

Newborn care and the respectful maternity care agenda: Preliminary evidence from a WHO multi-country study

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On behalf of the study team



Respectful maternity care and increased attention to quality and experience of care

- WHO statement on elimination of abuse in childbirth (2014)
- WHO vision statement includes *experience of care* (2015)
- Standards for improving quality of maternal and newborn care in health facilities (2016)
- Standards for improving the quality of care for children and young adolescents in health facilities (2018)
- Standards for improving the quality of care for small and sick newborns in health facilities (2020)

Fig. 1. WHO framework for the quality of maternal and newborn health care

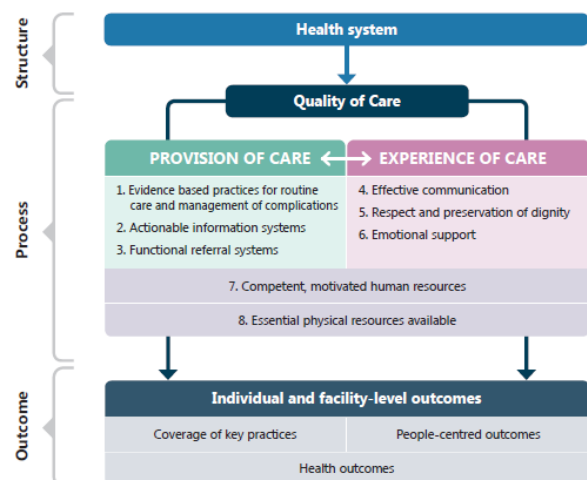


Fig. 1. Framework for improving the quality of paediatric care

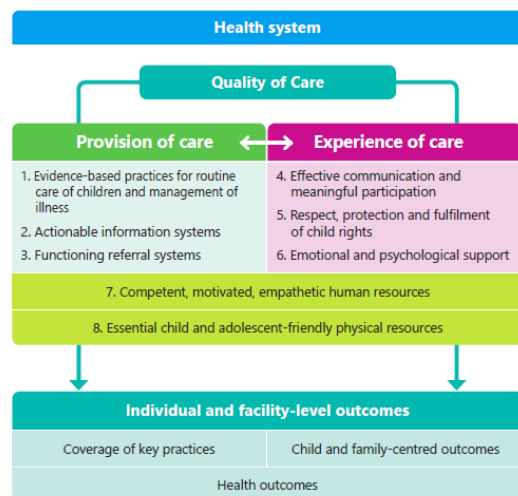
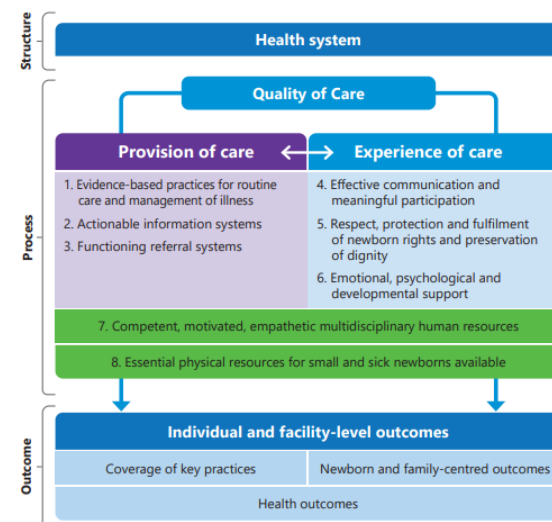


Fig. 1. Framework for improving the quality of care for small and sick newborns



Where is the newborn in the RMC agenda?

- ❑ Commentary on respectful maternal and newborn care (2015)
 - Call for more attention and research on treatment of newborns
 - Notes the lack of explicit mention of newborn in Charter etc.
 - Call for a common agenda with maternity care
- ❑ Literature/scoping review (2017)
 - Used the 7 domains identified for maternity care
 - Included 22 articles/reports (not all peer review)



Frequently identified themes

- ❑ Failure to meet professional standards of care
 - Unnecessary separation of caregiver and newborn
 - Non-consented treatments or lack (no efforts to resuscitate)
 - Not enough providers, lack of equipment, early discharge
- ❑ Stigma and discrimination
 - Against small, sick, preterm, female
 - Threatened denial of care if home-born
- ❑ Non-consented care
 - Unauthorized care and referrals
 - Detainment due to lack of payment



1. Newborn needs and rights are not being fulfilled (fed, warm, evidence-based care, birth registration)
2. Some types of mistreatment of the newborn is also disrespect of the mother/parents (unnecessary separation, not consenting to care)

How women are treated during facility-based childbirth: WHO multi-country study

- ❑ Opportunity from a WHO dataset to provide some of the first systematic descriptive data and analysis on treatment of newborns in health facilities
- ❑ Continuous 1:1 observation by independent team
- ❑ Use of standardized tools across countries
- ❑ Linked data between maternal experience of abuse and newborn receipt of care

Methods for secondary analysis of newborn care practice data

- ❑ Labour observation tool only
 - Ghana, Guinea, Nigeria

- ❑ Focus on routine care for low-risk infants
 - Singleton and first-born twins only
 - Vaginally-born only

- ❑ Selection of newborn indicators recommended for every newborn

Findings

The first 2 h after birth: prevalence and factors associated with neonatal care practices from a multicountry, facility-based, observational study

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- ❑ 1680 observed maternal-newborn dyads
- ❑ 91% received delayed cord clamping
- ❑ 64% were kept in skin-to-skin contact
- ❑ 52% of newborns were separated from the mother in first 2h
 - Separation more common for mothers who were single (adjusted)
- ❑ 24% were breastfed within 30 min
 - Lack of maternal education associated with not receiving recommended breastfeeding practices
 - Low birth weight newborns less likely to begin breastfeeding
- ❑ When women experienced physical abuse from providers within 1 h before childbirth, their newborns were more likely to be slapped

	Ghana (n=749)	Guinea (n=522)	Nigeria (n=356)	Total (n=1627)
Cord clamping done ≥ 60 s after birth†	723 (96.5%)	512 (98.1%)	258 (72.5%)	1493 (91.8%)
Immediate skin-to-skin contact with mother†	707 (94.4%)	130 (24.9%)	211 (59.3%)	1048 (64.4%)
Breastfeeding within 30 min after birth†	288 (38.5%)	65 (12.5%)	36 (10.1%)	389 (23.9%)
Breastfeeding on neonates demand†	346 (46.2%)	125 (23.9%)	43 (12.1%)	514 (31.6%)
Neonate separated from mother after birth†	346 (46.2%)	317 (60.7%)	181 (50.8%)	844 (51.9%)
Routine suctioning of neonate†	490 (65.4%)	389 (74.5%)	222 (62.4%)	1101 (67.7%)
Rubbing the neonate with alcohol†	11 (1.5%)	1 (0.2%)	9 (2.5%)	21 (1.3%)
Bathing during observation period†	19 (2.5%)	0	81 (22.8%)	100 (6.1%)
Flexing the neonates legs towards the abdomen†	63 (8.4%)	28 (5.4%)	3 (0.8%)	94 (5.6%)
Milking the neonates chest	43 (5.7%)	14 (2.7%)	10 (2.8%)	67 (4.1%)
Slapping the neonate†	27 (3.6%)	5 (1.0%)	38 (10.7%)	70 (4.3%)
Holding the neonate upside down†	17 (2.3%)	30 (5.7%)	71 (19.9%)	118 (7.1%)
Holding the neonate by the leg†	20 (2.7%)	15 (2.9%)	97 (27.2%)	132 (8.1%)
Neonate left unattended	7 (0.9%)	1 (0.2%)	6 (1.7%)	14 (0.9%)
Refusal to provide postnatal care for mother and neonate due to inability to pay	7 (0.9%)	0	3 (0.8%)	10 (0.6%)

Data are n (%). *Excludes stillbirths, early neonate death, and second births in multiple births. †p<0.05.

Table 3: Neonatal care practices after vaginal birth*

Implications

- ❑ Many newborns not receiving full complement of evidence-based care
- ❑ Some practices may be considered mistreatment, such as being slapped (although may be outdated training of providers)
- ❑ Low-cost practices like skin-to-skin and breastfeeding should be promoted universally
- ❑ Policies should support zero separation of newborns from families, and cases of denial of care should be investigated

Future research

- ❑ Local and cultural understandings of mistreatment and respect for newborns
- ❑ Scoping of tools to measure experience of care
- ❑ Prevalence and factors associated with care practices during later neonatal and infant period
- ❑ Explore link between maternal and newborn experiences of care
- ❑ Understanding drivers of mistreatment and needs of health workers to provide quality and respectful care
- ❑ Testing and evaluating effective interventions

Just published

- ❑ Secondary data from 4 public facilities in Nepal
- ❑ 31,804 spontaneously-breathing newborns observed immediately after childbirth
- ❑ 63% received a medical procedure without consent
- ❑ 25% were “roughly handled”
- ❑ 21% suctioned with no medical need
- ❑ 72% did not have delayed cord clamping
- ❑ 78% not breastfed within first hour after birth
- ❑ 3% kept in skin-to-skin contact
- ❑ Inequitable care for female infants and those born to younger women, or from disadvantaged ethnic groups

Forthcoming studies

- ❑ Study on impact of separation and consent on subsequent postnatal care utilization, satisfaction, and breastfeeding practices (in preprint: medrxiv.org/content/10.1101/2020.10.19.20213074v1)
- ❑ Qualitative study on experiences of newborns, young infants and their caregivers in inpatient care in Kenya (under review)

Updated Charter

- ❑ Originally published in 2011
- ❑ Update in 2019 included more explicit attention to newborn rights
 - To stay with parents/guardians
 - Nationality (birth and death certificates)
 - Nutrition and clean water

RESPECTFUL MATERNITY CARE CHARTER

I. Everyone has the right to freedom from harm and ill-treatment.

No one is allowed to physically hurt you or your newborn. You should both be taken care of in a gentle and compassionate way and receive assistance when experiencing pain or discomfort.

II. Everyone has the right to information, informed consent, and respect for their choices and preferences, including companion of choice during maternity care and refusal of medical procedures.

No one is allowed to force you or do things to you or your newborn without your knowledge or consent. Every woman has the right to autonomy, to receive information, and provide informed consent or refusal for care. Every parent or guardian has the right to receive information and provide informed consent or refusal for their newborn's care, in the newborn's best interests, unless otherwise provided by law.

III. Everyone has the right to privacy and confidentiality.

No one is allowed to share your or your newborn's personal or medical information, including all records and images, without your consent. Yours and your newborn's privacy must be protected, except as necessary for healthcare providers to convey information for continuity of care.

IV. Everyone is their own person from the moment of birth and has the right to be treated with dignity and respect.

No one is allowed to humiliate, verbally abuse, speak about or touch you or your newborn in a degrading or disrespectful manner. You and your newborn baby must be cared for with respect and compassion.

V. Everyone has the right to equality, freedom from discrimination and equitable care.

No one is allowed to discriminate against you or your newborn because of something they think or do not like about either one of you. Equality requires that pregnant women have the same protections under the law as they would when they are not pregnant, including the right to make decisions about what happens to their body.

VI. Everyone has the right to healthcare and to the highest attainable level of health.

No one may prevent you or your newborn from getting the healthcare needed, or deny or withhold care from either one of you. You and your newborn are entitled to the highest quality care, provided in a timely manner, in a clean and safe environment, by providers who are trained in current best practices.

VII. Everyone has the right to liberty, autonomy, self-determination and freedom from arbitrary detention.

No one is allowed to detain you or your newborn in a healthcare facility, even if you cannot pay for services received.

VIII. Every child has the right to be with their parents or guardians.

No one is allowed to separate you from your newborn without your consent. You and your newborn have the right to remain together at all times, even if your newborn is born small, premature or with medical conditions that require extra care.

IX. Every child has the right to an identity and nationality from birth.

No one is allowed to deny your newborn birth registration, even if they die shortly after birth, or deny the nationality your newborn is legally entitled to.

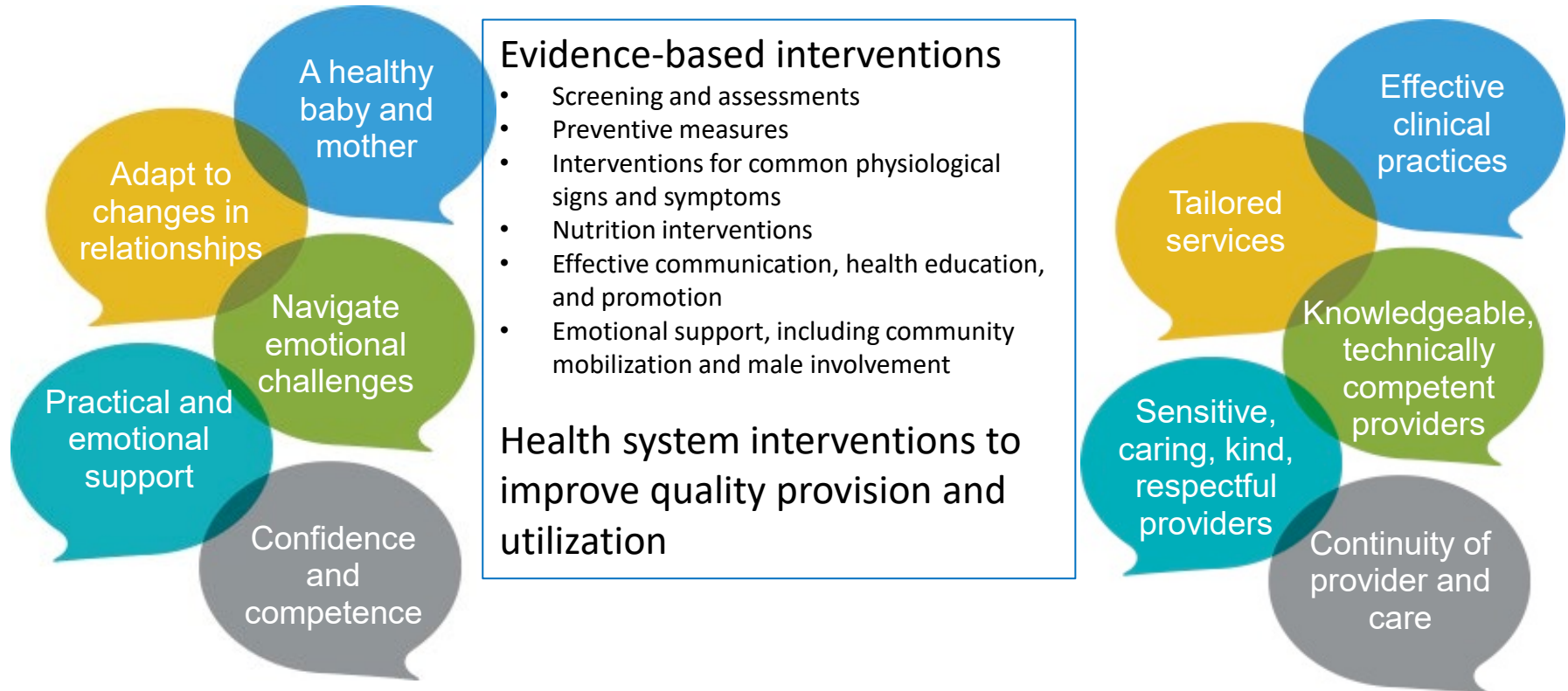
X. Everyone has the right to adequate nutrition and clean water.

No one is allowed to prevent you and your newborn from having adequate nutrition, clean water or a healthy environment. You have the right to information and support on child nutrition and the advantages of breastfeeding.



Upcoming WHO guidelines on postnatal care (2021)

A positive postnatal experience is one in which women are able to achieve personal growth as they adjust to the 'new normal' of motherhood and parenting in their own cultural context



Thank you

FUNDING SUPPORT: US Agency for International Development, and the UNDP/UN Population Fund/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, Department of Reproductive Health and Research, WHO



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