Safer Together

Respectful Maternity Care during COVID-19 Pandemic

Advocacy & Communications Campaign
This is true during the current COVID-19 pandemic, which has already spread throughout almost all parts of the globe. Decision-makers must ensure that women and newborns continue to receive vital life-saving interventions and that their right to dignity and respect is upheld, even in times of crisis. In the alternative, the strain on the healthcare system created by the pandemic response will lead to unnecessary increases in maternal and neonatal death or disability.

The current pandemic has highlighted systemic and structural deficiencies both within and beyond the healthcare system. The nearly universal shortage of protective equipment is exposing providers and the people they are caring for to undue risk; this is greatly compounded in settings where basic water, sanitation and hygiene is lacking. Existing gaps to an adequate maternal and newborn health workforce are exacerbated under the pandemic as many frontline health workers fall ill.

In the best of times, frontline health workers in resource-constrained settings are confronted with system deficiencies that create conditions which can contribute to the mistreatment of women and the violation of their human rights. In times of crisis, frontline health workers and decision makers may believe that the rights of childbearing women and their newborns are secondary to concerns of security, safety or emergency resource management. But human rights are universal and inalienable and protecting them contributes to positive health outcomes.
Grassroots groups in countries affected by the COVID-19 pandemic have shared violations of women’s and newborn’s rights as well as innovative approach in delivering respectful and dignified care to women & their newborns.

Violations

- Medically unnecessary C-sections, inductions, instrumental deliveries, augmentation of labor.
- Mandatory separation for mother and baby, not permitting or supporting breastfeeding after birth.
- Restrictions or prohibition of a companion at birth.
- Lack of personal protective equipment for professionals, resulting in delays or restrictions in care. Threats or intimidation when providers speak out about the gap.
- Pandemic-related health system deficiencies that impact on women’s right to timely healthcare such as lack of emergency transport and restricting private individuals from transporting women in labor; redirecting providers and supplies to pandemic response and leaving gaps in reproductive, maternal and newborn health services.
- Reduction or cancellation of basic reproductive health care services deemed ‘non-essential’, such as family planning, antenatal/postpartum care and breastfeeding support.

Innovative Approaches

- Governments have declared reproductive and maternity services as essential and ensured emergency transfers.
- Healthcare systems have instituted telehealth for antenatal, postnatal, breastfeeding or psychosocial support.
- Policies have been put in place specifically protecting women’s right to a birth companion, deployed nurses to serve as dedicated support persons, or put in place technology to connect women to their families to allow them to offer support from home.
- Policies have been put in place to ensure mother and baby are not separated, and discharged early if possible, with information on danger signs.
- Services have been set up outside of hospital settings to ensure that women have a safe place to deliver without risking contagion – for example at birth hotels.
- Repositories have been established to collect positive examples that can be implemented in other settings.
The Global Respectful Maternity Care Council, a multi-sector group comprised of more than 150 organizations across 45 countries and convened by White Ribbon Alliance, has launched “Safer Together: Respectful Maternity Care in COVID-19.”

All women and newborns are treated with dignity and respect in every aspect of maternity care provided to them during the COVID-19 pandemic, based on the best available evidence and with special attention to the need to keep mother and baby together, promote skin-to-skin contact, support for breastfeeding and to ensure the presence of birth companion of choice.

All women are cared for in health facilities that are properly equipped to protect both patients and providers, with adequate number of providers and proper infection control, protective equipment, and water/sanitation, with special attention to availability of essential routine maternity services and emergency transport.

All providers, women and their families are aware of their rights and responsibilities within the health care system and those rights are respected, protected and fulfilled during the pandemic, when they are more critical than ever.
## Call to Action

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<th>Government</th>
<th>NGOs &amp; Media</th>
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<td>✓ Classify reproductive health services as essential and prioritize in the response</td>
<td>✓ Share evidence-based information with women and families</td>
<td>✓ Create maximum flexibility to act quickly with donor funds</td>
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<td>✓ Include maternal and neonatal health advocates and experts in response task forces</td>
<td>✓ Integrate learnings from women’s experiences of pregnancy, childbirth and postpartum to continuously inform decision-makers</td>
<td>✓ Prioritize robust global health funding with emphasis on needed investments in the workforce and systems</td>
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<td>✓ Ensure water, sanitation and hygiene services and personal protective equipment is available to all providers</td>
<td>✓ Collect and share examples of best “out-of-the-box&quot; practices that can be implemented in other settings</td>
<td>✓ Prioritize the need for more data and research to understand the impact of the virus on maternal and neonatal health</td>
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<td>✓ Promote evidence-based information and facilitate research for reproductive, maternal and newborn health</td>
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<td>✓ Remain accountable and transparent, including in providing access to data in a timely fashion</td>
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### Healthcare Decision-Makers

- ✓ Issue healthcare guidance based on the latest evidence and keep it updated
- ✓ Ensure health workers follow the latest evidence
- ✓ Ensure adequate personnel who are well-equipped and protected
- Coordinate with community-based providers
- Facilitate decisions at the household level

### Professional Associations

- ✓ Deliver consistent messages to their constituencies and to the general public
- ✓ Produce integrated messages with professional associations at global and national levels
Women, families and communities are not receiving evidence-based information on how the COVID-19 pandemic might impact their health in pregnancy, childbirth and the postpartum period. Providers, similarly, might receive partial or conflicting information on the best practices to care for women and newborns during the crisis. This creates a sense of fear and confusion.

Everyone has a role to play to ensure that women and providers have access to the latest available evidence and make informed decisions. In addition to the advocacy campaign outlined above, we will share information with women, families, providers and communities to ensure that all have the best available evidence, presented clearly and concisely.

Information will be translated in local languages and we will utilize a variety of approaches to disseminate the information (e.g. social media, WhatsApp groups, mobile phone services, radio, TV, banners/ads on major motorways/close to grocery stores, etc.).

**Women & Families**

Provide information to women and their families on their rights, entitlements and evidence-based practices during the pandemic, including need for skilled care at birth, alternative ways to access care, safe breastfeeding practices, and personal infection prevention measures, etc.

**Providers**

Share information with providers on women’s rights, provider’s rights, evidence-based practices for reproductive, maternal and newborn healthcare during the pandemic. Share information on signs of domestic violence and protocols for identifying and supporting survivors.