



MOTHERING & ALBINISM

Evidence Summary

Purpose of the RMC Dialogue

The purpose of the Knowledge Translation (KT) project is to dialogue with nurse/midwifery education leaders about strategies to include albinism in the teaching of Respectful Maternity Care (RMC) in midwifery education programs in Ghana, South Africa, and Tanzania.

Respectful Maternity Care is an approach promoted by the World Health Organization to improve health and well-being of women and babies through a positive childbirth experience.

The KT Project is in conjunction with the Mothering and Albinism program of research (led by Sheryl Reimer-Kirkham, Shirley Mooa, Barbara Astle, and Ikponwosa Ero), and my MSN studies at Trinity Western University, Canada.

Project Method

As part of my KT Project, I conducted a systematic review in the fall of 2022 addressing the question of how RMC is best taught in nursing/midwifery programs in Africa. The broader aim of the review was to derive applications to births of infants with albinism.

This evidence summary presents the method of the systematic review and the key messages to serve as background for our RMC dialogue.

Systematic Review Inclusion Criteria

Articles included were those addressing concepts of RMC in research findings in a substantive way with reference to RMC or (dis)respectful care. Included: African context, peer reviewed, English, dating from 2010-2022. Excluded: did not include nurses or midwives or protocols.

Search Strategy

The search strategy was made up of three concepts: "Respectful Maternity Care," Africa, and synthesized research (e.g., systematic review). CINAHL and MEDLINE were searched, and EndNote software was used to facilitate the screening of articles.

Summary of Studies

The knowledge synthesis of 10 systematic reviews and one primary research report revealed four main concepts: the foundation of RMC, women, midwives, and organizational structure. Although there is much overlap between the articles, these four areas emerge through the synthesis. The common general aim of the articles is to improve care and outcomes for mothers and babies. The implications for knowledge translation are that RMC is a concept that can encompass the concerns for the mother and the baby born with albinism.

Gap in Knowledge

There is a gap in knowledge between the movement of Respectful Maternity Care (RMC) and the implementation of respectful care at the point of a facility-based delivery of a baby in Africa (and elsewhere). A second gap in knowledge exists between the delivery of RMC and the birth of a baby born with albinism where the lack of RMC can be more pronounced and where specific educational initiatives may be required.

Key Messages

1. The Importance, Relevance, and Domains of RMC

The concept of Respectful Maternity Care guides positive care to women during childbirth so they are free of mistreatment.

The WHO defines RMC as care that maintains a woman's dignity, privacy, and confidentiality, ensures freedom from harm and mistreatment, enables informed choice, and continuous support during labour and childbirth (WHO, 2018). Vulnerable women such as adolescents, women with poor socioeconomic status, and HIV positive women are more likely to receive disrespectful care [6]. It is not just the absence of disrespectful care at delivery that creates RMC [9], but providers being kind, supportive, and attentive to women's needs is how some women describe RMC [6]. Some of the domains of RMC are being free from harm and mistreatment, maintaining privacy and confidentiality, preserving dignity, provision of information and seeking informed consent, continuous access to family and community support, enhancing quality of physical environment

and resources, providing equitable care, using effective communication, respecting women's choices, availability of competent and motivated health care providers, provision of efficient and effective care, and continuity of care [9]. These domains in RMC can be supported and promoted on an individual, health facility, and health systems level [9].

2. The Outcomes of RMC

RMC is known globally for producing positive outcomes for mothers and babies [9].

Women value RMC and consider it a priority in making decisions about accessing postnatal care [6]. Conversely, a lack in RMC can result in a barrier to utilization of facility-based deliveries [7]. Midwives may not be the primary obstacle in the provision of RMC as they perceive their own abuse and mistreatment in the health system hierarchy as a driver for disrespectful care [2]. Therefore, outcomes of the provision of RMC are positive for the woman but may be challenging for the midwife to provide.

3. The Implementation of RMC

Implementation of RMC requires action in many areas such as education and role development, organization resources and support, and multi-level policy accountabilities.

RMC can be promoted and supported using innovative approaches to integrate RMC in the quality care of mothers and newborns [9]. These approaches are best implemented when attention is given to women's individual, cultural, personal, and medical needs which are essential for universal access to quality maternal care [8]. Policies can increase women's experiences of quality RMC [4]. Action must be enacted on many levels to implement RMC.

4. Content and Educational Strategies for RMC

Education is a necessary component in equipping midwives to provide RMC.

Midwives can be empowered through teaching to be leaders and change agents [11] and can further educate women on their rights in order to empower them [5]. Improving midwives training, interpersonal care, and communication skills can be a solution for RMC [5]. The drivers of disrespectful maternity care can be the perception by women that midwives exert power and control over them to maintain a certain status [1]. Disrespectful and abusive care relates to a lack of training of the midwife [7] but can be addressed through education [11] using a variety of methods [3]. Education is best absorbed when it is continuous and not one-off interventions to promote RMC, and when it includes other health care providers and managerial

staff [3]. In order to create change toward RMC, participation and attitudinal change by the midwife is necessary [1][11], as well as intrapersonal and communication skill development, and the adoption of RMC skills [3] [5] [7] [11].

5. Albinism, Respectful Maternity Care, and Midwifery Education

RMC can be the vehicle for integrating knowledge about albinism.

There are increased needs for a mother who has given birth to a baby with albinism, including health education regarding how to care for the infant with albinism and support for her own psychological needs. Disrespectful care can be more extreme for a woman who has given birth to a baby with albinism because of stigma and discrimination. While teaching midwives about RMC, it could be deduced that knowledge of albinism could enhance the RMC given to a mother and baby born with albinism. Midwives could be encouraged to be leaders in the positive response to albinism births. Albinism births can be positively affected by RMC and RMC is best learned through education and positive modeling of care.

Questions to Consider for RMC Dialogue

In the health system in your country, how is RMC currently incorporated?

How are the domains of RMC taught in the midwifery program to which you are connected?

What can facilitate the integration of RMC into midwifery education?

What resources would best help midwives assist in the care of infants born with albinism?

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