







BRIEF COMMUNICATION

Implementation of the Respectful Childbirth Guide from a human rights perspective

Implementación de la Guía de Parto Respetado con un enfoque de la perspectiva de derechos humanos

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ABSTRACT

The Hospital Zonal General de Agudos Prof. Dr. Ramón Carrillo of Ciudadela implements a project to guarantee respect for the rights of pregnant women during childbirth. It includes training of medical staff, promotion of the Respectful Childbirth Law and evaluation of its implementation. The multidisciplinary approach seeks to sensitize staff and the community, creating a committee dedicated to Respectful Childbirth. It is expected to improve the childbirth experience, increase patient satisfaction and strengthen the autonomy of pregnant women. The project aims to improve the quality of obstetric care and promote health equity, ensuring universal access to respectful and quality care.

Keywords: Respectful Childbirth; Human Rights; Obstetric Care; Staff Training; Implementation Evaluation.

RESUMEN

El Hospital Zonal General de Agudos Prof. Dr. Ramón Carrillo de Ciudadela implementa un proyecto para garantizar el respeto a los derechos de las personas gestantes durante el parto. Incluye capacitación del personal médico, promoción de la Ley de Parto Respetado y evaluación de su implementación. El enfoque multidisciplinario busca sensibilizar al personal y a la comunidad, creando un comité dedicado al Parto Respetado. Se espera mejorar la experiencia del parto, aumentar la satisfacción del paciente y fortalecer la autonomía de las personas gestantes. El proyecto aspira a mejorar la calidad de la atención obstétrica y promover la equidad en salud, garantizando acceso universal a una atención respetuosa y de calidad.

Palabras clave: Parto Respetado; Derechos Humanos; Atención Obstétrica; Capacitación del Personal; Evaluación de la Implementación.

INTRODUCTION

The Hospital Zonal General de Agudos Prof. Dr. Dr. Ramón Carrillo de Ciudadela, Tres Febrero, belongs to the Health Region VII. Ramón Carrillo de Ciudadela, Tres de Febrero, corresponds to the Health Region VII, has provincial dependence, and is financed by the Public Administration; in this context, institutional and formal participation of a Health Team is generated, driven by nursing, which from obtaining an accurate reading through instruments, and a line of statistical data collection and the Matrix of explanation of problems, in which the central problem and its causes were reflected, which in parallel allowed the visualization of the problem, linked to the vulnerability of the rights of pregnant women and unborn children, who went through their labor without the presence of a companion in the hospital.⁽¹⁾

Regarding the violation of the right of the pregnant woman to be accompanied uninterruptedly from the

beginning of labor and delivery, it is implicitly and explicitly reflected in the culture and dynamics of the perinatal area of the hospital, the installation of the Hegemonic Medical Model, whereby they decide when the companion enters the delivery room, and in this way, obstetrics professionals resist expanding the experiences of protagonism by the pregnant woman and the companion from the beginning of labor. In relation to this issue, a space for reflection has been set up in work tables, the answers that were highlighted in the work table, facing the exposition of the problem, the professionals of the obstetrics area, express that the unfavorable building difficulties, and the pronounced distance existing between the Labor, Delivery and Recovery Unit (TPR), the Operating Room, the Outpatient Clinics of the Outpatient Departments of the Labor and Delivery Unit, the Labor and Delivery Unit and the Recovery Unit (TPR), the Operating Room and the Outpatient Clinics of the Labor and Delivery Unit, the Outpatient Clinics of the Labor and Delivery Unit and the Outpatient Clinics of the Labor and Delivery Unit, the Obstetrics Outpatient Clinic and the Obstetric Ward, the Maternity Ward - Joint Accommodation (with a shared ward with a medical clinic and a sectorized area for the binomial accommodation), the long time it takes for the construction of the Obstetric Center, undoubtedly generates physical and mental fatigue in the obstetric care team, covering challenges, in the course of the daily dynamics.

(2)

For this reason, the hospital management and the Nursing Department have implemented intervention strategies focused on support activities for pregnant and non-pregnant women, including their emotional environment, in primary health care or at the request of specialized areas. This intervention device is mobilized in an environment of internal organizational democracy. The broad participation of a collective action group characterizes it. It influences wills, with the predisposition to obtain transformations through projects, with the premise of opening a space for action, integrated by community representatives/users of hospital services, professionals, and non-professionals in a social context, to strengthen sovereignty and, therefore, autonomous decisions.⁽³⁾

In such a context, a movement of participatory democracy is presented, and the organization allows the promotion of accessibility to leaders, which is adapted to research, in which the object is, at the same time, the subject or protagonist, in a word, a self-investigation. Moreover, that subject can be both an individual and a collective in this position is located the device of Liaison Nursing, intended for the Primary Care of Perinatal Health, which originated in the context of the pandemic Covid-19, as a common thread between primary care and specialty, in addition to continuity of home care, through the active listening of a WhatsApp line, and which applies a triage and activates a system of assistance related to health promotion or redirects it to specialized care.⁽⁴⁾

The Liaison Nursing is mobilized in an environment of willingness with absolute interest in relation to the resolution of the detected problem, the high degree of internal democracy, and the possibilities of making effective the action that is wanted to be developed, with the basis of the autonomy that can be achieved for such action.⁽⁵⁾

Seen from the perspective of rights, the potentiality of knowledge and experiences, emphasizing the reflections, the participation of the construction and the collective reconstruction, with the diverse social actors that will articulate the process to reach the objectives, the Participatory Action Research was selected, the methodology that will be applied includes the participation of the articulation between theory and practice to give space to the understanding of the social realities, through the line developed by the theorist Orlando Fals Borda, the purpose of this research work will be actions in post of the well-being of the collective, A qualitative, descriptive and projective approach will be implemented, in order to achieve the transformation of the model of care, in the context of the framework of the National Law 25229 that guarantees the rights and the sovereignty of the body of the pregnant person, during the process of pregnancy, childbirth and puerperium is a commitment of the health system, hospital institutions, and health professionals, taking into account carefully all the practices supported by the application of the WHO model that recommends 56 items, from the perspective of human rights.^(6,7)

The premise of involving users in empowering them to have safe access to care focused on the type of care and type of requirement, individualized assistance, with a tendency to communicate effectively, expressing timely and adequately the benefits and disadvantages of treatment through informed consent, in which a consensus is planned and guided by the wishes of the users, and that health teams provide services with a solid foundation in the human rights framework.⁽⁸⁾

The Health Care Process guarantees universal access; it is proposed that access and coverage are part of the same process of guaranteeing the right to health, on the subject of universal access and health coverage, implying that all individuals and communities have access, without any discrimination, to comprehensive health services, adequate, timely, quality, nationally determined services, according to needs, as well as to quality, safe, effective and affordable medicines, while ensuring that the use of these services does not expose users, particularly vulnerable groups, to financial hardship.⁽⁹⁾

In relation to justice, it is always social and distributive justice; equity is equality of opportunities for access

to basic social goods within the egalitarian paradigm with the incorporation of the right to health.⁽¹⁰⁾

With the mere objective of placating relevant interventions, it should be undertaken to raise awareness at the community level to promote information about Respectful Childbirth based on Respectful Maternity Care as a fundamental human right of pregnant women, newborns including the affective bonds of the users, in health facilities; and the implementation of the clinics applied in health centers, which lead to an improvement of the positive experience, in relation to the process of pregnancy and childbirth process, the right of the pregnant woman to be accompanied uninterruptedly during pregnancy and labor process, choice of birthing position, choice of pain relief method, effective communication, and unnecessary birthing practices that are not recommended for healthy pregnant women and are no longer used in health care facilities, e.g., liberal use of episiotomy, fundal pressure, routine amniotomy.^(9,11)

The definition of a birth that respects the rights of mothers, fathers, and children at the moment of birth, the needs and wishes of the family to be assisted, where the pregnant woman and her baby are the protagonists, and where the birth takes place as naturally as possible, with the care and safety provided by the professionals who accompany the process.⁽¹²⁾ It should be natural, spontaneous, euthyroid, and planned, with the aim of making the birth as physiological as possible and avoiding unnecessary pharmacological and routine interventions. Based on respect for these rights, prioritizing the concept of the timing of pregnancy, childbirth, and the biopsychosocial context of the family, the aim is to change the idea that pregnancy and childbirth are a disease, considering the use of technology, medical processes, or pharmacological interventions at the correct or indicated time, and as a premise to avoid unnecessary practices.^(13,14)

Proposal

For one year, the Hospital Zonal General de Agudos Prof. Dr. Ramón Carrillo de Ciudadela will be firmly committed to promoting and guaranteeing the rights of pregnant women and their loved ones, focusing on respect for childbirth and the birthing process. This translates into the implementation and active promotion of the Respectful Childbirth Law, as well as the creation of spaces for community participation to strengthen collective awareness of human rights. Specific objectives include the identification and training of leaders in obstetric care who can disseminate the principles of Respectful Childbirth, the creation of an interdisciplinary, intersectoral, and community committee dedicated to the issue, the active promotion of the relevant law, the facilitation of access to both visual and written information for pregnant women and their support networks, and the systematic evaluation of the implementation of the Respectful Childbirth Guide. This comprehensive approach seeks not only to protect the rights of pregnant women but also to empower the community as a whole in terms of health and human rights.

The following is the development of strategies for approaching the implementation of the Respectful Childbirth Guidelines from a human rights perspective.

Table 1. Strategies for approaching the implementation of the Respectful Childbirth Guidelines

Objectives	General lines of action	Activities
To recruit leaders with the capacity to replicate the profile of the protection of the rights of respected childbirth.	Management Continuous training program conducted by qualified personnel.	Offering scholarships to professionals and dissemination of the study plan.
Establish continuous and accessible training modalities for the health team.	Competency-based education program; courses, on-site training in services, distance education workshops, conferences, participation of professionals in congresses.	Providing each professional with didactic and digital material resources and time availability for training.
Organizational culture focused on the rights of the pregnant person, the unborn person and the person accompanying him/her.	Gradual implementation of the interculturality approach in organizational management.	With experience oriented to comprehensive, integrated and continuous care, focused on active listening, centered on the requirements and wishes of the community.
Ensure an accessible information system for the community and the health team.	Transversal communication devices Between professionals, Between health professionals and individuals With the community News Announcement	Audio-visual dissemination, posters, web page, brochures, open conversations with the community.

Organize and invite the health team and the community to awareness-raising events on Respectful Childbirth.	Promotions of activities open to the community, respected childbirth week and breastfeeding week.	Strengthening democracy, sovereignty and therefore autonomous decisions.
Allowing the pregnant woman to play a leading role and uninterrupted accompaniment from the onset of labor and delivery.	Protection of group action spaces in a social context to strengthen sovereignty and thus autonomous decisions.	Form a responsible device that guarantees the presence of the accompanying person and/or affective link from the onset of labor.

The need arose to implement a model of care that would empower pregnant women, non-pregnant women, and their emotional ties, facilitate access to the individualized care they want and need, and provide them with a solid foundation of care in line with the human rights-based approach.

The mere objective is for the users to achieve the best possible physical, emotional, and psychological results for the woman and the newborn.

METHODOLOGY

An observational, descriptive, and cross-sectional Participatory Action Research study will be carried out between January and December. The population of health teams of the Maternal and Child Block comprising professionals and non-professionals, members of the community, users of the service, and who participate in the work, discussion, reflection, and cooperation table, with the human rights perspective approach and the implementation of Respectful Childbirth, at the HIGA Prof. Dr. Ramón Carrillo de Ciudadela. The sample will be constituted and selected by means of a non-probabilistic sampling by convenience, including the users of the Maternal and Child Block and perinatal health care providers who voluntarily wish to participate in the research study. The interdisciplinary and intersectoral team of professionals, together with the professionals of the Maternal and Child Block, will prepare and use a checklist of the relevant aspects of the guarantees of the Promotion of the Guidelines for the Implementation of Respectful Childbirth within the framework of National Law 25929, the data obtained will be systematically completed by the members of the research, who have been previously trained in computerized data reloading.

The results of the present research will be anonymous and were applied after the approval of the informed consent, where it was made clear the commitment on the part of the future research that the data will not be communicated to third parties, that they did not commit themselves to not, survey the data that allow the identification of the respondents.

The Microsoft Excel package was used for statistical processing. An operational plan will be implemented to ensure the promotion of the Respectful Childbirth Law and the collective empowerment of human rights.

Table 2. Description of the outline of the Operational Plan for scheduling activities based on compliance with the Guidelines for the Implementation of Respectful Childbirth

Specific Objective	Activities	Responsible	Duration -Time
To recruit leaders in the area of obstetric care with the capacity to replicate the profile of the protection of the rights of Respectful Childbirth.	Meeting with hospital authorities. Presentation of the Project: Approach to access to the Respectful Childbirth Law.	Chief of obstetrics, head of the Outpatient Clinic, Lic. of Nursing, Lic. of obstetrics.	Short term January-February
Form a committee on Respectful Childbirth with a human rights approach, integrated by interdisciplinary, intersectoral and community health teams.	Planning of a working table for debate, reflection and cooperation with a human rights perspective and the implementation of the Respectful Childbirth Law, open and friendly spaces to encourage community participation.	Chief of obstetrics, head of the Outpatient Clinic, Lic. of Nursing, Lic. of obstetrics.	Medium term March-April
Encourage the promotion of the Respectful Childbirth Law.	Promotion of the Guide for the Implementation of Respectful Childbirth within the framework of National Law 25929. Designing a protocol for Respectful Childbirth. Ensure that the client understands the informed consent.	Jefe de medico obstetricia, jefa de los Consultorios Externos, Lic. de Enfermería, Lic. en obstetricia.	Long term May-July

Encourage the community to have access to audio-visual and written information for the pregnant woman and her emotional environment.	Training workshop for professionals and non-professionals to present the Childbirth Implementation Guide. Implement the incorporation of the birth plan. Incorporate a checklist to verify compliance with the recommendations of the Respectful Childbirth Guide.	Jefe de medico obstetricia, jefa de los Consultorios Externos, Lic. de Enfermeria, Lic. en obstetricia.	Long term August-October
Evaluation of the Implementation of the Respectful Childbirth Implementation Guidelines	Monitorización y registro del cumplimiento de las recomendaciones la Guía de Implementación del Parto Respetado en el marco de la Ley Nacional 25929. Monitorización y registro del cumplimiento de las recomendaciones del protocolo de Parto Respetado. Reflexión y flexibilidad en relación a los cambios según los resultados de la monitorización.	Chief of obstetrics, head of the Outpatient Clinic, Lic. of Nursing, Lic. of obstetrics.	Long term August-September
Implementation of records in the computer system and monitoring of indicators for the implementation of the Law on Respectful Childbirth (Law 25929).	Incorporación los registros sistematizados e informatizados. Incorporación al equipo personal administrativo y sistemas informáticos. Análisis estadísticos: Para el procesamiento estadístico ejemplo Microsoft Excel.	Head of obstetrics, head of outpatient clinics, head of nursing and obstetrics, head of administration and information systems.	Long term August-December

RESULTS

The possible expected outcomes of this project can encompass several significant aspects:

Improved Childbirth Experience: Effective implementation of the Respectful Childbirth Guide should translate into a significant improvement in the childbirth experience for pregnant women and those accompanying them. This would include a more humanized and respectful birth, where the wishes and needs of the pregnant woman are prioritized, thus reducing unnecessary medical practices and promoting a positive experience.

Increased Patient Satisfaction: With care more focused on the pregnant person and her rights, an increase in patient satisfaction is likely to be observed. This could be evidenced in postpartum satisfaction surveys and could have a positive impact on public perception of the hospital.

Empowerment of Pregnant Women: Education and promotion of rights related to childbirth, as well as active participation in the decision-making process, can empower pregnant women. This not only improves their childbirth experience but also fosters greater trust in the health system.

Strengthening Internal Organizational Democracy: The implementation of this project implies a high degree of participation and collaboration among various stakeholders within the hospital, including health professionals, patients, and the community at large. This could result in a strengthening of the organizational culture, promoting values such as internal democracy, participation, and mutual respect.

Public Health Impact: In the long term, the adoption of patient-centered and respected childbirth practices could have a positive impact on public health by reducing the incidence of complications associated with unnecessary medical interventions and improving the emotional well-being of mothers and their babies.

Challenges and Resistance: Despite the expected benefits, challenges and resistance may also be encountered, particularly in terms of changing entrenched medical practices and overcoming structural barriers, such as infrastructural limitations. Staff responsiveness and adaptation to new protocols will be crucial to the success of the project.

Improvements in Healthcare Efficiency: Optimization of care processes through implementation of the guideline could lead to more efficient and effective care, with better use of hospital resources and reduced waiting times for patients.

Increased Patient Autonomy and Sovereignty: By focusing on empowering and educating patients about their rights, an increase in patient autonomy and sovereignty regarding their medical care is expected. This promotes greater participation in the decision-making and management of their health care.

Feedback for Continuous Improvement: Ongoing evaluation and monitoring of the implementation of the guideline will provide valuable data that can be used to make continuous adjustments and improvements to the hospital's strategy and care practices.

Promoting Health Equity: Finally, the project has the potential to promote health equity by ensuring that all pregnant women, regardless of socioeconomic or cultural background, have access to respectful, quality

delivery care.

CONCLUSIONS

First, training medical personnel and identifying leaders in obstetric care can increase awareness of the principles of Respectful Childbirth and the rights of pregnant women and those accompanying them, thus promoting a hospital culture centered on human rights and the active participation of pregnant women in their childbirth process.

The creation of an interdisciplinary committee dedicated to Respectful Childbirth would facilitate collaboration between different areas and actors involved in perinatal care, promoting more comprehensive care focused on the needs of pregnant women and their families.

Active promotion of the relevant law and access to information on Respectful Childbirth would increase awareness and knowledge about the rights of pregnant women both in the hospital and in the community at large, fostering greater demand for respectful obstetric care and more active participation in decision-making related to childbirth.

In the long term, implementation of the Respectful Childbirth Guidelines and ongoing evaluation of their application could improve the quality of obstetric care in the hospital, reducing unnecessary and potentially harmful practices and increasing the satisfaction of pregnant women and their families with the care received.

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The authors declare that there is no conflict of interest.

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