Pregnancy and childbirth are an intensely vulnerable time for women. Not only is the long-term physical health of women and babies at stake, women’s fundamental rights to human dignity and autonomy can be profoundly affected by their experience of maternity care.

“Obstetricians have a key role in improving the provision of respectful care to women in the maternity services,” says Rineke Schram, a consultant obstetrician in a large maternity unit in the North West of England. “Working in, and often leading, multidisciplinary teams, they set the tone. The example has to be of respectful care.”

In addition to her role as revalidation lead for the RCOG, Rineke is also a trustee of Birthrights, the human rights in childbirth charity. The charity’s team of midwives, anaesthetists, lawyers, human rights experts and maternity service users are united in the belief that, as Rineke says, “treating women with respect and dignity, acknowledging and supporting their right to autonomy, must remain a priority whatever pressures there are in the system.”

Remembering the individual
She has chosen to work with the charity because of her belief that a human rights approach “reminds us that the ‘patient’ is a woman – a human being with rights, knowledge, opinions and feelings. In the day-to-day, pressured services we work in it is possible to lose sight of the individual when focusing on treatment and management.”

Human dignity is the ultimate value on which respectful health care depends and this sits at the heart of the charity’s approach. It is most powerfully articulated in the imperative to treat a person as an end in their own right and not a means to an end. The relevance of this is clear in maternity care, when a woman risks being viewed as a means for the creation of life rather than as a person worthy of respect in herself. Dignity reinstates the woman as the central agent in childbirth.
Some women do not receive respectful care in childbirth in the UK (Birthrights 2013), but those experiencing severe disadvantage will suffer disproportionately (Morad et al. 2013; WHO 2016). An interim report of an ongoing Birthrights study (Hall et al. 2016) highlights that disabled women may face a range of discriminatory practices and suffer disadvantage in the maternity services, while pregnant women with mental capacity issues are increasingly subjected to court-ordered interventions (Prochaska and Lomri 2014).

Women with complex needs run a greater risk of experiencing care that fails to recognise their autonomous decision and offer control, as they may not be well placed to advocate for their particular desires and needs (Morad et al. 2013). Women in this group are less likely to access maternity care (and receive less of it), have poorer maternal and infant outcomes and are more likely to experience perinatal mental health problems (Thomson and Balaam 2016).

A human rights approach
Initiatives to improve culture, practice and systems in maternity care are usually constrained by an exclusive health focus. But a human rights approach to improving the childbearing year has the potential to improve services for all women and, crucially, to protect those most often mistreated, ignored or marginalised by improving outcomes and also by harnessing the potential for broader social change.

Rineke believes that the approach is realistic and timely. “It is absolutely possible to respect women’s rights in our current maternity system, whatever the pressures. For organisations it’s about having the right culture of respectful care and, for the practitioner, reflecting on personal values and principles. I believe midwives and obstetricians chose the profession to provide the best possible maternity care and that is care that respects human rights. How can it be anything else?”

FURTHER RESOURCES
- Dignity in Maternity Care: article from the RCM, Evidence Based Midwifery bit.ly/2gZml2C
- Review of the Department of Health’s Dignity in Care campaign (2009) bit.ly/2vX5bFe

“In maternity care, a woman risks being viewed as a means for the creation of life rather than as a person worthy of respect in herself”

Best practice: applying human rights at work

Andrew Tapp, medical director of the Shrewsbury and Telford Hospital NHS Trust, and his team did some training with Birthrights on applying human rights. He outlines the key lessons:

1. The human rights principles in maternity care are: dignity, respect and autonomy.
2. A competent woman may make decisions that will seemingly put her or her unborn child at risk of harm and she is entitled not to be forced to submit to treatment against her will.
3. Our responsibility when looking at risk is to ensure that women are informed of material risk – and this is determined by what a woman may consider as significant, rather than the healthcare worker. This can be really difficult to judge.
4. Doctors believe themselves to be ultimately legally accountable for outcomes experienced in pregnancy and birth, despite the legal position that all healthcare professionals are responsible only for adverse outcomes caused by their own negligent actions. The two most important factors in ensuring positive experiences of childbirth are those promoted by the principle of dignity with supportive relationships with health professionals and the woman having a sense of control over decisions made during birth.
5. About Birthrights
Birthrights is a registered charity founded by the human rights barrister Elizabeth Prochaska in 2013 to improve women’s experiences of pregnancy and birth by promoting respect for human rights. Using their in-house expertise in human rights law and maternity care, the Birthrights team offers free advice to women, families, doctors and midwives about lawful maternity care.

The charity provides human rights education to NHS trusts. It is now delivering ‘Creating A Safer Maternity Culture’ training across England as part of the Department of Health’s safety training fund. Bespoke training can be designed to address areas of need. Birthrights offers free online training resources, including videos on lawful consent, choice of place of birth and maternal request caesareans.

The charity sits on the Maternity Transformation Stakeholder Council. @birthrightsorg www.birthrights.org.uk