

Health System Strengthening and Respectful Care

This document complements FIGO's Statement – [Childbirth: A Bill of Rights](#) – and highlights the need for global health system strengthening efforts and the importance of respectful care. 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.

Models of maternity care have shifted from a medical model to a value-based model grounded in partnership between provider and recipient. In the latter model, the health needs and expectations of the care recipient, as well as the desired health outcomes, are the driving forces behind decision-making and quality measurements. In maternal and newborn care with a woman-centred approach, there is a focus on the full scope of maternity care provided by health care practitioners. Strengthening our health systems and providing respectful care are essential elements in maternal and newborn health.

The [International Childbirth Initiative](#) (ICI) addresses pressing challenges in maternity care, with the aim of delivering care that is safe, respectful and grounded in evidence. This respect includes treating mothers and families with dignity, as well as ensuring that providers are treated with respect within their workplace. ICI has chosen to place the 'MotherBaby–Family' unit in the centre of care provision, as the care recipient. MotherBaby–Family refers to an integral unit during pre-pregnancy, pregnancy, birth and infancy, with members influencing the health of each other.

Within this triad, the MotherBaby dyad remains central in importance, as the care of one significantly impacts the other. The addition of 'Family' to this unit conveys the importance of spouses, partners and the social or community family structure in which pregnancy is planned, fertilisation takes place, a child is born and a child is raised. The Family unit emphasises that maternal care activities and systems need to fulfil the needs of the MotherBaby–Family triad to achieve the full potential of safe and respectful maternity care.

Responding to the challenge of disrespect and abuse in maternity care – a well-documented phenomenon – ICI follows the recommendation that this issue must be addressed through improved communication, awareness and monitoring, embedded within the health care facility.

FIGO position on the issue

Maternity care should be supportive, individualised, value-based and evidence-supported as a partnership model between health care practitioners and the MotherBaby–Family. The ICI was developed to promote quality in practice within a multidimensional approach to quality. This approach ensures evidence-based practice is focused on achieving better biomedical and psychosocial health outcomes for the MotherBaby–Family Unit. It also addresses health system issues that contribute to the achievement of quality of care in practice, including working conditions and relationships between health care practitioners.

FIGO recommendations: steps to respectful maternity care

To promote and provide safe and respectful maternity care, FIGO recommends the following steps.

- Treat every woman and newborn with compassion, respect and dignity without physical, verbal or emotional abuse, providing culturally safe and sensitive care that respects the individual's customs, values, gender identification and rights to self-expression, informed choice and privacy.
- Respect every woman's right to access and receive non-discriminatory and free – or at least affordable – care throughout the continuum of childbearing, with the understanding that under no circumstances can a woman or baby be refused care or detained after birth for lack of payment.
- Routinely provide the MotherBaby–Family maternity care model integrating collaborative practice and philosophy that can be practiced by all health care practitioners in all settings and at all levels of care provision.
- Acknowledge the mother's right to continuous support during labour and birth, inform her of its benefits, and ensure that she receives such support from health care practitioners and companions of her choice.
- Pharmacological and non-pharmacological alternatives should be available for comfort and pain relief measures during labour, and the risks and benefits of all options should be explained.
- Provide evidence-based practices beneficial for the MotherBaby–Family throughout the reproductive continuum.
- Avoid potentially harmful procedures and practices that have insufficient evidence of benefit outweighing risk for routine or frequent use in normal pregnancy, labour, birth and the postpartum and neonatal period.
- Implement measures that enhance wellness and prevent illness for the MotherBaby–Family, including good nutrition, clean water, sanitation, hygiene, family planning, disease and complications prevention, and pre- and post-pregnancy education.
- Provide appropriate obstetric, neonatal, and emergency treatment when needed. Ensure that health care practitioners are trained in recognising potentially dangerous conditions and complications and in providing effective treatment or stabilisation, and have established links for consultation and a safe and effective referral system.
- Have a supportive human resource policy in place for the recruitment and retention of dedicated staff. Ensure that all health care practitioners are safe, secure, respected and enabled to provide high quality, collaborative, personalised care to women and newborns in a positive working environment.
- Provide a continuum of collaborative care with all relevant health care practitioners, institutions and organisations, with established plans and logistics for communication, consultation and referral between all levels of care.
- Promote breastfeeding and skin-to-skin contact, referring to the steps of the revised [Baby-Friendly Hospital Initiative](#), and integrate them into practice, training, and policies.
- Advocate for and work to eliminate all exposures to toxics, which can include intravenous tubing, vitamins, food, personal products and water. FIGO recognises that for maternal and newborn safety it is important to understand the effect of toxic chemicals and endocrine disruptors on long-term health, before, during and after pregnancy.

FIGO commitments

FIGO commits to taking the following actions. We will:

- ensure respectful care is a central element in the practice of obstetrics and gynaecology
- promote compassion and dignity in care provision, ensuring access to affordable care
- through the FIGO Division of Maternal and Newborn Health – and its Committee on Health System Strengthening and Respectful Care – encourage collaboration, communication and evidence-based practices between committees and in all guidance to improve patient safety
- disseminate evidence to member societies to ensure that best practices are promoted in line with the most up-to-date knowledge available
- engage with member societies to share the steps to respectful maternity care, including ICI, through advocacy, education, training and support to health facilities
- promote the development of curricula, to ensure that providers have the tools to support respectful practice.

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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