

NDoH webinar Maternal and Neonatal Health Guidelines series



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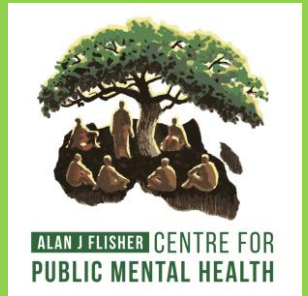
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www.pmhp.za.org



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3 *NEW* Chapters

- Respectful Maternity Care (RMC)
- Maternal Mental Health (MMH)
- Intimate Partner Violence & Domestic Violence (IPV & DV)

To support evidence-based pragmatic guideline development

A synthesis of key relevant global, sub-Saharan and South African evidence-based practice, policy and guidelines

- Multidisciplinary panel of experts for each topic
- Desktop reviews  used to inform draft chapters
 - <https://pmhp.za.org/wp-content/uploads/MMH-Guidelines-desktop-review-6-September-2022.pdf>
 - <https://pmhp.za.org/wp-content/uploads/RMC-desktop-review-6-September-2022.pdf>
- Several drafts and stakeholder consultations

Included review of South African policies and guidelines



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National Department of Health

- Maternal, Perinatal and Neonatal Health Policy 2021
- **Standard Treatment Guidelines:** obstetrics chapters and mental health chapters: Primary Health Care and Adult Hospital guidelines
- Adult Primary Care Guidelines
- COVID-19 Guidelines for Maternal Neonatal and Child Health (Psychosocial chapter) 2022
- Mental Health Policy Framework and Strategic Plan 2023-2030
- Mental Care Act 2002
- National Development Plan 2012-2023

Respectful Maternity Care

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Respectful Maternity Care

- **Disrespect and abuse is widespread in maternity settings**
 - **Linked to maternal mortality and morbidity**
- **Has a negative impact on attendance of health facilities and adherence**



Maria Fabrizio for NPR

South Africa and obstetric violence: the reports

- **Jewkes 1998:** ‘patient inferiority’, asserting middle-class identity, creating social distance, fantasies of power; reactive or ritualised
- **Kruger 2010:** ritualised, sanctioned, normalised, institutionalised
- **Human Rights Watch 2011:** ‘Stop making excuses’ – lack of accountability
- Vulnerable sub-groups
 - Adolescents
 - Refugees
 - Physical/mental disabilities
 - Less educated
 - Others

South Africa and obstetric violence: causes

- Historic – power, Apartheid and prejudice
- Structural
 - Health systems
 - High patient volumes
 - Poor infrastructure
 - Low levels supervision
 - Lack of accountability
 - ‘Too close for comfort’
- High levels obstetric/perinatal pathology
- Women unaccompanied
- Staff compassion fatigue and burnout

Counting What Matters: the Embrace Birth Experience Survey SA 2023



- 482 completed digital survey
- 47% private; 43% public; 10% home births
- 53% experienced some type of Disrespect and Abuse
- 45% - this affected their mental health
- 22% confidence in bonding and ability to care for baby affected
- 86% did not report it; 14% tried, to no effect

Global responses



White Ribbon Alliance for Safe Motherhood

Respectful Maternity Care Charter: the Universal Rights of Childbearing Women

<https://www.whiteribbonalliance.org/respectful-maternity-care-charter/> (2018)

WHO Guidelines

Intrapartum care for a positive childbirth experience
Health promotion interventions for maternal newborn health



World Health
Organization

WHO Statement 2014

The prevention and elimination of disrespect and abuse during facility-based childbirth



United Nations Human Rights Council statement 2019

A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence

SA Maternal, Perinatal and Neonatal Policy 2021

- Sets out way forward to assess ‘Disrespect and Abuse’ in reproductive health services
- Establishes guidelines to implement RMC
- Takes note of vulnerable populations

“All health care providers rendering maternal, perinatal and neonatal services shall provide care to all individuals, women and their partners in a manner that maintains dignity, privacy, confidentiality and is free from harm and mistreatment.”

Policy highlights: RMC improves health outcomes – including related to maternal mortality

Respectful Maternity Care Interventions in South Africa

The CLEVER study: aimed to determine the effect of an intervention designed to improve the experience and quality of obstetric care in midwife-led obstetric units in the Tshwane district, Gauteng.

5 MOUs implementing the intervention and 5 MOUs as the control.

Intervention included :

- Clinical care with **obstetric triage and handover rounds** with risk assessment
- **Labour ward management** to resolve withholding of care and teamwork issues
- Elimination of barriers through **effective communication practices** and meeting basic human needs
- Verifying care through **nominated champions and monitoring and evaluation**
- **Emergency obstetric simulation training** with capacity building reaching all shifts
- **Respectful care** to improve mothers' childbirth experiences.

Findings

- significant **positive changes in respectful maternity care**
- significant **declines in fresh stillbirths, meconium aspiration and birth asphyxia**

Oosthuizen et al 2019 and 2020

Respectful Maternity Care Chapter



Overview:

- Respectful care during labour and giving birth
- Respectful postnatal care
- Managing difficult situations
- Respectful care: birth companions
- Providing services to foreign clients
- Engaging clients where there is a language barrier
- Engaging with adolescents
- Respect in the workplace
- Self-care for health workers
- Help-line resources
- Reporting disrespect and abuse

Respectful Maternity Care Training Module: Knowledge Hub (soon)

3 Learning Lessons

- Overview of RMC
- Respectful Care – Birth Companions
- Self-care for health workers



Learning lesson 1: Overview of RMC *

Topics

- Respectful Maternity Care Charter
- Vulnerable populations
- Type of disrespect and abuse
- What to do (and not do) to provide respectful care
- Respectful care during labour & giving birth
- Respectful postnatal care
- Managing difficult situations
- Providing services to foreign clients
- Engaging clients where there is a language barrier
- Engaging with adolescents
- Respect in the workplace
- Referral resources
- Reporting disrespect and abuse



Disrespect and abuse



Types of disrespect and abuse	Examples
Stigma and discrimination	Failure to provide services Providing poor quality care due to prejudicial beliefs.
Poor rapport between women and providers	Dismissal of women's concerns, Poor staff attitudes Lack of supportive care, Denial or lack of birth companions Denial of food, water, or mobility, Lack of respect for preferred birth positions, Denial of traditional practices, Objectification of woman
Physical abuse	Unwanted and/or unauthorised physical contact (including slapping, pinching), Denial of pain relief , Physical restraint
Unnecessary medical interventions	Unindicated episiotomy, caesarean section, tubal ligation, and hysterectomy
Verbal abuse	Shouting, Shaming, Scolding, Humiliating and rude language For example saying, "you opened your legs to get pregnant, why don't you open your legs now"; "you will kill your baby if you don't co-operate"
Sexual abuse	Inappropriate touching during physical exams, Unnecessary vaginal exams, Rape
Failure to meet professional standards	Breaking clinical and policy guidelines Lack of informed consent, Threats and coercion, Breaking confidentiality Performing unconsented procedures , Denying pain medication, Neglecting and abandoning women
Health system conditions and constraints	Lack of accountability and management, Staffing and other resource shortages (e.g. supplies and equipment), Poor hygiene, Infrastructure creating lack of privacy

Setting the scene with respectful care

Short video clip: PMHP Empathic Engagement Skills



<https://www.youtube.com/watch?v=w9260fFtgMo&list=PLKet3CJ4HYIVloic01hhKbDNKX2MZIQyT>

(Acknowledgement: Perinatal Mental Health Project, PMHP Empathic Engagement Skills, <https://pmhp.za.org/>)

Providing respectful care



Do

- Introduce yourself
- Call women by their preferred name.
- Speak in a warm & friendly manner.
- Allow women to be accompanied by their choice of companion.
- Communicate anticipated delays to clients & their companions
- Respect all cultures & beliefs.
- Treat all people equally.
- Listen to the woman's concerns, encourage & answer any questions.
- Obtain informed consent & only perform necessary examinations and procedures. Where possible, consent should be obtained when a woman is able to ask questions and engage, not while in pain or discomfort.
- Provide education and explanations in a woman's language of choice (if possible) and in a simple manner that is understandable. Check the woman has understood and answer her questions.
- Maintain privacy & confidentiality.
- Conduct all examinations in private settings.
- Ensure continuity of care. At change of shift, introduce staff who are taking over the woman's care and explain why handover needs to occur.

Don't

- Never turn women away from receiving care.
- Do not share the woman's information unnecessarily, including verbally.
- Do not share the woman's health information with non-health care workers.

Respectful care during labour & giving birth

- If possible, triage women who arrive in labour ward within 15 minutes of arrival (or as soon thereafter as possible).
- Conduct **rapid screening** of whether women are bleeding or not - fetal heart rate detection & status of labour.
- Follow **admission protocol** formally.
- **Communicate** the processes, explain to the woman whether she will stay in one area or move as labour progresses.
- **Encourage & support** women & their birth companions.
- Provide adequate pharmacological and non-pharmacological **pain relief**.
- Encourage women to **eat and drink** during labour.
- Encourage women to choose their **birth positions**, if safe.
- Ensure **privacy** during birth by covering women with a sheet & if possible dividing the space between birthing women with a curtain, when separate rooms are not available in a labour ward.
- Always gently **clean** the woman & her baby after birth.

Respectful postnatal care



- Do not leave infants unattended.
- Do not unnecessarily separate woman and infant.
- Encourage skin to skin / kangaroo care after delivery.
- Never transfer infants to other facilities without parental consent.
- Ensure woman & infant are well prior to discharge.

Families who have experienced pregnancy loss, miscarriage, neonatal death or who are caring for sick or underweight infants need **additional support**.

Get feedback

Short video clip: PMHP Empathic Engagement Skills



From 14.32 min

<https://www.youtube.com/watch?v=w9260fFtgMo&list=PLKet3CJ4HYIVloic01hhKbDNKX2MZIQyT>

(Acknowledgement: Perinatal Mental Health Project, PMHP Empathic Engagement Skills, <https://pmhp.za.org/>)

Managing a difficult situation *

1. Remain calm

Take a deep breath
Be gentle & warm
Do not argue or get angry
Be empathetic



2. Acknowledge their emotion

Say "I can see that you are upset".
Be aware of your body language.



3. Connect

Find out what their expectations are,
& what is upsetting them.
Ask questions gently "Please explain
how I can help you?/What is making
you feel this way?"



4. Retain

Encourage the woman to
come back for follow-up
antenatal/postnatal care

Providing services to foreign clients *

- In South Africa, **all pregnant women**, breastfeeding women & children under 6 years can access health care at relevant health care facilities.
- South African law and health policy provide for inclusive care to **all people**.
- Respectful care builds trust with foreign women, especially those who are displaced, and faced extreme trauma in their country of origin and South Africa.

Engaging clients when there is a language barrier



- Introduce yourself warmly with a gentle, welcoming smile.
- If unable to converse in the woman's language:
 - ⇒ Family member?
 - ⇒ Other staff?
 - ⇒ Keep sentences short & simple
 - ⇒ Take care of confidentiality
- If breaking bad news – use translator!
- Learn "May I?", "Thank you", and "Please" in common languages.
- Attempt non-verbal communication
- Download Google Translate

Engaging with adolescents



- Often harshly judged by health workers

Higher risks

- Eclampsia
- Puerperal endometritis
- Systemic infections

Babies at higher risks

- Pre-term
- Underweight
- Severe neonatal condition

Young women and girls may

- not have sufficient information about their sexual and reproductive health and rights,
- suffered from sexual abuse,
- been pressured to have sex by peers or to have transactional sex by older men for support
- face stigma or rejection from family or community.

- ⇒ Often feel very alone and scared
- ⇒ They may not have disclosed their pregnancy to anyone
- ⇒ They need gentle and welcoming help.
- ⇒ If not treated respectfully, they are less likely to attend regular antenatal care which increases poor birth outcomes.

Respect in the workplace



Create a respectful work environment through:

- positive feedback
- praising respectful actions

Staff should feel supported by line managers and colleagues. When supported, it is easier to hear and consider constructive feedback on poor performance.

- Mentor/ mentee relationships are important for quality and respectful maternity care.
- Never criticise a colleague in public. Provide constructive feedback.
- Focus on learning, and solutions to address problems.
- Do not speak behind a colleague's back.



Referral resources for clients *

National helplines include:

- **SADAG** – offering referral to mental health professionals and support groups
- **Lifeline** - support for personal crisis, trauma, abuse or rape
- **FAMSA** (Families South Africa) offers counselling for couples and families
- **Childline SA** (ages 0-16) For children and young adolescents who are in crises, abuse or at risk of abuse and violence
- **Department of Social Development Substance Abuse** – offers a 24-hour helpline
- **National Shelter Movement of SA** – assists with finding accommodation for homeless or at risk
- **Alcoholic Anonymous** counselling, education and support groups for alcohol misuse
- **Women's Legal Centre** - free legal advice for women

Resource list details in guidelines

Reporting disrespect and abuse *

- **Professional** and **ethical** obligation to report observed abuses to senior management.
- Those reporting abuses to be protected.
- Anonymous reporting through the Office of Health Standards and Compliance.
 - Toll free: 080 560 4157.
- Office of Health Ombud: WhatsApp support line: 0600 123456, Toll free: 080 911 6472, email complaints to: complaints@ohsc.org.za

Learning lesson 2: Respectful Care – Birth Companions

Topics

- Rationale for birth companions
- Roles and responsibilities of birth companions
- Concerns and solutions for enabling birth companions in health facilities
- Case study of birth companions in Limpopo



Birth companions



Benefits

- Shorter labour
- Decreased C-section
- Improved Apgar score

Cochrane review: Continuous emotional and social support during childbirth improves maternal & newborn health outcomes – and woman's satisfaction with care (Bohren et al, 2017)

- All women throughout labour have the right to a birth companion of their choice.
- All institutions need to have baseline protocols for including birth companions - cases where they aren't allowed should be the exception and should be centred around patient safety.

Role and responsibility before birth *

Health workers to educate birth companions to:

- Attend antenatal care visits and support the woman to attend regularly.
- Know layout of the facility e.g. bathrooms.
- Ensure that there is a bag packed with necessary items for mother & baby for when labour begins.
- Have a plan for transport to the hospital or clinic when labour begins.
- Plan to care for other children in the home.
- Prepare food and beverages for the hospital stay.

Role and responsibility during labour



Health workers to educate birth companions to:

- Be informed about infection prevention & hand hygiene.
- Know to not administer medication or handle medical equipment.
- Use techniques to reduce stress & make women more comfortable - verbal encouragement, singing softly, holding the woman's hand, rubbing her back & helping her relax with deep, slow breathing.
- Encourage women to mobilise between contractions & to eat & drink during labour.
- Alert health providers to any change in the woman's condition.

Role and responsibility during * C-section

- Birth companion may be present if C-section is under spinal anaesthetic.
- If mother disappointed not to have vaginal delivery – birth companion to encourage, support and let mother talk about her feelings
- Help to bring baby to mother soon after birth

After labour and at home post-birth

- Provide support to women for physical & mental health and breastfeeding

Concerns about birth companions *

Concern	Solution
Security concern with unknown people attending the facility	Ensure excellent access control. Encourage women to register birth companions, in Maternity Case Record or notes, and check if companion is registered at every ANC visit. This enables facility staff to easily identify them.
Limited space & no privacy for other labouring women.	Local SOPs can be developed around gender of companion allowed according to privacy and safety situations. Curtains to separate existing delivery rooms, if full partitions not available. Even if a birth companion cannot be present while the woman gives birth, their role during pregnancy and after birth is still valuable.
Lack of confidentiality	Staff to educate birth companions on importance of confidentiality.
Fear of infection	Staff to educate birth companions on importance of infection control & hand hygiene.
Fear of increased workload on staff by presence of more people	Health providers report companions are helpful. They provide support of getting food and drink, calming, emotionally supporting and encouraging women in labour, and alerting staff about women's sudden needs. There is no cost for the additional help!

Case study

Experiences and perceptions of birth companions supporting women in labour at a District Hospital in Limpopo, South Africa (Summerton et al, 2021)

Conclusion

It is important for healthcare providers to understand the far reaching emotional and psychological impact of their attitudes and behaviour on, not only women in labour but also on others who witness their (healthcare providers) behaviour.

Learning lesson 3: Self-care for Health Workers

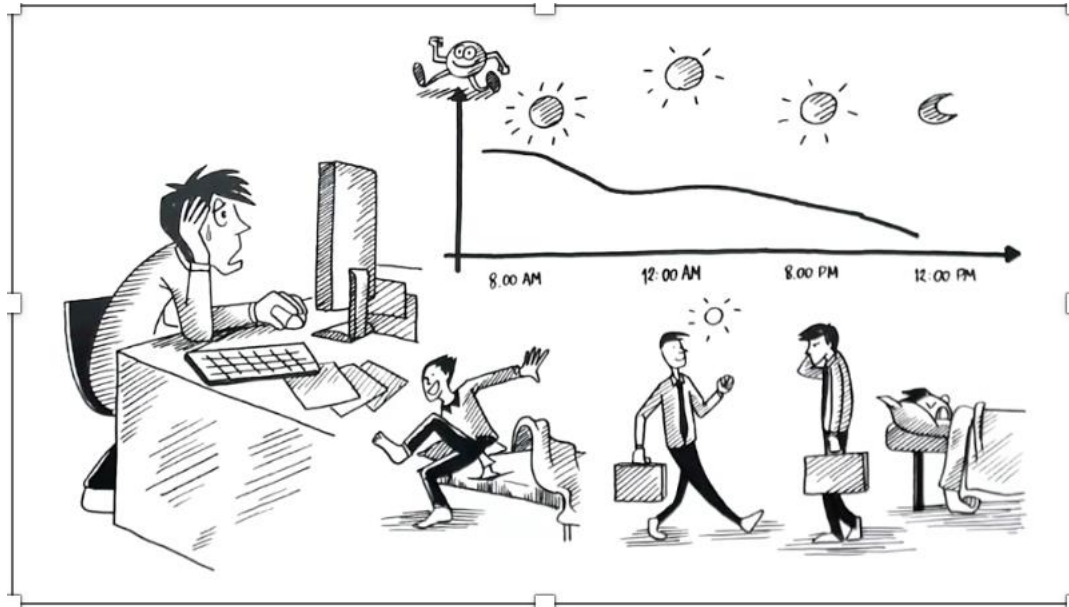
Topics

- Understanding stress
- Tips for minimising burnout
- Understanding self-care
- Identifying needs
- Examples of self-care
- Resources



Stress

- **Stress explained** (short animated video 2:32 min)



<https://www.youtube.com/watch?v=1KYC5SsJjx8>

(Acknowledgement - Stress Bucket: Braive <https://braive.com/en/>)

Self-care for health workers



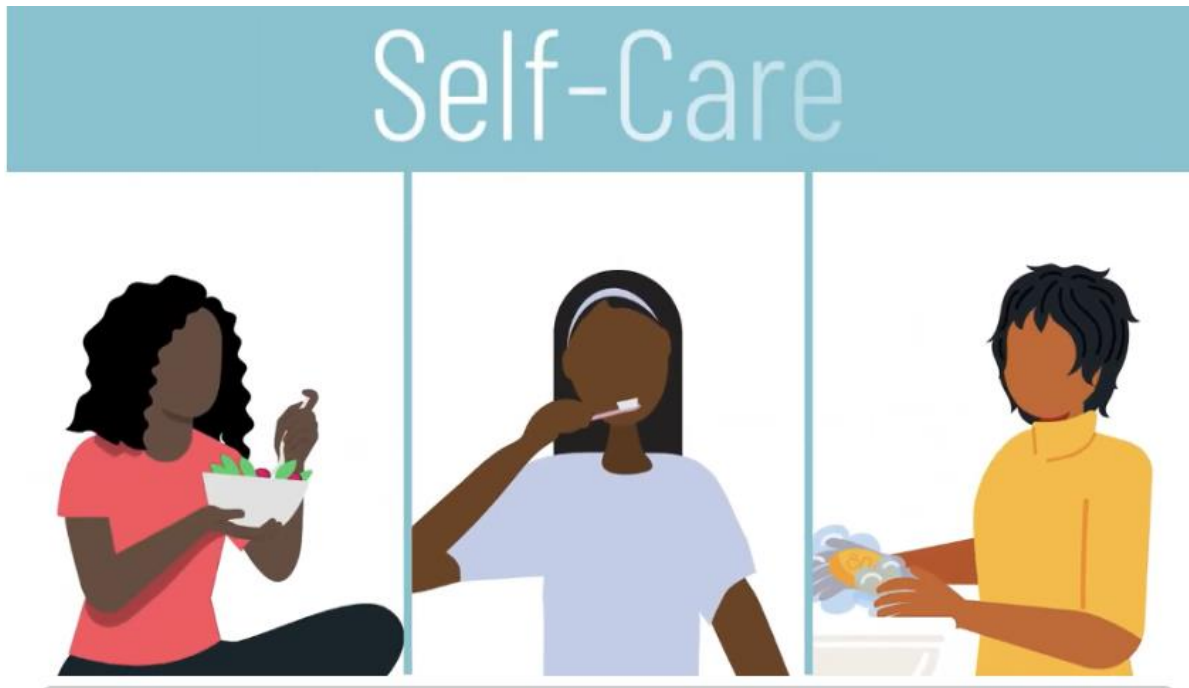
Ways to minimise burn out:

- Get enough sleep
- Exercise
- Eat healthily
- Take care of your physical and mental health
- Take time out to relax
- Do things that you enjoy, including creative activities
- Spend time with loved ones
- Identify support networks and use them
- Ask for help when you need it.



Self care

- **Self care summary** short animated video



<https://www.youtube.com/watch?v=LY4i5CSn7AA&t=10s>

(Acknowledgement - Self-Care: National Black Leadership Commission on Health <https://nblch.org/what-we-do/>).

Identifying your needs

Self-care strategy	Helpful	Unhelpful
Relaxation and staying calm (What helps you to relax?)	e.g. slow breathing Taking a walk	e.g. shouting Swearing Drinking
Self-Talk (How do you talk to yourself?)	e.g. 'I can do this.' 'I have been manged this OK last time.' 'I am safe.'	e.g. 'I can't handle this.' 'I am not good enough.'
Social support (Who can help in times of stress?)	Which family members, friends or colleagues can you reach out to for support?	Which people should you avoid in times of stress? Who drains your energy?
Mood (What activities help to create a positive mood?)	e.g. Listening to music Exercising	Staying in bed Avoiding social activities

Self-care activities

Grounding

5-4-3-2-1

Short animated video



<https://www.youtube.com/watch?v=BsKpumL-ohQ>

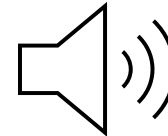
Acknowledgement: 5-4-3-2-1 The
Partnership in Education

<https://www.thepartnershipineducation.com>

/

Unhooking from unkind thoughts

WHO audio



<https://www.who.int/publications/i/item/9789240003927>

Acknowledgement: WHO From Doing what
Matters in Times of Stress.

Health worker wellbeing

Doing What Matters in Times of Stress: An Illustrated Guide



- **Look after your own well-being!**
- **HealthworkerConnect: Send “resilience” to +27 60 060 1111**
- **PMHP self-care pamphlet:**
https://pmhp.za.org/wp-content/uploads/Self-care_HealthWorkers.pdf
- **WHO: Doing what matters in times of stress**
https://www.who.int/publications/i/item/9789240003927?gclid=Cj0KCQiAzoeuBhDqARIsAMdH14Fwdr-P5-sjYAA9h87XAnRIB1DXEIEdqPIXa45pfJKnb5iqWUV-wqkaAI4bEALw_wcB

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