



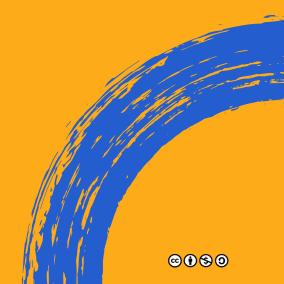


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**Recommended citation:** International Confederation of Midwives (2020) *RESPECT workshops: a toolkit*, The Hague: ICM



### **CONTENT GUIDE**

This RESPECT toolkit accompanies the RESPECT workshop PowerPoint slides and the RESPECT facilitator's guide. We recommend that you use them all as a package to support your own RESPECT workshop and local action. In this toolkit, we share ideas, resources and a step-by-step guide to facilitating your own RESPECT workshop to promote respectful maternity care for all childbearing women and their families.



#### **Section A:**

#### **Background to RESPECT**

In this section we share insight in to the importance of respectful maternity care. We set the context for the RESPECT workshops and share the toolkit aims and objectives.



#### **Section B:**

#### **Build RESPECT**

In this section we offer a step-by-step, slide-by-slide and activity-by-activity guide to building and facilitating your own RESPECT workshop.



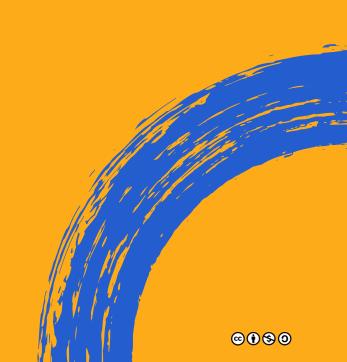
#### **Section C:**

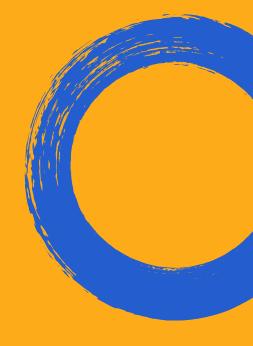
#### **RESPECT** resources

In this section we provide a range of useful resources, reading and guides that can help inform your approach to facilitating a RESPECT workshop. We recommend looking through our video links.

We recognise and respect there are people having babies who do not identify as female. We recommend that those supporting childbearing and birth use language and terminology that is decided by the individuals in their care. In this RESPECT toolkit we use the term 'woman' purposefully to acknowledge the ongoing gender inequalities faced by women.







# SECTION A

Background to RESPECT

# RESPECTFUL MATERNITY CARE MATTERS

#### Lack of respect; a global concern

Disrespectful and abusive maternity care violates women's, babies and families' human rights. It contributes to poor health outcomes and experiences for childbearing women and their babies. The White Ribbon Alliance developed seven categories of disrespect and abuse.



#### Categories of disrespect and abuse

- Physical abuse
- Non-consented care
- Non-confidential care
- Non-dignified care (including verbal abuse)
- 5 Discrimination based on specific attributes
- 6 Abandonment or denial of care
- Detention in facilities



### Reflect

Think about your experiences of caring for childbearing women when you have witnessed disrespectful care and/or abuse.

How prevalent are these categories where you work?



# UNIVERSAL RIGHTS OF CHILDBEARING WOMEN

#### Women want respectful care

In a campaign by the White Ribbon Alliance\* on what women want worldwide, the top demand from more than 1 million women from 114 countries was respectful and dignified health care.

#### Seven Rights of Childbearing Women

The White Ribbon Alliance developed the first charter to address the issue of disrespect and abuse among women seeking maternity care and provide a platform for improved care, outcomes and experiences. In seeking and receiving maternity care before, during and after childbirth, every woman has the right to:

- Be free from harm and ill treatment.
- Information, informed consent and refusal, and respect for her choices and preferences, including companionship during maternity care.
- Privacy and confidentiality.
- Be treated with dignity and respect.
- Equality, freedom from discrimination, equitable care.
- 6 Healthcare and to the highest attainable level of health.
- Liberty, autonomy, self-determination, and freedom from coercion.

It is these seven rights of childbearing women that underpin the aims and objectives of this RESPECT toolkit and workshop. We will now outline these objectives including the background to the project.

\*White Ribbon Alliance (2019) Respectful Maternity Care Charter, Washington, WRA

BACKGROUND TO THE RESPECT TOOLKIT AND WORKSHOP

#### Why RESPECT for childbearing women matters

Childbearing, birth and the transition to parenthood, whilst culturally-bound, are usually considered normal events as part of our life-cycle. Childbirth represents a significant cultural, spiritual and personal event in which issues such as gender, poverty, socio-economical positioning impact upon how women experience this important time. Recognising women's human rights and the effect disrespectful and abusive care practices have on women's well-being is paramount to ensure that all women, in all societies, have the right to safe, dignified, respectful maternity care.

#### Respectful maternity care

Recent research has highlighted that the way women are treated when accessing maternity care can have a direct impact upon women's choice to access care at all. This results in women avoiding health care facilities for fear of how they may be treated. Whilst it is acknowledged that addressing respectful care globally requires multi-level input, where we can start to impact upon change is by focusing on interpersonal care and redefining what it means to deliver, practice and embody RESPECT in our institutions.

Not only are interpersonal encounters with women and families the foundation of lifesaving information and care, women's negative experiences of communicating and engaging with the health care providers can cause trauma. Either way, women's memories of their childbearing experiences stay with them for a lifetime and are often shared with other women, contributing to a climate of confidence or doubt around childbearing.

#### Making a difference

Often, maternity care workers will say that disrespect and abusive care practices do not occur in their settings, however, disrespect and abuse can happen at all levels and often between staff. Some organisations may recognise the need for interventions aimed at addressing such issues but feel they do not possess the skills, resources or confidence to raise the issue within their workplace. This toolkit and the associated workshop resources can help offer one approach to supporting change and respectful maternity care to flourish.

# RESPECT TOOLKIT & WORKSHOP IN FOCUS



#### Aim of the toolkit and workshop

Respectful maternity care is not a tick list or something that can be fixed by a simple intervention. RMC is a choice and is embedded in our beliefs, attitudes, interactions, service delivery, organisation structures and professional codes. The aim of this RESPECT toolkit and workshop is to help raise awareness about how crucial RMC is and to encourage others to think critically about their own and others behaviour amongst those providing maternity services. The toolkit and suggested workshop have been developed with this in mind, providing you with an easy-to-follow approach to designing and facilitating your own RESPECT workshop in your place of work.

#### **Building on previous work**

Ii is crucial for midwives worldwide to understand RMC and what it means for them in the contexts in which they work. In 2018 UNFPA funded the ICM to develop and deliver a RMC workshop. This was presented at two ICM regional conferences in Dubai and Paraguay. The workshops were very well received by participants and the need for further resources was identified. In 2019 the ICM was called to further develop and disseminate a RMC toolkit and workshop resources, designed for its Member Associations and UNFPA Country Midwife Advisors to influence and educate midwives about the importance of RMC and its relevance to their practice. This toolkit and workshop was successfully launched at the ICM's regional African conference in Namibia, September 2019.

#### Toolkit and workshop objectives

#### Objectives of the toolkit:

- Support your confidence to organise and facilitate your own RESPECT workshop;
- Disseminate practice ideas for organising, designing and delivering your own RESPECT workshop.

#### **Objectives of the workshop:**

- Support participants to explore barriers and facilitators to RMC;
- Share skills to advocate for RMC throughout maternity care provision;
- Explore ways to address challenging practice situations related to RMC;
- Encourage and welcome critical discussions about solutions to improve RMC

# BE THE CHANGE WITH RESPECT



### **PREPARE**

Read the activity guides and supportive resources



### DARE

**Practice the facilitation ideas** 



### **SHARE**

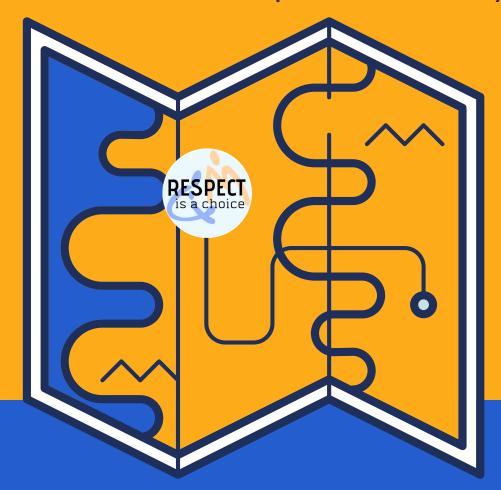
Plan a RESPECT workshop and disseminate

### Top Tips

You can create your own
RESPECT workshop by
combining a range of activities,
from those outlined in the
following sections.

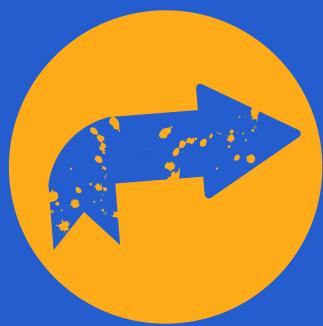
# CULTIVATE YOUR OWN PATH

Facilitate a RESPECT workshop that works where you are



IF YOU WANT TO GO FAST, GO ALONE.
IF YOU WANT TO GO FAR, GO TOGETHER

African Proverb





### **SECTION B INTRODUCTION**

#### Using the toolkit

This toolkit has been designed with you in mind, as an individual maternity care worker or group that hopes to effectively promote and campaign for RMC in your locality and beyond.

The layout and the information provided throughout Section B offers a step-by-step guide to facilitating the specific activities included in our RESPECT workshop. These activities link, explicitly, to the RESPECT PowerPoint slides. Facilitation of these activities can be enhanced by reading our RESPECT facilitation guide.

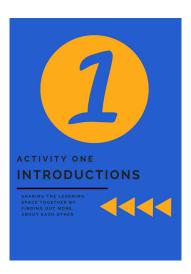
#### Step-by-step guide outline

The step-by-step guides for each activity or group of connected activities includes:

An overview of WHAT, WHY and HOW the activity should be approached including an outline of the activity and the purpose and objectives.

An outline of the relevant, corresponding RESPECT workshop PowerPoint slides with detailed notes on how to deliver the activity.

Extra facilitation inspiration: hints and tips for making the activity a success. These can be used alongside the RESPECT facilitation guide and PPT slide notes.









#### Who can facilitate a RESPECT workshop?

This toolkit can be used by anyone interested in raising awareness and improving RMC, including: midwives, doctors, educators, researchers, nurses, health care workers, doulas, managers, policy-makers, advocates and leaders. Everyone working throughout maternity care services is welcome to engage, disseminate and facilitate a RESPECT workshop.

We hope that as you facilitate your own workshop, you encourage your participants to utilise this toolkit and other RESPECT resources to prepare and dare to share their own RESPECT workshop in their own locality.

To stimulate change, we need to encourage action from all.

Together we can BE the change.

## **RESPECT** resources

This RESPECT toolkit accompanies the RESPECT workshop PowerPoint slides and the RESPECT facilitator's guide. All these resources can be downloaded from the ICM website.

Additional recommended reading and workshop resources are captured in Section C and as part of the online eLearn Moodle module





# WELCOMING PARTICIPANTS TO YOUR RESPECT WORKSHOP

A WARM WELCOME MAKES
A DIFFERENCE AND
CREATES A SPACE FOR
LEARNING AND SHARING

WHAT MAKES YOU FEEL WELCOME?





# CREATING A WARM WELCOME



Understanding the activity



#### OUTLINE

Create a warm welcome for all your participants. You can use the ICM welcome slides with music, or create your own. We recommend using art, poetry and music from your country and/or culture to connect people. We share more ideas in the facilitation inspiration page over the following pages.



The meaning of the activity



#### **PURPOSE**

To create a safe learning space, generating warmth and readiness to learn.

#### **OBJECTIVES**

- -To support effective learning
- To foster positive emotion and build relationships with the participants



Facilitating the activity



#### TIME ALLOCATION

This will extend as long as you have allocated for people to arrive and register for the event, then settle in their seats.

#### **RESOURCES NEEDED**

Name badges, checklists, ICM PowerPoint welcome slides, music, colouring pencils.



#### Slide facilitator notes

#### People are arriving

As people are coming into the room, get in to relationship with them. See people as people rather than the audience. Wander. Introduce yourself. Greet the people you know. Relate. Introduce people. Laugh. Dance. People will immediately pick up a vibe as they enter the room, so greeting them with an over-the-top welcome will be a big first step in creating a healthy learning environment.

We are role modelling respect and care. Remember that it is highly likely that at previous training midwives may have been sidelined, unable to find their voice, felt invisible and unimportant, perhaps even put down. Put time into thinking how you would like to be welcomed into a training session. It may be with a gift, with food, with physical touch, with a huge smile of appreciation, with music, with dancers, with warmth or a listening ear.

#### **Useful suggestions**

If you know who has enrolled in your course put up a welcome slide with each person's name on it. Everyone who enters will immediately look for their name and feel as though they are expected.

Use the ICM slide show as participants are coming in and waiting for the session to start. It will be important to adapt this to your audience so change the art work and the poetry to reflect your own culture. This technique warms people up to their feelings and they will feel nourished by beautiful images. At the same time play music that you have carefully selected. It may be the beautiful love song of your country or something that is inspiring and rousing. It will set a tone. You may choose to use the MAMA video from medical aid films, link here. This gives all the key messages about respectful care being a human right.



#### TOP TIP

You may ask participants to enter the space and to sit silently reflecting on something (e.g. their experience with disrespect) or you may ask them to colour in their name badges with coloured pencils.

Use art and poetry that will resonate with your people.

This warms people up to the right side of their brains, the part responsible for creativity, thoughtfulness, caring and intuition.

# FACILITATION INSPIRATION

#### A WARM WELCOME

As people come in you can set the scene very well with subliminal messages about what you and the RESPECT workshop are about.

Think carefully about using art, colour, fabrics, flowers, smell, music, poetry, lighting and seating to create an environment that reflects caring and safety.

We suggest that you set up the room to reflect what is important. If it is about dialogue, then consider a sharing circle or cushions. If it is about working on projects, consider tables. If it is about listening to you lecture, seat them in rows.



Take time to set up a safe learning environment, it is worth it!

#### BE POSITIVE

Organise beautiful name badges and certificates of attendance. You might provide each participant with a sticky label and have coloured pencils available. Ask each person to write their own name badge and colour it in. People love to receive something that is creative, colourful, fun and acknowledging.

If it makes people smile, you have succeeded.

You want to create a transition for participants, from their busy morning getting there, to being in a calm and receptive space.



# INTRODUCTIONS

SHARING THE LEARNING SPACE TOGETHER BY FINDING OUT MORE ABOUT EACH OTHER



#### INTRODUCTIONS ACTIVITY ONE





Understanding the activity



#### OUTLINE

Facilitators and participants introduce themselves. Be clear how much time each person has (e.g. 2 min). It can be helpful to put up questions that participants can respond to in their introductions, as captured in the slides.



The meaning of the activity



#### **PURPOSE**

To bring everyone together in a shared space for learning and connection

#### **OBJECTIVES**

- -To enable acknowledgement of all
- -To support the development of a safe learning environment

## HOW?

Facilitating the activity



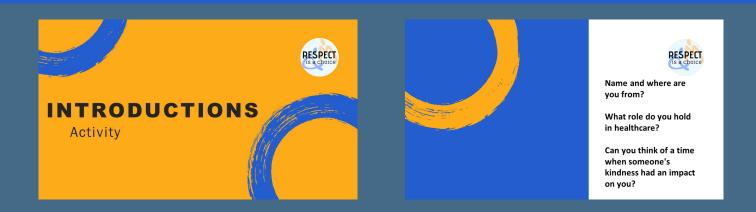
#### TIME ALLOCATION

This depends on the number of participants. 1-2 min per person. You can do this in small groups, for big numbers.

#### RESOURCES NEEDED

Name badges, checklists, PowerPoint slides, questions, your prepared introduction.

#### ACTIVITY TWO SLIDES AND FACILITATOR NOTES



#### Slide facilitator notes

#### Introducing the workshop

Consider asking leaders from your workplace to briefly give their stamp of approval and gravitas to the workshop.

It might be helpful to sketch out what would be appropriate for them to outline at the start of the workshop. E.g.:

- Why RESPECT is an important issue to take seriously in our workplace;
- Their personal investment in changing the culture of RESPECT;
- The context of RESPECT in your country.

#### **Facilitators Introducing themselves:**

It is a time for the facilitators to introduce themselves. The audience will be wondering who you are, can they trust you, do they like your dress, will this be boring or will it be worth their time. Now is a chance to capture their attention and their trust with a carefully planned introduction. First impressions are important.

Be clear that that each co-facilitator has 2 minutes to introduce themselves. Ask them to have practiced this.

You might ask them to introduce themselves, giving one crucial message about RESPECT, then they might explain why they care about RMC or they might tell a real life story which shows that they understand the issues. It is often very powerful if facilitators speak some key messages at this stage.

#### Slide facilitator notes

#### **Participants introducing themselves**

Participants will arrive potentially distracted by what it has taken to get to the workshop. Taking time to welcome people and give them a way to say to the group "this is me and I am here" is invaluable. It will also indicate that they are here to participate and not be passive observers. It can be helpful to put up questions that participants can speak to. If it warms them up to the topic of RESPECT, then you are well on your way.

#### Other introduction ideas:

- **Introduce yourself** and briefly share what brought you here today
- **Introduce yourself** and briefly share why you are interested in respectful care
- Introduce yourself and briefly share how you see kindness making a difference to women introduce yourself and briefly share how you hang out the washing / what made you laugh yesterday / one thing that is interesting about yourself / how you would like your workplace to feel this time next year.

At this point we are wanting to signal that we value everyone's contribution and will not be distracted from that. As early as possible we are trying to create a learning space in which we can support people's contributions. Participants need to know that you can manage the room and that if strong emotions are expressed that the room will not disintegrate into chaos.

This is the time to "be with" the group and form connections.



#### TOP TIP

Facilitator introductions: If you are being introduced by someone else, ask them to focus on who you are as a person, not your qualifications and role. If you are introducing yourself, the depth at which you are prepared to share will signal to the participants the depth to which they can go. If you are wanting them to be vulnerable during the session, you being vulnerable will signal to them, that you understand and can hold them in their vulnerability.

# FACILITATION INSPIRATION

#### TIME TO LISTEN

.Very focused listening by facilitators. Respond with sounds or words of acknowledgement: "Thank-you", "that's amazing" and "I get it" etc. are usually enough. Ask the other participants to listen closely and not respond.

As the facilitator, DEEPLY listen to people as they speak. This is the time to forget about yourself and "be with" them. If someone is speaking don't get distracted. As a facilitator you are showing your group that you are creating a strong space for learning.



Ask the group to listen and not interject. Set aside your desire to get going and impart knowledge. Focus on creating a safe learning space by listening intently

#### **BE POSITIVE**

Ask positive questions to begin with, for example:

- tell us something interesting about yourself
- tell us a passion of yours
- tell us why you're interested in respectful care
- tell us what brought you here today
- tell us something that made you smile recently.

Human beings yearn for authenticity and openness.

Use emotion and brave messages to introduce the day



# ACTIVITY TWO ASSUMPTIONS

EXPLORING THE FOCUS OF THE RESPECT WORKSHOP AND UNPACKING ASSUMPTIONS. SETTING THE GROUND RULES FOR THE EVENT.



# ASSUMPTIONS ACTIVITY TWO





Understanding the activity



#### OUTLINE

Facilitator/s work collaboratively with participants to ensure assumptions for the workshop are discussed and shared.

Ground rules for the event are established, between facilitators and participants. Have assumptions on display for the remainder of the workshop



The meaning of the activity



#### **PURPOSE**

To help participants to feel safe and supported, building a respectful approach to the workshop.

#### **OBJECTIVES**

- -To enable a positive learning culture
- To model positive, respectful behaviours and expectations.

## HOW?

Facilitating the activity



#### TIME ALLOCATION

This depends on the number of participants, suggested time 5-10 minutes.

#### **RESOURCES NEEDED**

Flip chart/ board/ PowerPoint.

#### ACTIVITY TWO SLIDES AND FACILITATOR NOTES





#### Slide facilitator notes

#### **Assumptions explored:**

Take the time to go through this standard set of assumptions with the participants to confirm a safe learning space. They can be expanded in the following way, as you share with participants: **We treat each other with respect:** 

- One person talks at a time no side discussions. Trust that if you have something to say, other people are likely to be thinking the same thing, and this will be a valuable contribution to the group.
- Each person is given a chance to speak while respecting the groups time. In any group there will always be people who have a lot to say and quieter people. Today, lets aim for equal air-time. In this room there is huge amount of wisdom, sharing is the most valuable aspect of the day. We want you to be able to share this in a safe environment.
- **Confidentiality.** To feel safe today, it is important that each of us can trust that our very sensitive issues will be respected. It is important to respect each other's experiences and avoid sharing outside the learning space but to take what we have learnt out to our work places.
- We welcome passion and feelings and debate. Midwifery is never black and white and works with art and science. We will be talking about very moving things and it is important that we all feel safe to be with these feelings
- **Self-responsibility when triggered.** You may talk about issues that are very sensitive today, bringing up big emotions. This is part of the process of transformation. It is important that you take full responsibility for yourself. This means staying aware of how you are feeling, sharing it appropriately and finding support when you need it. Facilitator to discuss the availability of where participants can get further support.
- **Commitment to the whole day.** Try not to abandon the day to ensure optimal learning and respect for each other. Try and engage fully in the day and contribute with honesty and from your heart.
- Phone etiquette & filming. Please put phones off. It is unethical to film the participatory parts of this day.
- **Learning takes bravery.** Not knowing is a very uncomfortable situation. No-one likes it. We need to tread sensitively in this space. And it is in this space that learning and change take place.
- **Action methods.** They tend to be far more engaging than traditional teaching methods. They enable feelings to be felt and midwives to practice new skills in a safe space.
- **Humour creates a safe learning environment.** Every time we laugh the brain releases oxytocin. Oxytocin is a key enabler of learning as it allows the brain to forge new synapses.

#### What to expect today slide:

Talk through the activities you have selected to share in your RESPECT workshop. Amend the slide, as appropriate. This slide is useful if you are facilitating a FULL day RESPECT workshop.



#### TOP TIP

It is tempting to assume that sharing assumptions is not necessary, yet the day will go a lot better if you take the time to go over these.

Welcome passion, feelings and some debate as assumptions are shared.

### FACILITATION INSPIRATION

#### **GROUP WORK**

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You can invite smaller participant groups to communicate their own assumptions or ground rules for the workshop. It is useful to keep a clear overview of time if you do this.

If asking participants to generate then it can be useful to use flip chart paper and pens.

Alternatively, you can use technology to collate their responses onto the projector screen.



Listen, be non-judgemental and keep an open mind.

#### **BE PREPARED**

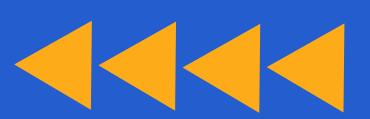
Tell the participants what the day will address, why midwifery is taking a lead on RMC, what problems we will need to overcome and share a vision of how a healthy maternity service might look.

Be clear about the focus of your event. Share your own ground rules.



# WHY RESPECT MATTERS

WHY RESPECTFUL
MATERNITY CARE
MATTERS, EXPLORING THE
EVIDENCE AND PRACTICE





## WHAT?

Understanding the activity/ies







During this activity facilitators share the evidence and debate around respectful maternity care from a global to local perspective. This is captured in the slides and video content provided with the toolkit from Prof. Soo Downe. This session is a vital part of the RESPECT workshop.



The meaning of the activity



#### **PURPOSE**

To name the problem and connect participants to the goal and purpose of the RESPECT workshop.

#### **OBJECTIVES**

-To share knowledge of the evidence and consequences of (dis)respectful maternity care.



Facilitating the activity



#### TIME ALLOCATION

40 minutes.

#### RESOURCES NEEDED

PowerPoint slides, video from Prof. Soo Downe. YouTube video links to the video of disrespectful care from Uruguay.

#### ACTIVITY THREE SLIDES AND FACILITATOR NOTES



PLAY
Prof. Soo Downe's
RMC evidence - part 1



#### Slide facilitator notes

#### **Exploring the evidence and debate**

Before the RESPECT workshop, we recommend that you watch Soo's video and engage in key evidence, reports and local practice issues relating to RESPECT. In the video Soo shares a video demonstrating disrespectful maternity care, developed by Amnesty International. Reflect on your own practice and think about the issues and opportunities.

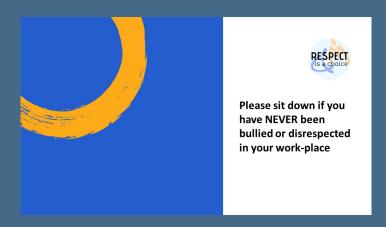
You have the choice to play Prof. Soo Downe's video RMC evidence - full video or just play RMC Evidence Part 1 - identifying the concern, where the evidence relating to disrespectful care is presented and defined considering maternity services globally. If you play the FULL video, remind participants that you will be returning to discuss solutions throughout the day.

We recommend playing Prof. Soo Downe's RMC evidence - part 1 at this point. You might want to give participants some time following the video to reflect and chat with each other.

#### **Consider asking participants:**

- Does any of the evidence or scenes shared resonate with you?
- How does this information make you feel?
- Reiterate the focus of the RESPECT workshop and take the opportunity to build a global community we are all in this together.

#### ACTIVITY THREE SLIDES AND FACILITATOR NOTES



#### Slide facilitator notes

#### **Exploring the evidence and debate**

Up this point we have been creating a safe learning environment and placing RESPECT in a context, both internationally and locally. Now we are starting to focus on the issues with the belief that if we get an in-depth understanding of its complexities, we can then feel powerful to change them. The first part of any change process is to name the problem e.g. "I am struggling with [insert any personal challenge]" and to feel the impact of that reveal. We do a similar thing here with disrespectful maternity care, we seek to own the problem and feel the enormity of what we are dealing with. This stage can often feel as though we are united in our upset about this, or united because "it isn't just me".

#### **Sharing experience and exposure**

The facilitator asks everyone to please stand up. Then put up the above slide, then ask the audience: "If you have never been bullied or treated disrespectfully in your workplace please sit down." Don't rush, and watch and feel. Acknowledge anyone who sat down and be pleased for them. It is highly likely that everyone will remain standing. Ask the participants to look around the room. Ask them what this means and how it makes them feel. Process this, all these midwives work in a disrespectful environment or at least are aware of the dynamics. Give them time to absorb this. Acknowledge the discomfort. This can be a very poignant time in the workshop. It usually helps people from diverse origins to feel united in a common problem and concern.

#### Points to draw out

It is an important part of consciousness changing, that people need to feel heard and cared for before they will be willing to do that for others. You may find that the participants struggle with the the toxic work environments that they often find themselves in. It is really important to acknowledge this and explain that this workshop does not make a distinction between disrespect to midwives and disrespect to women. They interweave and the issues are linked.

Discuss the hierarchy of disrespect: abused people will abuse those more vulnerable than themselves. Draw out examples of how a disrespected midwife is likely to disrespect women so that a clear link is made between toxic work cultures and disrespectful care.

Make connection between disrespectful behaviour amongst health workers and that effecting care of women. Be careful here to navigate a big bear-trap i.e. that everyone else e.g. doctors are the problem. This will lead the group into being angry and feeling like victims. Midwives' only power in RESPECTFUL care is to change themselves. This will mean owning up to the fact that midwives can be very disrespectful to women and to each other.

#### ACTIVITY THREE SLIDES AND FACILITATOR NOTES









#### Slide facilitator notes

#### **Exploring practice and behaviours**

#### Slide 'What disrespectful behaviors occur in your workplace?'

The first stage of any change process is facing the truth. Feeling emotions such as grief and annoyance over this.

Invite the participants to be honest about what is happening locally. Make use of the White Ribbon Alliance poster and flip chart listing the seven categories of disrespect and abuse (one category per sheet), which had been prepared in advance. Place the flip chart at the back of the venue and ask participants to write on Post-it notes or directly on the paper about their personal experiences and examples of each of the seven categories of disrespectful and abusive attention. Ask them to comment in detail on how these happen in their workplaces. Invite attendees to:

Think of examples of how you perceive these disrespectful behaviors that occur in your workplace. Post them anonymously on the board and some will be read.

Process this, acknowledge that they are confrontational and / or annoying.

Discuss anything good that is happening and the shared vision.

#### Respectful Maternal Care: Universal Rights Poster and Document Slide

At this point, it is worth referring to the work carried out by the White Ribbon Alliance and the RMC Charter. Share the following quotes and links to documents: "Everyone has all the rights and freedoms proclaimed in this Declaration, without any distinction of race, color, sex, language, religion, political or other opinion, national or social origin, economic position, birth or any other condition.".

https://www.un.org/es/universal-declaration-human-rights/index.html

"The newborn, as an individual, has autonomous rights and every decision that the mother or other caregiver makes must be made with the interests of the child in mind"

https://www.healthynewbornnetwork.org/hnn-content/uploads/Respectful-Maternity-Care-Charter-2019.pdf

#### Possible points to discuss:

Look at the seven universal rights in the link in the previous paragraph and see if participants feel that any of them have not been addressed. Perhaps clarify the issues, placing them in categories such as: interpersonal, socio-cultural issues and systemic issues.

Currently, a lot of work is being done on the development of human rights as a model of ethical human behavior and this sometimes affects some cultural and religious beliefs. In what way is that true in our environment?



#### TOP TIP

This activity is facilitated using the provided slides, videos and posing questions to the participants. Link the global and local perspectives.

# FACILITATION INSPIRATION

#### **AVOID BLAME**

Acknowledge that disrespects at ALL levels. This will mean owning up to the fact that midwives can be very disrespectful to women and to each other. You may want to discuss that most health services are organised into a hierarchical and authoritarian system of care and often midwives are at the bottom end of this.

GENDER politics is often a factor informing actions. As a facilitator you can trust that as the problems are discussed, some participants will realise that they have been part of the disrespectful behaviour and this is to be expected.



Invite participants to reflect on their own experiences and work place.

#### BE BRAVE

Identifying that everyone has a role to play in addressing disrespect is a keypoint within this activity. We can all contribute to the problem and the solution. This activity aims to provide participants with a visual representation of disrespect and abuse, underpinned with evidence.

Acknowledge the discomfort and concerns of the participants



# ACTIVITY FOUR SCIENCE OF (DIS)RESPECT AND ABUSE

HOW RMC MINIMISES
TRAUMA AND ASSOCIATED
MENTAL HEALTH
ILLNESSES



# SCIENCE BEHIND RMC ACTIVITY FIVE





Understanding the activity



#### OUTLINE

Provide participants with information on the science behind (dis)respect and how this impacts on those in our care and each other.

This can be delivered using additional PowerPoint slides or the video presentation of these slides by Jude Cottrell. If you are short of time, you can discuss the science throughout the role-plays covered in activities 6 & 7



The meaning of the activity



#### **PURPOSE**

To explore the neuroscience of (dis)respect and how we can better understand and support women and families

#### **OBJECTIVES**

-To enable participants to understand and make critical connections between (dis)respectful care and trauma



Facilitating the activity



#### TIME ALLOCATION

90 minutes.

#### RESOURCES NEEDED

Additional PowerPoint slides and/or video from Jude Cottrell

#### ACTIVITY FOUR SLIDES AND FACILITATOR NOTES



Play
Jude Cottrell's
Neuroscience
presentation



#### Slide facilitator notes

#### What disrespectful behaviour is happening in your work-place? slide

Before we start looking at solutions and actions it might be valuable to look at why RESPECT is so important in any health care situation. By understanding the psychology of trauma, we can start to see how and why women develop PTSD, postnatal depression and anxiety disorders after disrespectful births. And as discussed earlier, it is traumatic birth events that women talk about and can leave them dis-empowered and perhaps not using birth facilities. Women are sometimes prepared to put their lives at risk rather than come to a facility to give birth. It also explains the effects of kindness on the brain and why this is such a significant intervention in preventing these disorders.

**Ask:** are they interested and would they give you 45 minutess to revise this with them.

**Utilise:** the video from Jude Cottrell but important, perhaps, to stop and start and check people are onboard and understanding as you play it. Ask participants to interrupt and ask questions as you go. Work through slowly checking for understanding. Keep reiterating what might be new information. Keep bringing participants back to why this is important for midwives to know and relate it to RESPECTFUL care.

**Consider:** not including this in the day if facilitator feels uncertain with the material. However, trust there will be some very bright people in the audience (and you don't know who that is) and that they will love the challenge of this information. Trust that any complicated topic can be understood by lay people if there is a potent facilitator. This is the only part of the day that participants are asked to listen. We know from the podcasting world that there is a hunger for in-depth reporting and teaching and this needs to be balanced against short attention spans when the material is boring or badly presented.

#### When participants are triggered (remember to read the accompanying facilitator's guide)

The workshop can bring up emotions for participants. This might be because it is a safe place to speak about feelings, it might remind them of their own traumas, it might highlight the disrespectful environment they work in and it might be a time when they face the fact that they are unkind to women. How the facilitator handles these situations is important.

Most cultures have taught us to dismiss and reject feeling vulnerable and to protect us from feeling too engaged with others. We often believe that showing vulnerability is a sign of weakness and feel contempt for others who have not managed to keep the walls up. Vulnerability can be expressed with tears, anger, strong feelings and sometimes sabotage. If the facilitator understands that these signs of vulnerability are likely to be gateways into love, transformation, belonging, courage and creativity she can welcome them knowing that they will move the group forward. The facilitator needs to be comfortable with her own vulnerability and feelings. Having a supportive mentor or colleague is important for facilitators so they have a safe space to express and deepen their own ability to manage vulnerability.

#### ACTIVITY FOUR SLIDES AND FACILITATOR NOTES





#### Slide facilitator notes LOVE LOVE LOVE slide

Love is a fundamental necessity in life, a complex set of emotions, behaviours, and beliefs associated with strong feelings of affection, protectiveness, warmth, and respect for another person or thing.

As a maternity care worker we can focus on 3 areas where LOVE has the potential to enhance our lives, the environment we work in and those we serve. This slide offers an opportunity to bring the group together and see each other as a source of support, encouragement to help transform RMC for all. Using story-telling from your own, or other's practice, can help illustrate your points and build deeper connections with the participants.

#### How to facilitate this slide:

Share the following key points -

**LOVE ourselves** - firstly important to love ourselves, to take care of our own needs as if we were tending to the very person who means the most to us. We cannot give others what they if we are exhausted and stressed. Think of things that make you feel happy and relaxed, and take time for yourself. Share some examples from your own life and practice that help you to prioritise yourself and the benefits you feel. Stay focused on the positive actions you take, rather than the barriers.

**LOVE your colleagues** - you may not like each person, but try to give someone something positive each day. Authentic (meaningful) positive feedback is an active way that can influence the culture or atmosphere within the workplace in a moment and over a long period of time. Look out for moments when you can do this, e.g. 'I saw how you spoke to the person in the corridor who was lost, how you smiled at them and helped them to find their destination'. This is different to 'I think you're amazing' - it's specific and detailed. Think about how you felt when someone praised you, how it lifted you, especially with an explanation of why what you did made a difference. Give some examples from your own practice and the impact this had for you and the receiver.

**LOVE those in your care** - think about why you came to this work; to care for others. Reconnect with the HEART of your practice. Your eye contact, the touch, your smile and what you say holds the potential to make a difference. There is evidence to demonstrate that compassionate, kind connections when practiced regularly actually rewire OUR brains and improve well-being, as well as those we are caring for. Share an example of when you have either felt this love, or when you have practiced compassionately.



### TOP TIP

It is helpful to do some wider reading and to watch Jude's video to help prepare yourself to facilitate this session. This information is important and underpins other activities

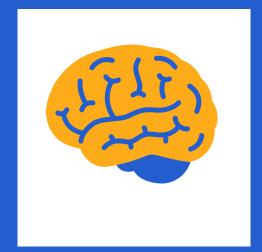
# FACILITATION INSPIRATION

### **EMOTIONAL INTELLIGENCE**

The workshop can bring up emotions for participants. Ensure as a facilitators you are prepared with information and a plan on how to best support participants who may be triggered by the content.

Explore local support groups or any services available in your unit. When a person has finished speaking it is important to give them a sense of what you have heard and gratitude that they have been prepared to share.

Remember to read the accompanying 'facilitator's guide to RESPECT' document.



Apply the science to every day experience and practice examples to bring theory to life

### **BUILDING TRUST**

Trust that they will be able to tell you what they need by asking them "what do you need right now?" It maybe time out, it might be for their friend to come and sit with them, it might be they would prefer to be left alone.

Practice
delivering the
slides before the
workshop



# ACTIVITY FIVE EXPLORING DISRESPECT:

PERSONAL AND CONTEXTUAL FACTORS

EXPLORING THE CONSEQUENCES OF NEGLECTFUL CARE





# EXPLORING DISRESPECT ACTIVITY FIVE









### OUTLINE

In this activity you will explore personal and contextual factors that underpin (dis)respectful maternity care. Using a scenario from practice, you will use action theatre methods to examine individual's feelings, actions and behaviours. There are a few options to utilise in this activity, you can select the option that best suits your needs. Take care to prepare well for this activity.



The meaning of the activity



### **PURPOSE**

This exercise enables delegates to become observers of (dis)respectful scenes that they may ordinarily be part of, or collude with.

### **OBJECTIVES**

-To enable participants to explore underpinning feelings and behaviours that lead to (dis)respect.



Facilitating the activity



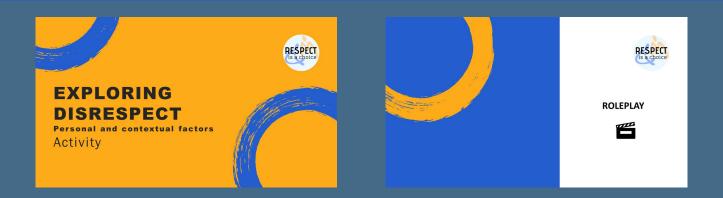
### TIME ALLOCATION

60-90 minutes, this can be adapted to meet the groups needs and your time.

### **RESOURCES NEEDED**

Video, other facilitators, any props for the role-play

### ACTIVITY FIVE SLIDES AND FACILITATOR NOTES



### Slide facilitator notes

### Introducing the next activity

The next section is to unpick the complex issues that inter-weave to create disrespect in maternity settings by encouraging participants to explore personal and contextual factors that influence their feelings, behaviours and actions.

For this part of the RESPECT workshop, action theatre methods are used to explore issues that participants face in practice. It is helpful to explore the facilitator's guide for supportive insights on how to facilitate effectively.

It might be helpful to try out this activity with friends and colleagues who you feel safe with, before leading your first RESPECT workshop.

### During the activity you may find some of the following issues arise:

fear of litigation

lack of time and staff

lack of resources

lack of leadership to affect change

lack of skills to manage disrespect

Interdisciplinary and interpersonal friction

Too much intervention too soon or too little too late. Coercive consent vs informed consent vs no information Gender politics

Power & hierarchy issues e.g. "Am I allowed?" "Who holds the power in the room."

As the facilitator it is worth having thought about these issues ... how they effect midwives and how they then affect women.

A core question to pose to the participants is "Should respectful, compassionate care be something a woman might be lucky to get, or should it be a baseline norm?"

Support people to unpack these issues with questions and conversations.

### Disrespect in action - role-play

For this activity, you have a few options you can choose from, that enable you to explore the influencing feelings and behaviours of disrespectful and abusive care. It is important that you capture the principle issues from your own country and local context. Use your own experiences or stories, research evidence and voices of women, families and other colleagues to build a clear insight in to the RMC concerns and challenges your participants are likely to be facing. All options utilise action theatre methods to help you unpack the issues carefully and usefully to get to the heart of the underlying drivers for disrespectful maternity care. Take a look at the facilitation inspiration for this activity for some action-theatre suggestions.

### ACTIVITY FIVE SLIDES AND FACILITATOR NOTES

### Slide facilitator notes

All options will involve presenting a short scene from maternity care, then using action methods to examine the feelings, actions and behaviours of those in the scene: the midwife, the woman, the doctor, the maternity care assistant, the family.

### For each scene you select to show/perform/present (from the options below) you will:

- 1. Watch the scene undisturbed.
- 2. You will then replay the scene and use an action theatre method, called 'stop, think'. This action invites the participants to clap their hands and stop the action (pause the video, or freeze the performance if running a role-play, mid-action). The participant that clapped will then share what she/he thinks a person in the scene is thinking and feeling. If people don't clap, you can stop the action yourself as the facilitator and ask the audience: what do you think the midwife is feeling here? etc. Try and get a perspective on all the people in the scene. At the end of the scene reflect on these thoughts and feelings. Walking in other people's shoes can help to improve empathy and collaboration, shifting cultures.
- 3. You can then move on to explore how things might be different you could play the scene again, in the same time-frame demonstrating 'connected', respectful care.

Select the most appropriate option from the list below; considering your own confidence, skills, resources and time, from the list below:

### Option 1:

If you are new to facilitation, or restricted by time, we recommend you replay the video from Amnesty Internation, see Section C of this toolkit for video resources. You can use this as a recorded role play to explore the personal and contextual issues.

Option 2: (multiple facilitators/role-play leads required)

Develop a role-play scene, based on your experiences and local contextual issues.

The role-play should be a short scene (3-5 minutes long) from practice. This will be presented as a live scenario, taken from stories or accounts of care from your/the country of origin. The piece may include acts of verbal or physical violence, coercion, withholding of information, lack of basic human right, and bullying. We have included some example scenarios in Section C.

#### Option 3:

If you have time and the facilitation confidence, you can invite participants to reflect on their own experiences of disrespectful care, as captured on their sticky notes. Ask them to share their own stories - this is best completed in small groups. Split the full group of participants in to smaller groups of 5-8 people (minimum 3 people). First, ask the smaller groups to share stories from their practice - specific disrespectful care events they have witnessed. Ask them to think about the people involved in the care event. What did they do, what was their involvement? Then ask each group to select one person's experience, from the small groups, to role-play for the full group. The piece may include acts of verbal or physical violence, coercion, withholding of information, lack of basic human right, and bullying. Ask them to present a 3-5 minute scene - ideally each person in their group taking a part.

It is important to take time to explore the issues in detail and look to encourage involvement from all participants. Listen and attend to the feelings and experiences shared.

Key point and issue to raise: it takes as much time to be kind and compassionate as it does to be disrespectful. Often you can get more helpful information and offer safer, more effective care. Compassionate care, saves lives. Refer participants to Hearts in Healthcare website evidence.



### TOP TIP

Natural
prompts can be
used if
delegates are
slow to engage,
but care taken
not to steer
conversation.
Read the
facilitator's
guide.

# FACILITATION INSPIRATION

### OPEN DISCUSSION

Open up a discussion with delegates, to explore their perceptions of events, and potential reasons for certain behaviours using open questions.

Use open questions:

Do you ever see this kind of practice, behaviour in your place of work? What do you think the midwife was feeling, and why do you think she was behaving this way? What do you think the doctor/senior midwife was feeling, and why do you think she was behaving this way? What about the woman? What could be the possible reasons she acted this way, or made the choices she made?



Encourage
story-telling, eg
- can you talk
about when this
happened to
you?

### **BUILDING TRUST**

This session usually opens up issues for further discussion, such as fear of litigation, lack of time and staff, lack of resources, lack of leadership to affect change etc etc.

Afterwards, all participants (actors) express how they felt.

Practice your approaches to facilitating this section.



# ACTIVITY SIX TRANSFORMING OUTCOMES

SHARING IDEAS FOR CHANGE AND THE FUTURE



# TRANSFORMING OUTCOMES ACTIVITY SIX





Understanding the activity



### OUTLINE

The following activities can be facilitated as short independent activities or can be delivered as a series of connected activities. They are presented over the next few pages of the toolkit, with their accompanying slide/s. You choose what will fit best for your workshop and context. Each page that follows with offer an outline of the activity.



The meaning of the activity



### **PURPOSE**

To share ideas for improving positive cultures to support RMC. Offers participants chance to practice new approaches.

### **OBJECTIVES**

-To develop deep listening, feedback and zero tolerance skills for practice.



Facilitating the activity



### TIME ALLOCATION

Each activity will last between 15-30 minutes. They can be adapted to fit.

### **RESOURCES NEEDED**

PowerPoint slides, cards, chairs, AV equipment, video links.



### Slide facilitator notes

### **Exploring ideas for change**

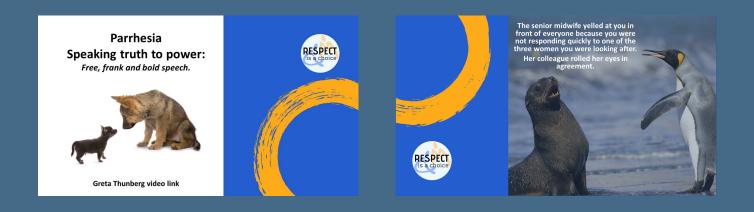
The following slides focus on specific activities that will help you to explore some useful skills that powerful work cultures use to take action for RESPECT. These could be woven in to the role play above or facilitated separately at shorter workshops. Take a look through the following slides and notes and pick the activities that would work well in your context and setting, also within the time you have available.

### **Key activities for change:**

- 6a. Parrhesia
- 6b. Creating a high feedback culture
- 6c. Deepening our listening skills
- 6d. Mindfulness
- 6e. Zero tolerance to disrespect

Speaking up is a necessary part of a respectful culture. If we all spoke up imagine how that would put an end to disrespect. We need to be brave and find our voices.

### ACTIVITY 6A SLIDES AND FACILITATOR NOTES



### Slide facilitator notes

### 6a. PARRHESIA - speaking truth to power

Old Greek word meaning 'speaking truth to power' with direct access to the truth.

A current example of this is 15-year-old climate change activist Greta Thunberg who tells world leaders "You only speak of green eternal economic growth because you are too scared of being unpopular. You only talk about moving forward with the same bad ideas that got us into this mess, even when the only sensible thing to do is pull the emergency brake. You are not mature enough to tell it like is. Even that burden you leave to us children. But I don't care about being popular. I care about climate justice and the living planet." In our work to ensure RMC for all women and their families we too must move beyond being popular, to being 'with-woman'.

### Play this YouTube clip and ask open questions like:

Why is it easier to complain about someone than actually talk to them about it? Why is it harder to speak honestly with someone when there is a power differential?

Parrhesia can be a guick "noticing" comment, that you can share:

"That must have been hurtful to the woman"

"Wow I noticed that young midwife was nearly in tears"

"I'm leaving the room while you are speaking badly about another midwife"

"I was surprised that people were impatient with Sunita, when she wouldn't push."

#### Parrhesia practice

If we are going to have RESPECT revolution we need to practice this skill

Activity In pairs practice parrhesia with a disrespectful midwife, they could be a peer or lead midwife. You can use the example on the slide with the seal and the penguin.

Or you might use examples from your area of practice, situations might be:

A powerful midwife rolls her eyes because an unmarried woman is making a lot of noise

A powerful midwife is not protecting a woman's privacy

A powerful midwife is kind to one woman and tells another woman off for coming late to the unit

A powerful midwife gives an "obstetric slap" to a woman

As the facilitator remember that this is something everyone finds difficult, but if we are calling midwives to action we need to develop this skill."

Sometimes it might be a stronger calling out. "We have agreed not to talk about other midwives behind their backs." "I was surprised to see that Sunita agreed to an induction when, prior to you coming in, she adamantly didn't want one, can we discuss if this was informed consent or informed coercion?"

### ACTIVITY 6A SLIDES AND FACILITATOR NOTES



### Slide facilitator notes

6b. Create a high feedback culture (3 slides)

#### Slide One:

Effective feedback is one of the most powerful ways to grow and improve performance. Most midwives say they want more feedback than they are getting; but this may be that they would like to be seen and acknowledged. Very often feedback can be taken as criticism. For slide one above, invite participants to share the feedback they like to hear or give, thinking of specific examples. It is surprising how seldom midwives hear feedback like "That was a beautiful bit of midwifery you did today." A key skill to change a culture is feedback.

To create a respectful work environment, we need to acknowledge and acknowledge and acknowledge our colleagues. Feedback to the medical profession can often be well received as they too are often feeling isolated and scared. This feedback could be along the lines of positive strokes for anything that demonstrates respect e.g. "You were so kind in there" "thank-you for your great teamwork skills," "thank-you for asking for my opinion' or "I noticed that you really listened to that woman" "it made all the difference when you asked the woman what position she would prefer."

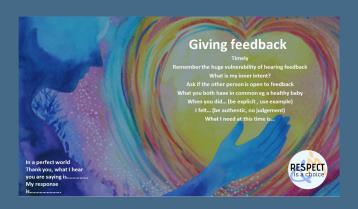
In an environment of support where midwives know that their colleagues will have their back, it becomes far safer to give feedback which may be perceived as negative or critical. The pitfall for inauthentic praise is that it can be seen as a judging technique or as a management technique to get employees perform better.

### Slide two:

The first rule to giving feedback is to remember that no matter who we are talking to, feedback can hard to hear.

Ask participants to reflect on their experiences of receiving difficult feedback. Healthy RESPECTFUL work cultures have slowly, over time, taught people that feedback can be a gift; a chance to grow and become a better midwife.

### **ACTIVITY 6B SLIDES AND FACILITATOR NOTES**



### Slide facilitator notes

### 6b. Creating a high feedback culture

Share some ideas to make the process easier:

**Timely.** Make sure the feedback is as closely connected to the behaviour as possible, otherwise it will lose its impact. But consider how she is. If she is already overloaded it may not be the right time. Consider if she has support and other things that may be going on in her life

**Examine your intentions**. What's the purpose of the feedback? Is it to punish the other person, get it off your chest to make you feel better, or is it truly to help her improve because you care about her and want her to be a great midwife?

**Ask for permission.** Before giving feedback, ask, "Do your mind if I share some feedback with you that I think will help you be more effective?" If she is open to it you have a much better chance of her changing her behaviour; no-ne like unsolicited feedback. If she says no accept that and ask if she might be open to it at a later date.

**Share your common goals** e.g. We are both want a healthy baby or we both want a happy workplace Focus on a specific behaviour, not the person. In other words, make the feedback about the what, and not the "who."

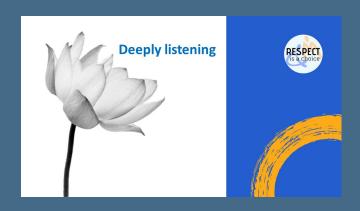
**Explain the impact of the behavior** – on you, and/or others. "Rachel, when you shouted at the woman I saw her flinch and close down" not "Rachel, you are a nasty midwife." Focus on feelings....'when you did this, I felt '

Allow the feedback to sink in. Let the person process the feedback. Listen with empathy.

**Tell the person what you need** e.g. "I was really upset yesterday when you yelled at me and I would like you to agree that you will stop doing this." If the person doesn't know a more effective behaviour, ask if they would like advice. Once the behaviour is pointed out, and they understand the impact, it's often just a matter of stopping the behaviour. If they truly need help in coming up with alternative behaviours, give them specific examples. Offer to role play if that would help. Don't create a Feedback Sandwich. Some say the best way to give critical feedback is to "sandwich" it between two pieces of positive feedback. Most people will see through that technique and see it as manipulative.

### **Activity**

Create little cards which reflect what you see happening in your work place, with scenarios that would be appropriate to practice giving feedback e.g. 'It was a very busy day in the labour ward and you noticed that a colleague didn't bother using the screens to give the woman some privacy. The woman was very quiet and withdrawn' or 'You noticed your colleague was very disengaged and offhand with a woman. You know the woman had HIV. You saw the woman become more and more frightened and she called out to her mother'. Get the participants to work through how they would give feedback, as described in the slide and notes above. Like any new skill it will initially feel uncomfortable and clumsy, but as they become familiar with the process it will flow more easily.



### Slide facilitator notes

6c. Deepening our listening skills (4 slides)

### Slide One:

Feeling unseen and unheard is at the very core of disrespect. It effects both women and midwives. Disrespect can be perceived by the brain as isolating and terrifying, and will feel as severe as physical pain. The brain has only one way to manage it and this is by the fight or flight mechanism. This will put people on the trauma ladder. (as captured in Jude Cottrel's video).

Listening is a strong tool which allows one brain to be linked with another's, and as we said earlier, human beings can manage almost anything when they feel partnered or part of a tribe. This partnering is a huge mediator of trauma. When women are given time to express how they feel about their births, the brain forges new neural pathways between the limbic brain and the neo-cortex. This enables them to apply their own wisdom (which resides in the neo-cortex) to their birth story. This will enable the memory to be stored appropriately with a narrative that is realistic in time, place and culture. When this has not happened, often the memory is stored in the limbic brain and is the basis of PTSD, postnatal depression and anxiety; and the woman is unable to apply her wisdom and logic to the situation.

Midwives are often reluctant to ask women about their births because they fear it will all pour out and they will never get away. This can be managed, without damage to the woman, by saying something like "I was at your birth yesterday when baby Joseph was born, and I know his shoulders were very stuck. I have 10 or 30 minutes and I would really like to hear how you are feeling today about that." When the 10 or 30 minutes are up, it is OK to say you need to go. It might feel as though you are cutting her story short. You might choose to stay another 10 minutes or you could empathetically acknowledge what you have heard and explore where she will find any further support.

### ACTIVITY 6C SLIDES AND FACILITATOR NOTES



### Slide facilitator notes

6c. Deepening our listening skills (4 slides)

### Slide two and three

This activity deepens our ability to be present and hold space for another. This skill is at the epicentre of partnership and RESPECT. Ask participants to get into pairs around the room and put chairs facing each other. Explain we are using ourselves to learn with and check that they are comfortable with this. We will be using each other's stories to deepen our ability at relational presence. Ask the dyad to choose one person to be the speaker and one the listener. They will swap and each person will get a turn. The speaker thinks of something that is a challenge, upsetting or concerning in her life that she is prepared to share. Ask her to take responsibility for sharing it with a sense of generosity to her partner. This enables her partner to practice deep listening skills with a real life situation The problem should be a 5/10 type of problem Not a 10 /10 problem like sexual abuse.

The speaker is going to take 2 minutes (timed by the facilitator) to tell her story. If she finishes before 2 minutes, sit in silence. The listener will try hard to use this generous gift from her partner to practice deeper listening skills.

**Before entering the room.** Discuss mindfulness with participants. Ask them to centre themselves and dedicate the next two minutes to being 100% present for their partner.

**Listen beyond agenda.** Sometimes we listen while at the same time forming judgements, defenses, or a reply. This is the time to consciously put these aside. Listen to understand the other persons position. **Positive regard.** Find a place inside yourself where you are going to look at the speaker from a "they are OK" position. No matter what your judgements might be about someone, they will be saying and feeling things because it makes sense to them. Also having + regard for yourself is important ... "I'm OK" "I can hear this" "I'm a good listener" "I have time"

**Use soft listening eyes and body language.** Body language is also important. Open positions, leaning forward, nods, mirroring send signals to the other person about your receptivity and whether it is safe for them to continue.

**Mirror neurons.** These are special neurons which we probably developed to synchronise hunting & tribal life and they have now evolved for emotional resonance, attunement and empathy. They provide us with a visceral / emotional experience of what the other is feeling, allowing us to know others from the inside out. When two people are "attuned" they will often mirror the other persons physical and emotional state. Good listeners will often consciously mirror the other to aid attunement. You can use **Slide three** to offer more insight .

After 2 minutes call a stop and ask listener and speaker to share reflections about the experience. Swap roles and repeat for a further two minutes. Most people find this activity rewarding.

### ACTIVITY 6C SLIDES AND FACILITATOR NOTES



### Slide facilitator notes

### 6c. Deepening our listening skills (5 mins)

This activity builds on the skill of relational presence by reflecting back to the speaker what the listener has understood. Reflective listening is a communication strategy involving two key steps: seeking to understand a speaker's idea, then offering the idea back to the speaker, to confirm the idea has been understood correctly. As above it is a core skill in understanding and partnering women and one that indicates respect for a person's unique perspective in the world.

Ask the participants to find a new partner and ask if they are prepared to share something that is challenging for them in their life. As with the exercise on relational presence, this sharing of personal stories is a great gift, and given so that another midwife can practice the skill of reflective listening. Again it is probably better to use a situation that is not deeply distressing. Or you might make up cards of situations that reflect your work situation that they can role play. E.g. "Im feeling like I don't want to go back to work tomorrow after what sister said to me. ""I've only been a midwife for 6 months and I still don't get things right." "She always gives me the HIV women because she doesn't think they should be having babies and then she says I take too long with them" (other examples included with the PPT slides).

### Talk through with the participants the following process (as listed on the slide):

- Carefully listening to content and feeling.
- Embrace the speaker's perspective without necessarily agreeing with it. Being non-judgmental and empathetic encourages others to speak freely.
- Run what they are saying through your own thoughts and feelings.
- Take in what the other is saying and notice any responses that you have that may be helpful to indicate that you have deeply understood.
- Summarise what the speaker is saying by mirroring the essential concepts of the speaker. In
  many cases it is enough to just reflect back what you heard. As you get more skilled, you will be
  able to use your own words and the understanding you are taking using your intuition. This allows
  for shared understanding and clarification. Being heard and understood is a powerful tool to help
  people integrate difficult memories in their brains.
- Make an empathic guess at what the other is feeling and offer it as a possibility
  e.g. "right in thinking that this happens often for you?" "am I picking up correctly that you were
  feeling totally alone and abandoned and no one was helping you? "I am noticing I am feeling really
  sad at the moment, is that what you are feeling as well?"
- Embrace the technique of thoughtful silence, rather than engaging in idle chatter. Sometimes it can be very honouring to say something like "yes I am just hearing that you are angry with the rudeness you received and I am just processing and feeling that."

Swap roles, repeat and reflect together.

### ACTIVITY 6D SLIDES AND FACILITATOR NOTES



### Slide facilitator notes

### 6d. Mindfulness

Mindfulness is wonderful tool for midwives to deepen their ability to be present for women and to develop more loving kindness towards their colleagues. It is a tool to widen our circle of people to whom we can show empathy. It enables us to have awareness of what is happening in our brains and to manage our brain noise, stress and trauma. It may reduce burnout. The effect of this may impact or ability to partner women more compassionately

As we learnt earlier, a labouring woman's brain will be highly attuned (across the social synapse) to the midwife's brain. If the midwife's brain is clear and trusting of the labour process the woman will attune with this. If the midwifes brain is chaotically processing her own stuff or her amygdala is halfway up the ladder, this too will be picked up by the woman. Self-awareness of what mental state she brings in to the room is crucial for a midwife. An ability to manage this state is also a key skill.

#### What is mindfulness?

Most of our waking lives are spent dwelling in past and future; judging ourselves and others; clinging to desire and avoiding pain. Some refer to this state of functioning our brain's 'default mode network'. In the current realm of evidence-based science, mindfulness practices have a diverse set of benefits. These include but are not limited to stress reduction, improved memory, heightened concentration as well as immune system functioning. There is also mounting evidence for mindfulness as an effective intervention for trauma (inc PTSD), depression, and anxiety. However, the benefits on offer from developing a regular practice reach significantly wider than stress reduction. Mindfulness, in the traditional sense, is a process of cultivating awareness: enough to become alert for the only thing we really have: the present moment.

In our context: Midwives brains need to cope with very serious life and death situations and this naturally will activate our neuro-hormonal systems. This is exacerbated by working in a toxic environment. Mindfulness develops our ability to steady ourselves and be present with ourselves. It gives us a greater ability to be with our tears and our joy and be far more kind and gracious with other people. In mindful meditation we are taught to notice a thought as a thought and have some distance from it. We see the transitory nature of everything, which is liberating. We know that thoughts are just energy in the brain and that we have choices around clinging, resisting or letting them go. It can take as little as 5 minutes a day. The key is to keep it regular. If you would like to take a mindfulness meditation now would be a good time. Guides from the internet are shared on the PPT slide notes.

### **ACTIVITY 6D SLIDES AND FACILITATOR NOTES**



### Slide facilitator notes

#### 6e. Zero tolerance

A RESPECT revolution will require us to upskill and be brave and also will require leadership and some system changes. We need to develop policies and pathways that are just as usable and understood as they are for physical violence. Take a look in Section C for some examples. One useful policy is having a zero tolerance to disrespect.

Consider playing this <u>video clip</u> or develop something similar with your colleagues (see resources in Section C, videos).

Role play idea: Jude is a midwife who has had a number of complaints about her for verbal and physical abuse. One woman complained that when she cried out her midwife ignored her and then called her a bad name and called her smelly. She also said she was very rough and was not kind to the baby. Jude arrives with attitude. The ward is very busy, Jude believes charge MW doesn't get her hands dirty, Jude feels she gets more work done than anyone else, gets all the difficult cases.

- Discuss process: Sister Ann: "would like to take you through a process so we can sort out some
  of the complaints I have received recently. I will be very upfront with you and I'd like you to listen
  carefully without responding, and after that I will be very interested in your point of view."
   What is our shared vision: "I know that you care a lot about your job and you are a very valued
  member of our team so I assure you that my aim is to work with you so that you can offer the best
  midwifery care possible?"
- Clear feedback: "I have had 5 complaints with very similar themes. This is that you are unkind and have called women bad things, and that at times you are rough. There have been things like forcing a woman's legs open, doing a VE while she is having a contraction, insisting she lies on her back and one woman said you slapped her on the thigh."
- Empower/validate the complainant: "I am wondering what your response is to these complaints?" LISTEN: Midwife Jude (angry): "women are getting worse, need to be told, the women just frustrate me, I'm too stressed, not enough staff, tearful about an outcome last week, why me everyone else does these things. Sister ANN reflects back what she has heard Ann asks Jude what she feels she can do about these things, Jude not showing positive responses. Ann: "we have a policy that says we will not tolerate any of this abuse and I will enforce it. I have just started a campaign in the ward to stop this abuse. I would like you to reflect on this feedback. I would like to hear from you if you would be able to take a lead in the unit toward respectful care, including writing a plan. You have a big presence here and are a valued part of the staff. Are you able to use that and help me turn the culture here around?

### **Key teaching points:**

Unpick what leadership like this could do

Discuss that RESPECT requires a whole system approach

Discuss pathways & policies that might need to be developed to manage disrespectful behaviour.



### TOP TIP

Plan and prepare
the activities from
6a-6e that you
would like
participants to
complete, Plan
and prepare the
resources that are
needed. Try out
the activities with
peers or friends
before the
workshop

# FACILITATION INSPIRATION

### CAREFUL SELECTION

Think about your aims and objectives for the RESPECT workshop. Why are you facilitating one in your locality? Thinking of these objectives will help you to select the most useful activities to complete.

Rather than rushing through multiple activities, if you are short of time, it might be more beneficial to select one or two activities and complete them with depth and careful consideration.



Take care not to rush the activities, allow participants time to explore ways to transform their practice.

### **BUILDING TRUST**

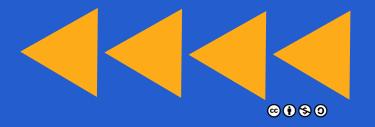
Get feedback from attendees about the activities felt for them. Encourage people to explore their reactions and prior experiences.

Support them to develop bonds with their peers by sharing vulnerabilities. Sign-post to further resources and information, as required. Stay solutionfocused and asset based. Think about the future.



# MOVING TO THE FUTURE COMING TOGETHER

CLOSING THE RESPECT WORKSHOP AND LOOKING AHEAD, TOGETHER





# WHAT?

Understanding the activity

# MOVING TO THE FUTURE TOGETHER





The following slides help to capture the closing comments and thoughts for the workshop.

They help to offer inspiration and positive well wishes to the participants. Over the following pages you can see the suggestions on how to facilitate the end of the workshop. Look at the notes for specific details.



The meaning of the activity



### **PURPOSE**

To invite all participants to join the action and make the change. Encourage people to stand together towards RMC.

### **OBJECTIVES**

-To explore next steps in to the future.

# HOW?

Facilitating the activity



### TIME ALLOCATION

15-30 minutes

### RESOURCES NEEDED

PowerPoint slides, AV equipment, video links. Post-it sticky notes, pens.

### ACTIVITY 6A SLIDES AND FACILITATOR NOTES







### Slide facilitator notes

#### Perfect storm

This exercise is perhaps the most important activity of the workshop because it calls participants to make commitments to action.

### **Activity - the perfect storm**

Place the Post-it (sticky) notes about what disrespect is currently occurring (that they wrote earlier in the workshop) at the left hand end of a wall and on the right hand end of the wall write up the vision the participants have for their workplace. Vision statements on the right hand end of the wall can be built up over the day by co-facilitators as they hear them coming up. Participants can add to this list too, throughout the day and now, towards the end of the day.

Using butchers paper, and Post-it notes, the participants build up an action line by answering the questions above, listed on the slides. Participants work with groups or individually. You might ask how they will engage their leaders to create an uproar/revolution. What are you going to do today, tomorrow, and in future?

Play the <u>humming bird clip</u> and <u>dancing man clip</u> - to discuss leadership approaches.

At this point might be a good time to play <u>Prof. Soo Downe's part 2 video</u> - which includes the hummingbird film and some suggested solutions.

We are focusing on ACTION now. We have unpicked many aspects of respect and disrespect and now we are looking at the process of change and how every midwife can take some leadership actions. Everybody can do their bit, within their scope of practice and influence. Be the hummingbird. Draw out that there are many roles in creating change and all are valuable.

### ACTIVITY 6A SLIDES AND FACILITATOR NOTES





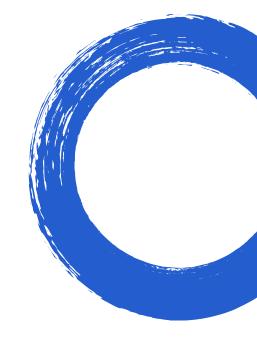
### Slide facilitator notes

### **Ending on a high**

Share some action strategies and interventions that might offer ideas and support. Useful if participants need some inspiration and ideas. Bring everyone back together with a sharing circle - everyone to identify key learning points and actions to take forward.

It is important to wrap up the workshop well and on a high note.

Remember that this workshop is a call to action. We are asking all midwives to use their inherent skills to make all forms of disrespect unacceptable in maternity settings.



# SECTION C

RESPECT resources

# SECTION C INTRODUCTION

### Resources to support your RESPECT workshop

In this section we share a series of useful resources that can support your planning, organisation and facilitation of your own RESPECT workshop. We have pulled together a detailed reading list, to raise awareness of the importance of RMC. We also share useful websites and videos that can be shared with your RESPECT workshop attendees.

### **Specific content includes:**

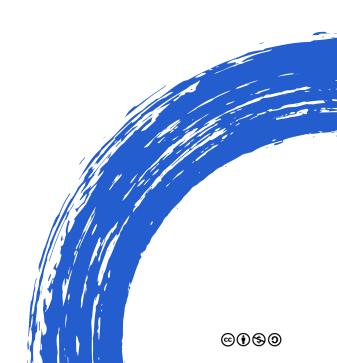
- Key references, for wider reading
- Useful websites and videos, that can be used during your RESPECT workshop
- Example lesson plans, to help you stay on track
- Example posters to raise awareness
- Social media memes to promote your even
- Example role-play scenarios to help plan your action methods activities
- RMC policies and framework examples

# **RESPECT** resources

This RESEPCT toolkit accompanies the RESPECT workshop PowerPoint slides and the RESPECT facilitator's guide. All these resources can be downloaded from the ICM website.

Additional recommended reading and workshop resources are captured in Section C and as part of the online eLearn Moodle module





## **KEY REFERENCES**

### Reading list to raise awareness

- Afulani, P. A., & Moyer, C. A. (2019). Accountability for respectful maternity care. The Lancet, 394(10210), 1692-1693.
- Ayubi, S., Pazandeh, F., Simbar, M., Moridi, M., Zare, E., & Potrata, B. (2019). A Questionnaire to Assess Women's Perception of Respectful Maternity Care: Development and Psychometric Properties. *Midwifery*, 102573.
- Azhar, Z., Oyebode, O., & Masud, H. (2018). Disrespect and abuse during childbirth in district Gujrat, Pakistan: a quest for respectful maternity care. *PloS one*, 13(7), e0200318.
- Bohren, M. A., Hunter, E. C., Munthe-Kaas, H. M., Souza, J. P., Vogel, J. P., & Gülmezoglu, A. M. (2014). Facilitators and barriers to facility-based delivery in low-and middle-income countries: a qualitative evidence synthesis. Reproductive health, 11(1), 71.
- Bohren, M. A., Vogel, J. P., Hunter, E. C., Lutsiv, O., Makh, S. K., Souza, J. P., Aguiar, C., Coneglian, F.S., Diniz, A.L.A., Tuncalp, O., Javadi, D., Oladapo, O.T., Khosla, R., Hindin, M.J., & Gulmezoglu, A.M. (2015). The mistreatment of women during childbirth in health facilities globally: a mixed-methods systematic review. PLoS Medicine, 12(6), e1001847.
- Bowser, D. & Hill, K. (2010). Exploring evidence for disrespect and abuse in facility-based childbirth: report of a landscape analysis. USAID.
- Bradley, S., McCourt, C., Rayment, J., & Parmar, D. (2016). Disrespectful intrapartum care during facility-based delivery in sub-Saharan Africa: A qualitative systematic review and thematic synthesis of women's perceptions and experiences. Social Science & Medicine, 169, 157-170.
- Bradley, S., McCourt, C., Rayment, J., & Parmar, D. (2019). Midwives' perspectives on (dis) respectful intrapartum care during facility-based delivery in sub-Saharan Africa: a qualitative systematic review and meta-synthesis. *Reproductive health*, 16(1), 116.
- Chadwick, R. (2017). Ambiguous subjects: Obstetric violence, assemblage and South African birth narratives. Feminism & Psychology.
- Colvin, C. J., Smith, H. J., Swartz, A., Ahs, J. W., de Heer, J., Opiyo, N., Kim, J.C., Marraccini, T., & George, A. (2013). Understanding careseeking for child illness in sub-Saharan Africa: a systematic review and conceptual framework based on qualitative research of household recognition and response to child diarrhoea, pneumonia and malaria. Social Science & Medicine, 86, 66-78.
- de Kok, B. C., Uny, I., Immamura, M., Bell, J., Geddes, J., & Phoya, A. (2019). From Global Rights to Local Relationships: Exploring Disconnects in Respectful Maternity Care in Malawi. *Qualitative health research*, 1049732319880538.
- Diniz, S. G., de Oliveira Salgado, H., de Aguiar Andrezzo, H. F., de Carvalho, P. G. C., Carvalho, P. C. A., Aguiar, C. A., & Niy, D. Y. (2015). Abuse and disrespect in childbirth care as a public health issue in Brazil: Origins, definitions, impacts on maternal health, and proposals for its prevention. Journal of Human Growth and Development, 25(3), 377-382.
- Downe, S., Lawrie, T. A., Finlayson, K., & Oladapo, O. T. (2018). Effectiveness of respectful care policies for women using routine intrapartum services: a systematic review. *Reproductive health*, 15(1), 23.
- Dynes, M. M., Twentyman, E., Kelly, L., Maro, G., Msuya, A. A., Dominico, S., ... & Serbanescu, F. (2018). Patient and provider determinants for receipt of three dimensions of respectful maternity care in Kigoma Region, Tanzania-April-July, 2016. *Reproductive health*, 15(1), 41.

## **KEY REFERENCES**

### Reading list to raise awareness

Forssén, A. S. (2012). Lifelong significance of disempowering experiences in prenatal and maternity care interviews with elderly Swedish women. Qualitative health research, 22(11), 1535-1546.

Kanengoni, B., Andajani-Sutjahjo, S., & Holroyd, E. (2019). Women's experiences of disrespectful and abusive maternal health care in a low resource rural setting in eastern Zimbabwe. *Midwifery*.

Mahase, E. (2019). Childbirth: one in three women in low and middle income countries reports being mistreated.

McMahon, S. A., Mnzava, R. J., Tibaijuka, G., & Currie, S. (2018). The "hot potato" topic: challenges and facilitators to promoting respectful maternal care within a broader health intervention in Tanzania. *Reproductive health*, 15(1), 153.

Miller, S., Abalos, E., Chamillard, M., Ciapponi, A., Colaci, D., Comandé, D., ... & Manuelli, V. (2016). Beyond too little, too late and too much, too soon: a pathway towards evidence-based, respectful maternity care worldwide. *The Lancet*, 388(10056), 2176-2192.

O'Connor, M., McGowan, K., & Jolivet, R. R. (2019). An awareness-raising framework for global health networks: lessons learned from a qualitative case study in respectful maternity care. *Reproductive health*, 16(1), 1.

Orpin, J., Puthussery, S., & Burden, B. (2019). Health care providers' perspectives of disrespect and abuse in maternity care facilities in Nigeria: disrespect and abuse in maternity care facilities. *International Journal of Public Health*.

Orpin, J., Puthussery, S., & Burden, B. (2019). Healthcare providers' perspectives of disrespect and abuse in maternity care facilities in Nigeria: a qualitative study. *International journal of public health*, 64(9), 1291-1299.

Reis, V., Deller, B., Catherine Carr, C. N. M., & Smith, J. (2016). Respectful maternity care. Country experience.

Rosen, H. E., Lynam, P. F., Carr, C., Reis, V., Ricca, J., Bazant, E. S., & Bartlett, L. A. (2015). Direct observation of respectful maternity care in five countries: a cross-sectional study of health facilities in East and Southern Africa. *BMC pregnancy and childbirth*, 15(1), 306.

Sacks, E., & Kinney, M. V. (2015). Respectful maternal and newborn care: building a common agenda. Reproductive health, 12(1), 46.

Sethi, R., Gupta, S., Oseni, L., Mtimuni, A., Rashidi, T., & Kachale, F. (2017). The prevalence of disrespect and abuse during facility-based maternity care in Malawi: evidence from direct observations of labor and delivery. *Reproductive health*, 14(1), 111.

Shakibazadeh, E., Namadian, M., Bohren, M. A., Vogel, J. P., Rashidian, A., Nogueira Pileggi, V., ... & Souza, J. P. (2018). Respectful care during childbirth in health facilities globally: a qualitative evidence synthesis. *BJOG: An International Journal of Obstetrics & Gynaecology*, 125(8), 932-942.

Tull, K. (2019). Female empowerment in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) programmes.

Wassihun, B., & Zeleke, S. (2018). Compassionate and respectful maternity care during facility based child birth and women's intent to use maternity service in Bahir Dar, Ethiopia. *BMC pregnancy and childbirth*, 18(1), 294.

### **USEFUL WEBLINKS AND VIDEOS**

### Weblinks

ICM code of ethics for midwives

The World Health Organisation Respectful Maternity Care review

WHO global strategy

WHO intrapartum care guidelines

WHO State of the World's Midwifery

The Lancet accountability of RMC research

The White Ribbon Alliance

The White Ribbon Alliance RMC impact brief

The International Childbirth Initiative

The Lancet Midwifery series

The Lancet Maternal Health series

**UNFPA** - midwives save lives

### Videos for use throughout the RESPECT workshop

Videos for explicit use in the RESPECT workshop

Prof. Soo Downe's videos:

RMC evidence - full video

RMC evidence - part 1 - identifying the concern

RMC evidence - part 2 - outlining solutions

Amnesty International's video exploring disrespect and abuse

<u>Jude Cotrell's video presentation on the neuroscience of disrespect</u>

MAMA video

**Greta Thunberg video** 

Zero tolerance role play video

Hummingbird video

Dancing man video

Other videos for consideration

Respectful Maternity Care videos - White Ribbon Alliance

# **EXAMPLE LESSON PLANS**

## Full RESPECT workshop lesson plan (morning)

Time	Activity description	Resources
15 min	Welcome activity	ICM RESPECT
	Create a warm welcome for all your participants. You can use the ICM	PowerPoint,
	welcome slides with music, or create your own. We recommend using art,	name badges,
	poetry and music from your country and/or culture to connect people.	checklists,
	Participants register for the event as you play welcoming music and have	music,
	inspiring messages playing via projector.	colouring
	Purpose: to create a safe learning space	pencils
	Objectives: to support effective learning and foster positive emotion and build	
	relationships with participants	
20 min	Activity 1 – Introductions	Name badges,
	Facilitators and participants introduce themselves. Be clear how much time	checklists,
	each person has (e.g. 2 min). It can be helpful to put up questions that	PowerPoint
	participants can respond to in their introductions, as captured in the slides.	slides,
	Purpose: to bring everything together in a shared space for learning and	questions, your
	connection.	prepared
	<b>Objectives:</b> to acknowledge all and support a safe learning space.	introduction.
10 min	Activity 2 – Assumptions	Flip chart, pens,
	Facilitator/s work collaboratively with participants to ensure assumptions for	board,
	the workshop are discussed and shared. Ground rules for the event are	PowerPoint
	established, between facilitators and participants. Have assumptions on	slides
	display for the remainder of the workshop.	
	Purpose: to help participants to feel safe and supported, building a respectful	
	approach to the workshop.	
20!	Objectives: to model positive, respectful behaviours and expectations	D
30 min	Activity 3 – Why Respectful Maternity Care matters	Prof. Soo
	During this activity, facilitators share the evidence and debate around	Downe PPT slides and
	respectful maternity care from a global to local perspective. This is captured in	YouTube video
	the slides and video content provided with the toolkit from Prof. Soo Downe.  This session is a vital part of the RESPECT workshop.	link,
	<b>Purpose:</b> to name the problem and connect participants to the goal and	Uruguay video
	purpose of the RESPECT workshop.	Oruguay video
	Objectives: to share knowledge of the evidence and consequences of	
	(dis)respectful maternity care.	
15 min	Break for refreshments/comfort	Refreshments
20 min	Activity 4 - Science behind RMC	Jude Cottrell's
	Provide participants with information on the science behind (dis)respect and	PPT slides
	how this impacts on those in our care and each other. This can be delivered	and/or video.
	using additional PowerPoint slides or the video presentation of these slides by	-
	Jude Cottrell. If you are short of time, you can discuss the science throughout	
	the role-plays covered in activities 6 & 7.	
	Purpose: to explore the neuroscience of (dis)respect and how we can better	
	understand	
	<b>Objectives:</b> to enable participants to understand and make critical connections	
	between (dis)respectful care and trauma and support women and families.	
60- 90	Activity 5 – Exploring disrespect, personal and contextual factors	AV equipment,
min	In this activity you will explore personal and contextual factors that underpin	PPT slides,
	(dis)respectful maternity care. Using a scenario from practice, you will use	multiple
	action theatre methods to examine individual's feelings, actions and	facilitators
	behaviours. There are a few options to utilise in this activity, you can select the	
	option that best suits your needs. Take care to prepare well for this activity.	
	Purpose: this exercise enables delegates to become observers of	
	(dis)respectful scenes that they may ordinarily be part of, or collude with.	
	Objectives: to enable participants to explore underpinning feelings and	
60.	behaviours that lead to (dis)respect.	
60 min	Lunch break	

# **EXAMPLE LESSON PLANS**

## Full RESPECT workshop lesson plan (afternoon)

90 –	Activity 5 – Transforming outcomes	PPT slides,
150	These activities can be facilitated as short independent activities or can be	cards, chairs,
min	delivered as a series of connected activities. Sharing useful skills that powerful	AV equipment,
	work cultures use to take action for RESPECT:	video links
	Key activities for change:	
	6a. Parrhesia	
	6b. Creating a high feedback culture	
	6c. Deepening our listening skills	
	6d. Mindfulness	
	6e. Zero tolerance to disrespect	
	<b>Purpose:</b> to share ideas for improving positive work cultures to support RMC.	
	Objectives: to develop deep listening, feedback and zero tolerance skills for	
	practice.	
30 min	Moving to the future – closing the RESPECT workshop	PPT slides, AV
	The final slides help to capture the closing comments and thoughts for the	equipment,
	workshop. They help to offer inspiration and positive well wishes to the	post-it notes,
	attendees.	pens.
	Purpose: to invite attendees to join the action and make the change.	
	Objectives: to explore next steps	

# **EXAMPLE LESSON PLANS**

## **Example adapted 2 hour RESPECT workshop lesson plan**

Time	Activity description	Resources
5	Welcome activity	ICM RESPECT
min	Create a warm welcome for all your participants. You can use the ICM welcome slides with	PowerPoint,
	music, or create your own. We recommend using art, poetry and music from your country	name badges,
	and/or culture to connect people. Participants register for the event as you play welcoming	checklists,
	music and have inspiring messages playing via projector.	music, colouring
	Purpose: to create a safe learning space	pencils
	<b>Objectives:</b> to support effective learning and foster positive emotion and build relationships	
	with participants	
10	Activity 1 – Introductions	Name badges,
min	Facilitators and participants introduce themselves. Be clear how much time each person has	checklists,
	(e.g. 1 min). It can be helpful to put up questions that participants can respond to in their	PowerPoint
	introductions, as captured in the slides.	slides,
	Purpose: to bring everything together in a shared space for learning and connection.	questions, your
	<b>Objectives:</b> to acknowledge all and support a safe learning space.	prepared introduction
5	Activity 2 – Assumptions	Flip chart, pens,
min	Facilitator/s work collaboratively with participants to ensure assumptions for the workshop	board,
	are discussed and shared. Ground rules for the event are established, between facilitators	PowerPoint
	and participants. Have assumptions on display for the remainder of the workshop.	slides
	Purpose: to help participants to feel safe and supported, building a respectful approach to	Sildes
	the workshop.	
	Objectives: to model positive, respectful behaviours and expectations	
20	Activity 3 – Why Respectful Maternity Care matters	Prof. Soo
min	During this activity, facilitators share the evidence and debate around respectful maternity	Downe PPT
	care from a global to local perspective. This is captured in the slides and video content	slides and
	provided with the toolkit from Prof. Soo Downe. This session is a vital part of the RESPECT	YouTube video
	workshop.	link,
	Purpose: to name the problem and connect participants to the goal and purpose of the	Uruguay video
	RESPECT workshop.	
	Objectives: to share knowledge of the evidence and consequences of (dis)respectful	
20	maternity care.	AN/
30-	Activity 5 – Exploring disrespect, personal and contextual factors	AV equipment,
min	In this activity you will explore personal and contextual factors that underpin (dis)respectful maternity care. Using the Uruguay video you will use action theatre methods to examine	PPT slides, multiple
	individual's feelings, actions and behaviours.	facilitators
	<b>Purpose:</b> this exercise enables delegates to become observers of (dis)respectful scenes that	lacilitators
	they may ordinarily be part of, or collude with.	
	<b>Objectives:</b> to enable participants to explore underpinning feelings and behaviours that lead	
	to (dis)respect.	
30	Activity 5 – Transforming outcomes	PPT slides,
min	These activities can be facilitated as short independent activities or can be delivered as a	cards, chairs, AV
	series of connected activities. Sharing useful skills that powerful work cultures use to take	equipment,
	action for RESPECT:	video links
	Key activities for change:	
	6a. Parrhesia	
	6b. Creating a high feedback culture	
	6c. Deepening our listening skills	
	Purpose: to share ideas for improving positive work cultures to support RMC.	
26	Objectives: to develop deep listening, feedback and zero tolerance skills for practice.	DDT III AV
20	Moving to the future – closing the RESPECT workshop	PPT slides, AV
min	The final slides help to capture the closing comments and thoughts for the workshop. They	equipment,
	help to offer inspiration and positive well wishes to the attendees.	post-it notes,
	<b>Purpose:</b> to invite attendees to join the action and make the change. <b>Objectives:</b> to explore next steps	pens.
	ONJECTIVES: to explore next steps	

INTERNATIONAL CONFEDERATION OF MIDWIVES



# RESPECT

WORKSHOP

# JOIN THE REVOLUTION

Date:		
Time::		

Place::

# **EXAMPLE RESPECT SOCIAL MEDIA MEMES**

### Facebook post:



### Instagram post:



### Twitter post:



# **EXAMPLE ROLE PLAY SCENARIOS**

### Activity..... role play scenarios for Option 2

### Scene 1

Salma is in advanced labour and is coming in the labour ward with her mother Fatima, who will be her birth partner. Salma is greeted by an unresponsive midwife, who ushers her into a room (where the table is), and instructs Fatima to leave. Salma cries out to her mother to stay with her, but the midwife says NO. Fatima is distressed, but complies silently. The midwife pushes Salma towards the bed (table) and instructs her to get on it, but Salma wants to stay upright, she is bent over groaning as having strong contractions every minute, she's leaning on the bed trying to cope. The midwife shouts now, and pushes Salma again, repeating the instruction louder. Salma cries out and obeys, and the midwife pushes her down, lifting her clothes roughly without asking permission, to examine her. The midwife is unsmiling and disconnected. When the midwife listens to the baby's heart, she notices a significant problem, and calls for the senior midwife to come (this could be a doctor in some settings). The senior midwife was busy, and angry that she has been called. She makes this obvious to the first midwife, shouting at her above the cries of the labouring woman. Exclamations such as 'can you not cope?' 'why is she (the woman) crying?' (use quotes from accounts of care in specific country). This senior midwife then rudely demands gloves to do a vaginal examination, puts them on, and proceeds between Salma's legs. The first midwife manually lifts Salma's legs to a bent position. Salma protests, keeping her legs firmly shut. The senior midwife screams at the first midwife 'make her cooperate' then at the woman to 'open your legs like you did for your husband' and the first midwife forces Salma's legs open (she may slap her whilst doing this). She then holds Salma down on the bed whilst the senior midwife performs the examination whilst shouting at Salma to keep still. When she has finished, the senior midwife takes her glove off and throws it on the floor - demanding to the other midwife 'get her pushing, she's ready'.

## **EXAMPLE ROLE PLAY SCENARIOS**

### Activity..... role play scenarios for Option 2

### Scene 2

Zoe is a 38-year-old primigravida who is 38 weeks pregnant. Zoe is attending her antenatal appointment with a midwife at the hospital where she is booked to have her baby. Zoe's mother (or it could be partner or doula) is with her and they are feeling confident and happy. Zoe has been attending yoga and childbirth preparation sessions and is excithat she will shortly be meeting her baby. The midwife is efficient and welcomes them into the consultation room (using the table and chairs) and asks generally how they are. She introduces herself, but no smile or connection – keeps looking at the paperwork. Zoe answers explaining that she feels well, and that she's been enjoying yoga. During the liaison the midwife looks mainly at the records and mentions the fact that Zoe's due date is advancing - so she will have to book her in for an induction for 2 week's time. There is no discussion as to the benefits or risks of the procedure. Zoe is alarmed and says she doesn't want to be induced as she's been reading up on the implications and prefers to wait, without pressure. The midwife looks put out, and informs Zoe that it is 'hospital policy' to be induced at term, especially when women are elderly primips (advanced maternal age). It's important, she tells Zoe, to get her name in the schedule book, otherwise she will miss a 'slot'. Zoe starts to become visibly upset, and turns to her partner/mother/doula and reiterates her message – 'I just want to give my baby a chance to come on her own' 'I think I can do it, and I don't want to be induced'. The midwife, frustrated informs Zoe that she'll have to see the doctor, and leaves to get her/him.

# **RMC POLICIES AND GUIDES**

### The International Childbirth Initiative (ICI) 12 steps

The International Childbirth Initiative (ICI) The 12 Steps (summary version) to Safe and Respectful MotherBaby-Family Maternity Care Step I Treat every woman and newborn with compassion, respect and dignity, without physical, verbal or emotional abuse, providing culturally safe and culturally sensitive care that respects the individual's customs, values, 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 the midwifery scope of practice and philosophy that can be practiced by all maternity care professionals in all settings and at all levels of care provision. Acknowledge the mother's right to continuous support during labour and birth and inform her of its benefits, and ensure that she receives such support from providers and companions of her choice. Offer non-pharmacological comfort and pain relief measures during labour as safe first options. If pharmacological pain relief options are available and requested, explain their benefits and risks. Provide evidence-based practices beneficial for the MotherBaby-Family throughout the entire childbearing continuum. Step / 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 post-partum 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 natal education. Step 9 Provide appropriate obstetric, neonatal, and emergency treatment when needed. Ensure that staff are trained in recognizing (potentially) dangerous conditions and complications and in providing effective treatment or stabilization, and have established links for consultation and a safe and effective referral system. Have a supportive human resource policy in place for recruitment and retention of dedicated staff, and ensure that staff are safe, secure, respected and enabled to provide good quality, collaborative, personalized care to women and newborns in a positive working environment. Step II Provide a continuum of collaborative care with all relevant health care providers, institutions, and organizations with established plans and logistics for communication, consultation and referral between all levels of care. Step 12 Achieve the 10 Steps of the revised Baby-Friendly Hospital Initiative (2018)-Protecting, promoting and supporting breastfeeding in facilities providing maternity services. Please access the full ICI at www.internationalchildbirth.com to read the full 12 steps and to learn more about the background, principles and aims of the initiative. SEPTEMBER 2018

# **RMC POLICIES AND GUIDES**

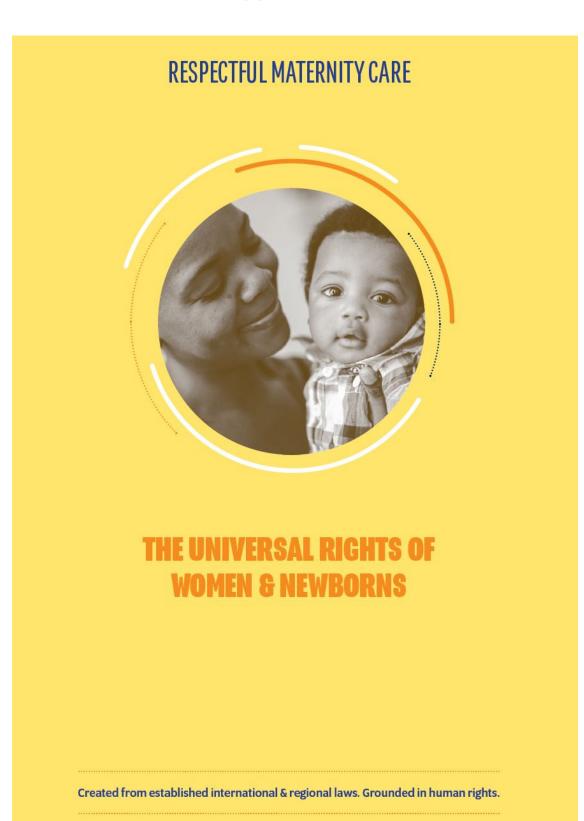
White Ribbon Alliance approaches to RMC and charter





# **RMC POLICIES AND GUIDES**

White Ribbon Alliance approaches to RMC and charter





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