



Launch of Online Course Webinar

**National Integrated Maternal and Perinatal Care
Guidelines Online Training**
**Modules: Respectful Maternity Care, Maternal Mental
Health & Intimate Partner Violence**

Date: 22 September 2026
Time: 10h00 – 12h00



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SOCIETY OF MIDWIVES SOUTH AFRICA (SOMSA) POSITION ON RESPECTFUL MATERNITY CARE & MIDWIFERY PRACTICE

Every woman deserves dignity, autonomy, compassion and respect.

**Ms Rebecca Motete
SOMSA President**



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POINTS COVERED IN THIS ADDRESS

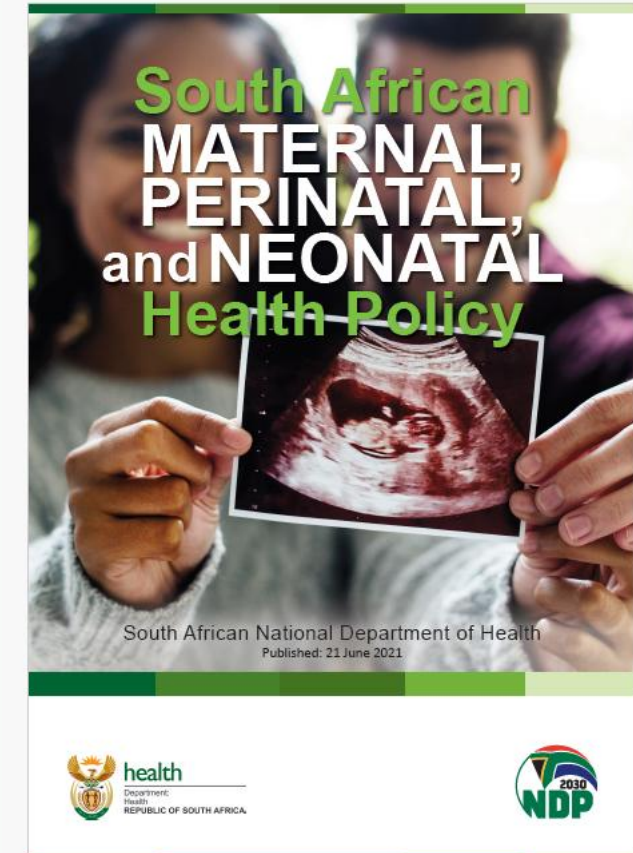
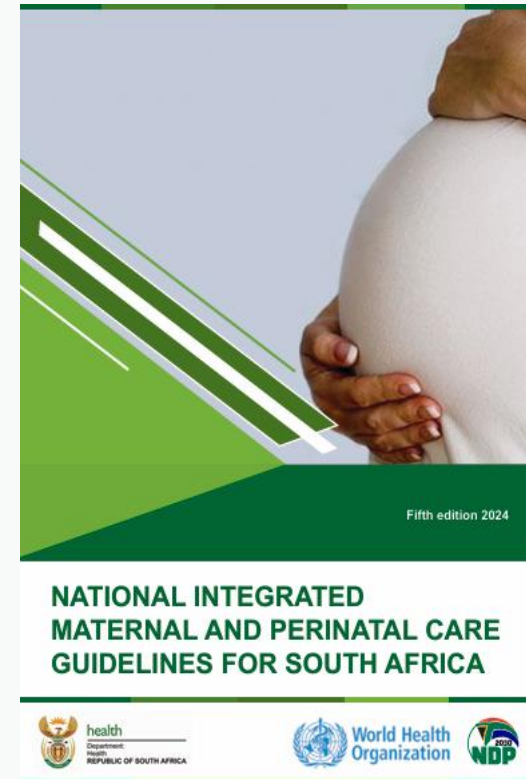
- National Guiding Policies and Key Principles of RMC guiding midwives' practice
 - What is Respectful Maternity Care?
 - Brief survey results (EMBRACE)
 - Midwives Commitment to RMC (The SOMSA Pledge RMC)
 - Request for an enabling Environment

RESPECT IS A CLINICAL AND HUMAN RIGHTS RESPONSIBILITY.

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MIDWIVES PRACTICE GUIDED BY POLICY

- South African Maternal, Perinatal and Neonatal Health Policy 2021 Key Area 2: Objective
 - The National Integrated Maternal and Perinatal Care Guidelines, Fifth Edition, were issued in 2024.
- Respectful Maternity Care is Chapter 1 of the guidelines.
- The guidance calls on all maternity-care staff—including clinical, administrative, support, and security staff—to act respectfully.
- The guidelines translate values into practical behaviors that can be observed in everyday care.



FROM POLICY → TO PRACTICE → TO EVERY WOMAN'S EXPERIENCE

3

WHAT DO WE MEAN BY RESPECTFUL MATERNITY CARE?

- Respect the dignity and autonomy of every woman, at all times.
- Provide care without discrimination based on race, age, disability, religion, culture, language, economic status, marital or health status.
- Listen to the woman, communicate clearly, obtain informed consent and protect privacy and confidentiality.
- Recognise respectful care as a core part of safe, quality maternity care—not an optional extra.

RESPECT IS A CLINICAL AND HUMAN RIGHTS RESPONSIBILITY.

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SOUTH AFRICA HAS PUT RESPECTFUL CARE INTO POLICY

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FROM POLICY → TO PRACTICE → TO EVERY WOMAN'S EXPERIENCE

WHAT RESPECTFUL CARE LOOKS LIKE AT THE BEDSIDE

INTRODUCE

Introduce yourself and explain your role.

LISTEN

Listen to concerns and answer questions.

CONSENT

Ask permission before examinations and procedures.

PRIVACY

Protect privacy and confidentiality.

LANGUAGE

Explain care in a language the woman understands, where possible.

CONTINUITY

Support continuity and explain handovers.

EVERY WOMAN THROUGHOUT LABOUR HAS THE RIGHT TO A BIRTH COMPANION OF HER CHOICE.

- Companionship should be planned for during antenatal care.
- The companion may be a partner, trusted relative, friend or trained doula.
- The companion can provide emotional and practical support and alert staff to concerns.
- Any limitations should be exceptional, clearly communicated and centred on patient safety.

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RESPECTFUL CARE IS MORE THAN BEING POLITE

- It means protecting women from discrimination, humiliation, coercion and abuse.
- It means avoiding unnecessary procedures and obtaining informed consent.
- It means giving clear information about progress, investigations, pain relief and management plans.
- It means recognising the woman as an active participant in her care—not simply a recipient of care.

SAFE CARE + RESPECT + VOICE + CHOICE = QUALITY MATERNITY CARE

THE ROLE OF THE MATERNITY CASE RECORD

Updated since 2018 with **RMC** prompts and documentation

- The Maternity Case Record helps translate respectful-care principles into routine practice.

- Birth-companion information can be documented as part of the woman's maternity record.

- The record supports communication, continuity and clinical accountability.

- Every entry is an opportunity to ask: What does this woman need? What has she understood? What matters to her?

Prompts for clinician

- Patient-centered
- Consent to Care
- Privacy, birth companion, choice

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Maternity Case Records

This record must always accompany the woman when transferred to another health facility.
This record must be filed at the facility discharging the woman after birth.
Failure to create and maintain a record or to remove a record is an offence in terms of section 11(2) of the National Health Act (61 of 2003).
This record book is valid for the duration of the pregnancy and postpartum and includes all patient encounters. The relevant ward/clinic subsection must clearly print (stamp) the name of the section and the date the service was rendered.

Level of care	
Antenatal clinic:	Delivery site:
Transport when in labour:	

Name of patient or place large patient sticker here
Name: _____ Surname: _____
Address: _____
Next to School/Shop: _____

MomConnect ☐ Yes ☐ No
Date registered: ____/____/____

Woman's name: _____ ☐ Employed ☐ Unemployed

ID Number: _____ Religion: _____

Institution file number: _____ Record book number: _____ ☐ Original ☐ Duplicate

Consent for blood products: ☐ Agree to the use of blood products if needed ☐ Disagree to the use of blood products

Name of birth companion: _____ Contact number of birth companion: _____

Community health worker name: _____

Contact detail of mandate
Name of person mandated to consent on behalf of woman when appropriate: _____

Contact telephone number of mandate: _____

Should I be unable to consent myself, I mandate the above in terms of the National Health Act to do so on my behalf.

Signed: _____ Date: _____ Witness: _____

June 2024 update

DOCUMENTATION CAN REINFORCE A CULTURE OF RESPECT.

- Promote evidence-based, woman-centred midwifery care.
- Advocate for the rights, recognition, empowerment and wellbeing of midwives.
- Address disrespect and abuse in maternity care.
- Foster a culture of respect, compassion, empathy and accountability.
- Strengthen professional leadership, education, policy advocacy, research and innovation.

5. SURVEY RESULTS

5.1 Prevalence of Obstetric Violence

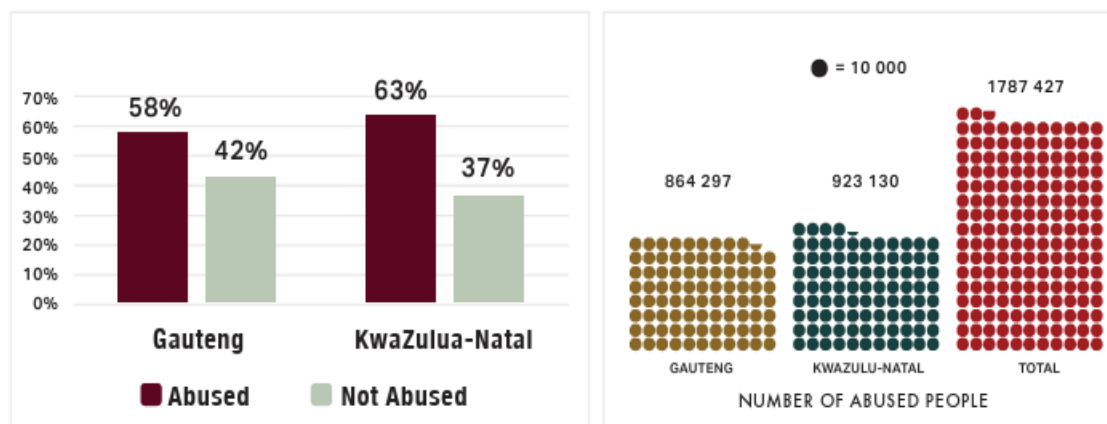
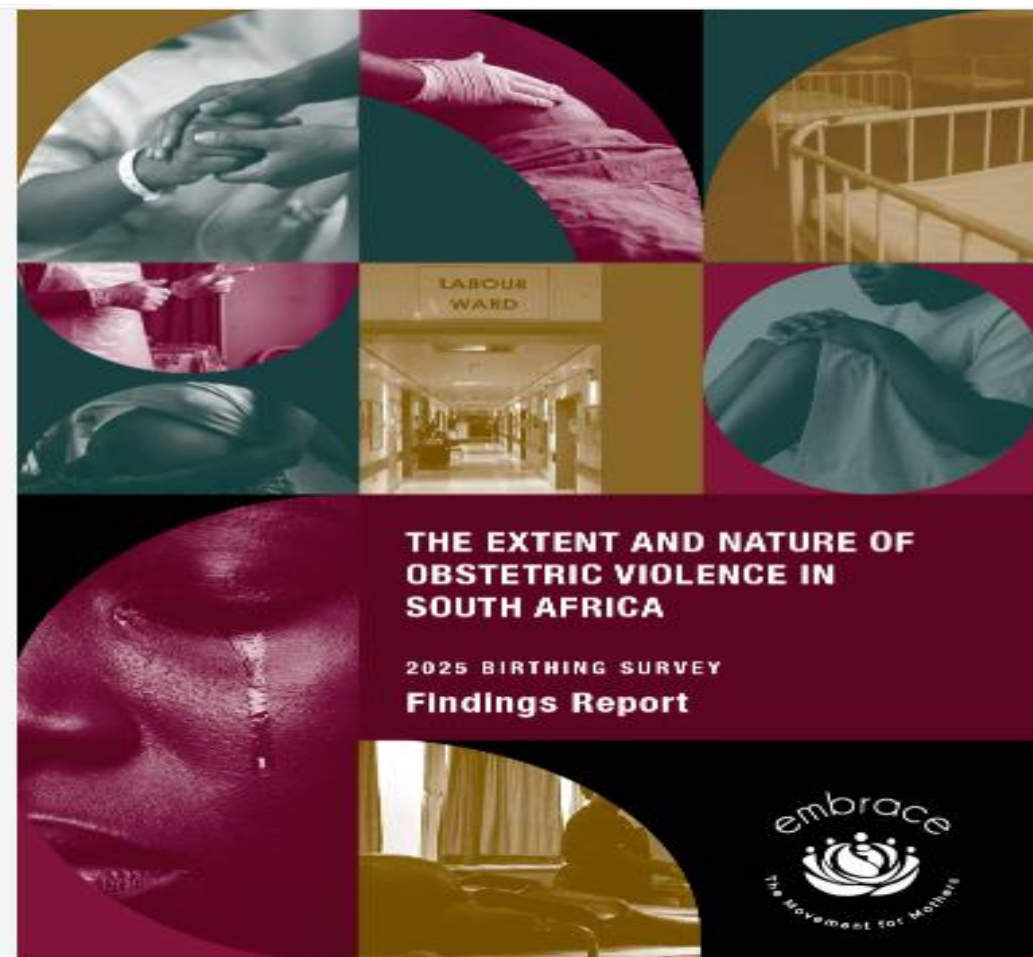


Figure 3: Total OV Prevalence in South Africa

60% of those who have given birth in KwaZulu-Natal and Gauteng in the past ten years in South Africa have experienced some form of obstetric violence.

1.79 MILLION

The 1.79 million abused individuals represent a public health and human rights crisis. The normalisation of obstetric violence at these levels signals deep-rooted structural, cultural, and institutional failings in maternal healthcare.





HEALTH SYSTEMS FACTORS THAT ENABLE MIDWIVES TO DELIVER RESPECTFUL CARE

- Adequate staffing and safe working environments.
- Competence, mentorship and continuing professional development.
- Reliable medicines, equipment, blood, transport and referral systems.
- Supportive leadership, teamwork and a respectful workplace.
- Quality-improvement systems that learn from near misses, complaints and outcomes.

WOMEN & FAMILIES

Voice • choice • feedback

MIDWIVES & TEAMS

Compassion • competence • advocacy

MANAGERS

Support • resources • accountability

POLICYMAKERS

Standards • investment • implementation

COMMUNITIES

Trust • partnership • support

RESPECTFUL MATERNITY CARE IS A WHOLE-SYSTEM COMMITMENT.

- Respect can build trust between women, families and health services.
- Clear communication and consent strengthen informed participation.
- Companionship and emotional support can improve the childbirth experience.
- Strong midwifery services, effective referral and respectful care work together to support safer maternity services.
- Progress toward the Sustainable Development Goals requires both survival and quality of care.

A WOMAN SHOULD NOT HAVE TO CHOOSE BETWEEN SAFETY AND DIGNITY.



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LET US JOIN HANDS

to transform maternity care

RESPECT EVERY WOMAN • EMPOWER EVERY MIDWIFE • TRANSFORM MATERNITY CARE

Society of Midwives of South Africa (SOMSA) • 2026