated into meaningful action.

In order to prevent and eliminate disrespect and abuse during facility-based childbirth globally, the following actions should be taken:

The WHO statement calls for:

- Greater support from governments and development partners for research and action.
- Programmes to improve the quality of maternal health care, with a strong focus on respectful care.
- Greater emphasis on the rights of women to dignified, respectful healthcare through pregnancy and childbirth.
- The generation of data related to respectful and disrespectful care practices, systems of accountability and meaningful professional support.
- The involvement of all stakeholders, including women, in efforts to improve quality of care and eliminate disrespectful and abusive practices.

The statement has been endorsed by numerous bodies including: Averting Maternal Death and Disability, Mailman School of Public Health Columbia; Birth House Association (Hungary), CARE; Commonwealth Medical Trust (Commat); Family Care International; Human Rights in Childbirth; Immpact, University of Aberdeen; International Federation of Gynecology and Obstetrics (FIGO); International Islamic Center for Population Studies and Research, Al Azhar University; IntraHealth International; Jhpiego-an affiliate of Johns Hopkins University; National Advocates for Pregnant Women;

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0266-6138/

Karnataka Health Promotion Trust, Makererere University College of Health Sciences School; Maternal Adolescent Reproductive & Child Health (MARCH), London School of Hygiene & Tropical Medicine; Maternal and Child Survival Program; Maternal Health Task Force; Partners in Population and Development (PPD); Midwives Alliance of North America; Le Regroupement Les Sages-femmes du Québec; Reproductive Health Matters; Safe Hands for Mothers; Swedish International Development Cooperation Agency; Swiss Tropical and Public Health Institute; Umeå Centre for Global Health Research; United States Agency for International Development (USAID); The White Ribbon Alliance.

Download at http://apps.who.int/iris/bitstream/10665/134588/1/WHO_RHR_14.23_eng.pdf?ua=1&ua=1

Delivering for Every Women and Every Child within a generation

On September 25, 2014, UN Secretary General Ban Ki-Moon hosted a high-level event in New York, to build strong global partnerships for the Every Woman Every Child movement. It brought together global leaders from governments, the private sector, civil society organisations and celebrities.

The International Confederation of Midwives (ICM) was well represented by Global Ambassador H.E. Toyin Saraki, President, Chief Executive and Board Member Sandra Oyarzo Torres, Dorothea Lang (UN Representative to the UN and Joyce Hyatt). Other midwives present were Lennie Kamwendo, Rose Mlay (WRA), Joanna Nemrava, President Canadian Association of Midwives, who was there as part of the Canadian delegation, and Jordanian midwife Munira Shaban.

Recruited out of retirement in her late sixties by the UNFPA office in Jordan to provide midwifery services to Syrian refugees in the Za'atari camp, Munira advocates for family planning, and supports and counsels pregnant women.

As part of an eminent panel at the opening session *Sustaining Gains, Building on our Future*, with Ray Chambers, Special Envoy, H.E. Ban Ki-Moon, UN Secretary General, H.E Jakaya Kikwete, President of Tanzania, Ms. Li Xialion, President of the Chinese People's Association of Friendship with Foreign Countries (CPAFFC), 'Mama Munira' gave a powerful, moving speech about her work as midwife in Syrian refugee camps; about the vital role of the midwife; and about the newly published 'State of the World's Midwifery' (SoWMy). She urged investment in midwives.

http://www.everywomaneverychild.org/

New data show child mortality rates falling faster; neonatal deaths slower

WHO, UNICEF, World Bank Group, UN-DESA Population Division issued a joint news release on 16 September 2014, updating on child mortality figures.

New data released by the United Nations showed that under-five mortality rates have dropped by 49% between 1990 and 2013. The average annual reduction has accelerated – in some countries it has even tripled – but overall progress is still short of meeting the global target of a two-thirds decrease in under-five mortality by 2015.

New estimates in 'Levels and Trends in Child Mortality 2014' show that, in 2013, 6.3 million children under five died from mostly preventable causes. This was around 200,000 fewer than in 2012, but still equal to nearly 17,000 child deaths each day.

'There has been dramatic and accelerating progress in reducing mortality among children, and the data prove that success is possible even for poorly resourced countries,' said Mickey Chopra, head of UNICEF's global health programmes. 'There is now a gathering momentum from countries in every part of the world to make sure proven, cost-effective interventions are applied where they will save the most lives.'

In 2013, 2.8 million babies died within the first month of life, which represents about 44% of all under-five deaths. About two-thirds of these deaths occurred in just 10 countries. While the number of neonatal deaths has declined, progress has been slower than for the overall under-five mortality rate.

In June this year, WHO, UNICEF and partners issued the first-ever global plan to end preventable newborn deaths and stillbirths by 2035. The Every Newborn Action Plan calls for all countries to take steps to provide basic, cost-effective health services – in particular around the time of childbirth, as well as for small and sick babies – and to improve the quality of care.

'The global community is poised to end preventable maternal, newborn and child deaths within a generation,' said Dr Flavia Bustreo, Assistant Director General at WHO. 'We know what to do and we know how to do it. The challenge now is to move from plan to action – we are pleased to see countries like India beginning to lead the way.'

Among the report's other major findings:

- Eight of the 60 countries identified as 'high mortality countries' – with at least 40 under-five deaths for every 1000 live births – have already reached or surpassed the MDG target (67% reduction). The countries are Malawi (72%), Bangladesh (71%), Liberia (71%), Tanzania (69%), Ethiopia (69%), Timor-Leste (68%), Niger (68%) and Eritrea (67%).
- Eastern Asia, Latin America and the Caribbean and Northern Africa, have already reduced the under-five mortality rate by more than two-thirds since 1990.
- Two countries, India (21%) and Nigeria (13%), together account for more than one-third of deaths among children below 5 years of age.
- While Sub-Saharan Africa has cut under-five mortality rates by 48% since 1990, it still has the world's highest rate – 92 deaths per 1000 live births – nearly 15 times the average in high-income countries.
- Children born in Angola, which has the highest under-five mortality rate in the world (167 deaths per 1000 live births), are 84 times more likely to die before the age of five than children born in Luxembourg, with the lowest rate (2). Within countries, relative wealth, education, and location are key – a child's risk of dying increases if she or he is born in a remote rural area, into a poor household or to a mother with no education.

The leading causes of under-five deaths are pre-term birth complications (17%), pneumonia (15%); complications during labour and delivery (11%), diarrhoea (9%), and malaria (7%). Under-nutrition contributes to nearly half of all under-five deaths.

'For continued progress, it is essential to invest more in health systems that deliver high-quality, affordable services to all women and children who need them,' said Olusoji Adeyi, Director of Health, Nutrition and Population at the World Bank Group.

The report notes that major improvements in child survival are in part due to affordable, evidence-based interventions against the leading infectious diseases, such as immunisation, insecticide-treated mosquito nets, rehydration treatment for diarrhoea, nutritional supplements and therapeutic foods.

The major causes of neonatal mortality – pre-term birth complications (35%) or problems during delivery or birth (24%) –