

Ethical Framework for Respectful Maternity Care During Pregnancy and Childbirth

This document complements FIGO's Statement – [Childbirth: A Bill of Rights](#) – by providing an ethical framework for respectful maternity care during pregnancy and childbirth. Together with the bill of rights, it will help to power Sustainable Development Goals 3.1 and 3.2, which aim to reduce the global maternal mortality ratio to less than 70 per 100,000 live births and end preventable deaths of children and newborns by 2030.

Pregnancy, labour and birth are life-changing physiologic processes for most women and their families that benefit from collaboration between health care practitioners delivering maternity care. Multidisciplinary education and teamwork – including communication, collaboration, consultation and referral – are essential to ensuring optimal care for women and babies, especially those with obstetric-neonatal risk, or when obstetric-neonatal complications occur.

FIGO, in collaboration with colleagues from the International Confederation of Midwives, White Ribbon Alliance, the International Pediatrics Association and the World Health Organization (WHO), launched the [International Childbirth Initiative](#) to promote active involvement by professional associations, governments, non-governmental organisations and civil society to improve quality of care and reduce abuse, neglect, and extortion of childbearing women in facilities.

FIGO calls on these agencies to endorse and collaborate to implement the initiative. By working together, we can rapidly bring changes to the birthing environment that will help to ensure quality birthing experiences and reduce maternal mortality and morbidity. Furthermore, FIGO and its partners call upon all donors and health systems to support this initiative for implementation in across all countries.

FIGO recommendations

Principle of beneficence

- Maternity care must be supportive, individualised and value-based – it is best served as a partnership model between health care practitioners and the 'MotherBaby–Family'.
- Health care practitioners are expected to routinely provide maternity care for mother, baby and family – they must ensure that their practices are driven by health needs and expectations, as well as by health outcomes and cost-effectiveness based on optimising the normal processes of childbirth.
- Health care practitioners are expected to follow evidence-based practice – they will promote practices proven to be beneficial in supporting the normal physiology of labour, birth and the postpartum and neonatal periods.

Principle of nonmaleficence

- Health care practitioners are expected to avoid harmful practices – they will avoid procedures that have insufficient evidence of benefit outweighing risk for routine or frequent use in normal pregnancy, labour, birth and the postpartum and neonatal period.
- Health care practitioners should avoid disrespect and abuse – they must devote attention to defining, identifying and eliminating disrespect and the abuse of mothers and newborns.

Principle of justice

- Provide respect, dignity and informed choice – maternity care incorporates a rights-based approach, preventing exclusion and maltreatment of individuals that are marginalised and socioeconomically disadvantaged. Under no circumstances is physical, verbal or emotional abuse of women, their newborns and their families ever allowed.
- Provide free or affordable care with cost transparency – respect every woman's right to access and receive non-discriminatory and free or affordable care throughout the continuum of parenthood.
- Promote wellness and the prevention of illness as the foundations of improving maternal and newborn health – health systems must:
 - implement educational and public health measures that enhance wellness and prevent illness and complications for the mother and baby
 - provide education about and foster access to good nutrition, clean water and a clean and safe environment
 - make water, sanitation and hygiene (WASH) measures part of maternity services. Ensure promotion and provision of clean or boiled water, clean toilet facilities and a clean environment in all birth settings
 - provide education in and access to methods of disease prevention and treatment for mother and baby, including for malaria, syphilis, hepatitis B, toxoplasmosis, HIV/AIDS, and tetanus toxoid immunisation
 - take measures to avoid extremes of heat and minimise toxic exposures.

Principle of autonomy

- Health care practitioners should listen to what women and their families say – each health care practitioner that a woman sees during the childbirth continuum should listen to what women and their families say and should communicate health knowledge and information in a culturally safe and sensitive manner, and in a language that the woman and her family understand.
- Health care practitioners should always provide respectful and dignified care – clinicians should treat every woman and newborn with respect and dignity. They should fully inform and communicate with the woman and her family in decision making about care for herself and her baby, ensuring her the right to informed consent and refusal. Decision making should be a collaborative effort between the pregnant woman, her family and her health care providers.

About FIGO

FIGO is a professional organisation that brings together more than 130 obstetrical and gynaecological associations from all over the world. FIGO's vision is that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives. We lead on global programme activities, with a particular focus on sub-Saharan Africa and South East Asia.

FIGO advocates on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, newborn, child and adolescent health and non-communicable diseases (SDG3). We also work to raise the status of women and enable their active participation to achieve their reproductive and sexual rights, including addressing female-genital mutilation (FGM) and gender-based violence (SDG5).

We also provide education and training for our Member Societies and build capacities of those from low-resource countries through strengthening leadership, good practice and promotion of policy dialogues.

FIGO is in official relations with the World Health Organization and a consultative status with the United Nations.

About the language we use

Within our documents, we often use the terms 'woman', 'girl' and 'women and girls'. We recognise that not all people who require access to gynaecological and obstetric services identify as a woman or girl. All individuals, regardless of gender identity, must be provided with access to appropriate, inclusive and sensitive services and care.

We also use the term 'family'. When we do, we are referring to a recognised group (perhaps joined by blood, marriage, partnership, cohabitation or adoption) that forms an emotional connection and serves as a unit of society.

FIGO acknowledges that some of the language we use is not naturally inclusive. We are undertaking a thorough review of the words and phrases we use to describe people, health, wellbeing and rights, to demonstrate our commitment to developing and delivering inclusive policies, programmes and services.

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