



## TECHNICAL BRIEF

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# COMPASSIONATE MATERNITY CARE: PROVIDER COMMUNICATION AND COUNSELLING SKILLS

## INTRODUCTION

Around the world, pregnancy and childbirth are a major cause of death and disability, and more than 500,000 women die each year from pregnancy-related causes. Research has shown that most of these deaths could be prevented if women had access to skilled care throughout pregnancy, childbirth, and the postpartum period—i.e., a health care provider trained in midwifery and equipped with the essential supplies, tools, and infrastructure. Tragically, however, skilled care remains out of reach for many women because of severe shortages of qualified health providers, weak health systems, and a range of physical, cultural, and financial barriers.

With funding from the Bill and Melinda Gates Foundation, Family Care International (FCI) is implementing a multi-faceted project to improve the quality and availability of skilled maternity care and increase its utilisation among rural and disadvantaged populations in three countries in sub-Saharan Africa (see box, right). FCI's Skilled Care Initiative (SCI) employs a holistic approach with a dual focus on strengthening the provision of skilled care at health facilities and addressing community-level barriers through behaviour-change communication strategies.

A central element of this effort is strengthening the knowledge and skills of health providers at different levels of the health system to ensure that they can provide high-quality care for normal pregnancies and deliveries, as well as identify and manage obstetric complications, as appropriate. The skilled care approach recognises that providers' interpersonal skills are just as important as their clinical skills, and that in many settings, providers' negative and discriminatory attitudes towards their clients constitute one of the primary barriers to the use of skilled care at delivery.

This brief provides an overview of the activities implemented by FCI to strengthen maternity care providers' interpersonal communication and counselling skills, with a special focus on ensuring caring, compassionate treatment of clients.

## PROVIDER ATTITUDES AND BEHAVIOURS TOWARDS MATERNITY CLIENTS: A MAJOR BARRIER TO ACCESS

After launching the Skilled Care Initiative in 2000, FCI conducted extensive baseline research at health facilities and in communities to identify gaps in the quality and availability of maternity care, as well as barriers that limited women's use of services during pregnancy, delivery, and the post-

### SAVING WOMEN'S LIVES: THE SKILLED CARE INITIATIVE (SCI)

The Skilled Care Initiative aims to ensure that all women have access to high-quality, skilled care so that pregnancy-related problems can be detected and treated before they become fatal. The Initiative is working in selected districts in Burkina Faso, Kenya, and Tanzania to:

- **strengthen** government commitment and policies to increase skilled care during childbirth,
- **improve** provider performance through training and supervisory support for midwives and other skilled health professionals,
- **provide** essential equipment and supplies along with inputs to strengthen routine maintenance and resupply,
- **reinforce** linkages for referral, and
- **increase** utilisation of services by supporting behaviour-change interventions in the community.

## NEGATIVE PROVIDER ATTITUDES AND BEHAVIOURS: FEEDBACK FROM COMMUNITIES

- “Doctors also despise patients instead of helping them. So they [women] fear going to hospital because of abuses so it’s better to have a TBA.” (*Community elder, Kenya*)
- “She just came quarrelling me and that instilled fear in me. And even when I was delivering, I delivered with a lot of fear. So in my opinion when I compared it with the TBA, the TBA really sympathised with me. The district attendants really harass us and in fact we fear them, those of us who go to the hospital. Not all health workers are good. Some of them are ‘extra rude.’ Some just see you and make a conclusion immediately that this one is illiterate and uninformed. You will really wonder and this can even make you not go back to that particular hospital.” (*Woman, Kenya*)
- “You just call (for the nurse) until you get tired and then you finally deliver by yourself and die. I have even witnessed it myself.” (*Female elder, Kenya*)
- “She will be neglected (by medical staff)...she is not attended to properly and no more attention given.” (*Husband, Kenya*)
- “Some nurses are good, they console. Others are quite irksome. They are so discouraging, even slapping pregnant women.” (*Community member, Tanzania*)
- “Services are not the same. Some nurses feel unpleasant and distaste to attend patients from rural areas as they are said to not know how to take baths, those who know how to bathe themselves get better service.” (*Community member, Tanzania*)
- “During the labour pains, they were very harsh and did not want to help me, saying they are the knowledgeable ones. It’s quite discouraging, it was the work of God—He helped me.” (*Woman, Tanzania*)
- “If you fall into the hands of a good nurse, you are seen quickly, but if it is a bad provider, you go and knock on his door and he doesn’t come. Sometimes, you get to the health centre and the midwife is not there and your husband has to go look for her.” (*Woman, Burkina Faso*)
- “Health workers give us a hard time. They are careless in the way they treat people, and often you have to argue with them to get them to take care of you.” (*Husband, Burkina Faso*)

partum period. In partnership with The CHANGE Project, FCI developed a set of qualitative instruments for exploring community attitudes and decision-making related to maternal health.

In all three countries, a substantial number of community members raised concerns about the interpersonal communication skills of maternity care providers and the way that pregnant women are treated at health facilities. Skilled attendants at health facilities were often described as physically and emotionally abusive, or neglectful at best (see box, left). Nurses/midwives were sometimes described as cruel, impatient, unsympathetic, and insulting. Some community members reported that nurses told maternity patients that their discomfort was “self-inflicted” and that therefore they were not entitled to complain of discomfort or pain. In general, skilled attendants were recognised as more skilled than traditional birth attendants (TBAs) and other sources of maternity care, and were valued for their ability to save lives. However, their frequently poor treatment of women served as a major barrier to seeking facility-based care.

## IMPROVING CLIENT CARE: EQUIPPING MATERNITY CARE PROVIDERS WITH “CARING” SKILLS

Traditionally, maternity care providers’ interpersonal communication skills have been viewed as less important than their clinical skills or ability to manage obstetric emergencies. However, provider attitudes and behaviours towards clients weigh heavily in women’s decisions to seek facility-based delivery care or to rely on community-based providers. Moreover, as it is difficult for non-medical people to evaluate clinical dimensions of care, providers’ interpersonal skills are often seen by community members as key indicators of the quality of care.

To address negative provider attitudes and actions, FCI developed a training module on caring, compassionate treatment of maternity clients that can be integrated into broader training efforts aimed at upgrading provider skills in obstetric care. Building on a set of instruments developed by The CHANGE Project (see box, last page) to involve maternity care providers in assessing the “caring” dimensions of maternity care, the training module includes a number of activities aimed at sensitising providers about client preferences and heightening their awareness of the benefits of compassionate

care and its association with improved birth outcomes. The training module includes four main activities that can be integrated into a longer training programme on obstetric care. Activities include:

- **Exploring and identifying caring behaviours:** Training participants explore the term “caring behaviours” and identify various behaviours that constitute compassionate maternity care, ranging from attending to clients’ physical and emotional needs and respecting clients’ dignity to involving families and incorporating valued traditional cultural practices into facility-based care.
- **Observing caring behaviours in the maternity ward:** Using a structured observation form, trainees are asked to evaluate the compassionate dimensions of care provided to women in labour. Specifically, trainees evaluate the extent to which clients’ physical and emotional needs are addressed by staff on duty at the training site, as well as whether providers respect clients’ dignity and preferences regarding family support and the observance of traditional practices or customs.
- **Identifying and negotiating feasible caring behaviours:** Using the findings from the labour ward observation as a starting point, trainees critically evaluate the strengths and weakness of the training site in terms of providing caring, compassionate care to maternity clients, and explore the reasons why providers fall short in providing compassionate care. Trainees review available research on community perceptions and preferences related to provider–client interactions. Trainees then identify caring behaviours that can feasibly be adopted at their workstations (trainees are encouraged to practice these behaviours throughout the remainder of the training) and develop a job aid to remind them of clients’ rights to compassionate care.
- **Planning the introduction of “caring behaviours” to supervisors and colleagues:** As co-workers and supervisors often reinforce negative behaviours and attitudes towards clients, trainees are asked to plan how they will introduce “caring behaviours” at their worksite. Trainees brainstorm on the obstacles and challenges they may face from co-workers and develop brief presentations for sensitising their colleagues about the importance of compassionate maternity care.

**Caring behaviours** are simple actions that maternity health care providers can take to show women **kindness and respect**, to **give them privacy**, and to **make them feel comfortable**. Additionally, women receive caring behaviours when providers **respond to their needs promptly**, **provide reassurance**, and **offer information on ways to help themselves and what to expect during labour and birth**.



Maternal health provider counselling antenatal client.

Overall, the caring behaviours training module was positively received by trained maternity care providers, who appreciated the opportunity to explore the compassionate dimensions of care by looking critically at how they and their peers treat women in labour. The introduction of the caring behaviours concept at the start of each two-to-three-week training session afforded trainees a considerable amount of time to practice and refine new approaches to client care and counselling. Maternity clients at the training sites also appeared to appreciate the introduction of compassionate care into obstetric care training; at a training site in Kenya, maternity clients began to complain when the trainees were scheduled to go off duty at night because they perceived an appreciable difference in the way the trainees treated them, as compared to the regular hospital staff.

## CREATING A SUPPORTIVE ENVIRONMENT FOR COMPASSIONATE CARE

Changing provider–client interactions is often more challenging than modifying clinical practices because provider behaviours are rooted in deeply held attitudes, assumptions, and prejudices about the communities they serve. It is often difficult for one or two providers to create a welcoming and caring environ-

ment for clients when other staff at their workstation are not supportive. Therefore, it is important to complement provider training initiatives with facility-level initiatives to foster broad-based recognition of and support for compassionate care.

Through the Skilled Care Initiative, FCI is coupling provider training interventions with the introduction of quality improvement approaches at selected sites to heighten attention to caring behaviours. FCI has been introducing COPE® for Maternal Health Services, a quality assurance tool developed by EngenderHealth, that helps facility-based staff evaluate the quality of their services from the perspectives of clients' rights and providers' needs.<sup>1</sup> FCI modified the COPE® self-assessment tools for use in the SCI districts, adding an eighth client right focussed specifically on caring, compassionate dimensions of care. As COPE® sessions involve all staff at a facility—medical providers as well as ancillary and support staff—they have proved an effective way to involve more facility staff in discussions about the importance and benefits of providing compassionate care to maternity clients.

Follow-up evaluation remains a critical element of FCI's effort to improve provider skills and treatment of clients. It is challenging to measure the compassionate dimensions of maternity care, especially in small rural facilities with low maternity caseloads. It is difficult to ensure that monitoring and evaluation visits coincide with deliveries at such sites, and it is also not easy to ascertain whether observed provider–client interactions during such visits are reflective of routine practices since providers may modify their behaviours when they know they are being observed. Further efforts are needed to develop and test tools for evaluating caring and interpersonal dimensions of maternity care and approaches for measuring changes over time.

Caring behaviours are not generally recognised as a core element of essential or life-saving obstetric care because health professionals—providers and programme planners alike—tend to view competent clinical care as quality care. However, clients often appraise quality based on their interpersonal interactions with providers, as well as their satisfaction with curative and preventive health services. FCI's experience with the Skilled Care Initiative has shown that provider behaviours and attitudes greatly affect women's use of available health services, and other evidence suggests that caring treatment of maternity clients may be associated with improved birth outcomes for mothers and newborns. As such, it is crucial for provider training efforts—and broader strategies to increase the availability and utilisation of skilled maternity care—to equip providers with the sensitivity and skills needed to provide kind and compassionate care to maternity clients.

## THE CHANGE PROJECT: CARING BEHAVIOUR ASSESSMENT TOOLS

The CHANGE Project developed a set of caring behaviour assessment tools, which include:

- **Observation Tool:** A tool for external evaluators to use in assessing maternity care providers' caring behaviours.
- **Data Collection Worksheet for Labour and Delivery Unit:** A tool for recording basic data about the ward or unit where the caring behaviours assessment is conducted.
- **Maternity Care Provider Focus Group Discussion Guide:** A guide for soliciting providers' perspectives on caring behaviours and the feasibility of performing them.
- **Maternity Client Exit Interview Guide:** An interview guide to explore clients' perspectives on provider caring behaviours and recent birth experiences.

Tested at two hospitals (urban and rural) in Kenya, as well as other sites in Bangladesh, The CHANGE Project tools are a useful catalyst for dialogue with maternity care providers about the importance of caring behaviours.

<sup>1</sup> The original set of tools developed by EngenderHealth focusses on seven clients' rights (e.g., Rights to Information; Access to Services; Informed Choice; Safe Services; Privacy and Confidentiality; Dignity, Comfort, and Expression of Opinion; and Continuity of Care) and three providers' needs (Facilitative Supervision and Management; Information, Training, and Development; and Supplies, Equipment, and Infrastructure).



Family Care International  
588 Broadway, Suite 503  
New York, NY 10012 USA  
Telephone: 1.212.941.5300 • Fax: 1.212.941.5563  
E-mail: [info@familycareintl.org](mailto:info@familycareintl.org)  
Web site: [www.familycareintl.org](http://www.familycareintl.org)