

Points to consider for the formation and implementation of maternal and child health projects, including “Humanization of Childbirth”

Lessons learnt:

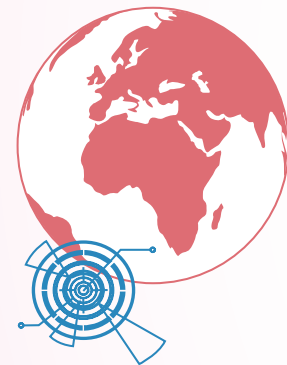
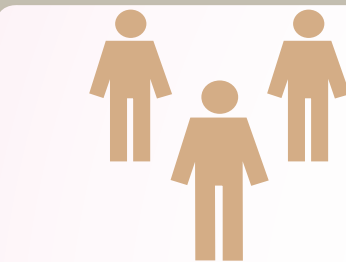
Generalizing the lessons learnt from the analysis of the previous “Humanization of Childbirth” projects, the following are some points to bear in mind when forming and implementing a “Humanization of Childbirth” project:

03

Selection of team members

In the host country: Policymakers and obstetric and midwifery specialists who can exert leadership

From Japan: Dedicated midwifery experts, experienced midwives and epidemiology/public health specialists



02

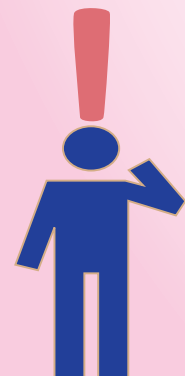
Selection of key persons and target areas

Utilization of existing networks
Collaboration with policymakers

01

Situation analysis/identification of the needs

Person who is highly committed and is able to continuously stay involved



04

Development of the plan

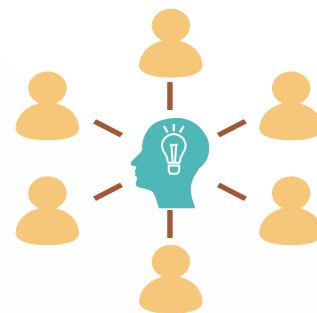
Project design incorporating a baseline survey



05

Sharing the concept of “Humanization of Childbirth”

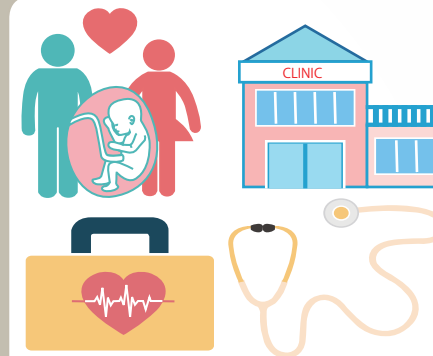
What is “Humanization of Childbirth” ?
Why do we call it
“Humanization of Childbirth” ?
Expressing and sharing the concept of “Humanization of Childbirth” in line with both locally acceptable methods and international trends of maternal health in an easy-to-understand manner
(see the following page)



07

Creating an environment that supports the “Humanization of Childbirth” experience

Development of facilities and use of “small” and basic equipment to improve the quality of care
(see the following page)



06

Human resources development to support “Humanization of Childbirth”

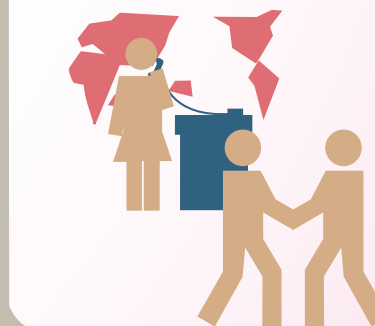
Internal transformation of the healthcare providers
(see the following page)



08

Final evaluation Wrap-up seminar

Initiative to set up evaluation indicators on how the essence of humanization of childbirth is demonstrated
Summarizing the project and sharing the results for further improvement of the quality of care
Reviewing the project and sharing progress results for further improvement of the quality of care



09 Ensuring sustainability

Building and utilizing national, regional and same-language area networks

10

Human resource development for dissemination

Building a system that allows for practical training in the field or in the clinical setting
Collaboration with universities and other institutions



Initiatives for self-sustained development

Development of laws, legislation, guidelines, etc. in the involved country
National and international publicity/academic publications

What do you mean by “Humanization of Childbirth”?



Photo: Sakae Kikuchi

A woman has the power to give birth and the baby has the power to be born.
Through pregnancy and childbirth, women become aware of their unknown strengths and potentialities. “Humanization of Childbirth” refers to a concept of care that values the physiological processes of the woman and the baby in order to maximize their strengths and realize their full potential; it is essentially a form of “Capability Development”.

1

When women are treated with respect, kindness, and dignity, women are empowered.
Such care can mutually empower those who are providing the care and are assisting a woman’s capability development.
We have called this mutual empowerment process the “Humanization of Childbirth”.

2

Since the 1990s, JICA has consistently and committedly promoted the “Humanization of Childbirth”.
In recent years, WHO has also started to mention “Respectful Care” and “People-Centered Care” in the field of pregnancy and childbirth.
However, prior to the WHO, JICA has already been pointing out the importance of quality of care during childbirth by using the term “Humanization of Childbirth” for a quarter of a century.

3

Starting with Brazil in 1996, JICA has carried out “Humanization of Childbirth” projects in Bolivia, Armenia, Madagascar, Senegal, Cambodia, and Benin. Similar initiatives are underway in El Salvador, Angola, and Côte d'Ivoire.
JICA has gained a great deal of pioneering experience in this field.

4

“Humanization of Childbirth” is an important initiative that complements worldwide Emergency Obstetric Care efforts, aiming to reduce maternal and perinatal mortality rate.
At the same time, the “Humanization of Childbirth” initiative improves day-to-day maternal healthcare service and benefits all women.

5



Photo: Sakae Kikuchi

Why do we call it ‘Humanization of Childbirth’?



Photo: Sakae Kikuchi

The term “Humanization of Childbirth” can be traced back to the Brazilian educator Paulo Freire’s thoughts on “Humanization”, which he referred to as the process regaining dignity and autonomy of people who have been deprived of it, including the “Conscientization” of their situation.

1

Paulo Freire(1921—1997)

Born in Pernambuco (northeastern Brazil)
Pedagogue and philosopher

Through his works on “Conscientization” and “Problem-oriented education”, he has had a major influence on the 20th century educational ideologies and democratic politics. Through this practice, the expressions “Empowerment” and “Humanization” have also become widely known.



The book “Pedagogy of the Oppressed” is one of the most famous books on the subject of Paulo Freire’s thought and is treasured by people all over the world, not only in healthcare but also in development and international cooperation.
The concept of “Humanization” is discussed in this book.

2

Let’s think about examples of “dehumanization” in the context of childbirth:

- Women giving birth are treated with disregard for their dignity in places that they should be given support.
- Women receive unnecessary mental and physical burden by receiving inappropriate medical intervention that have no scientific evidence
- Women do not receive appropriate care when they need it.

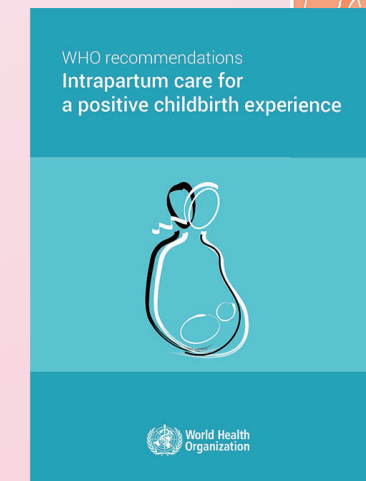
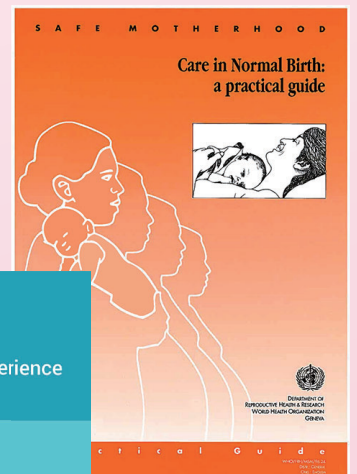
These “dehumanizing” situations is taking place all over the world.

JICA’s “Humanization of Childbirth” and “Humanization of Birth and Childbirth” initiatives aim for the “Conscientization” of the situation, and make the birth place more a more “Humanized” one that respects women’s dignity and autonomy.

3

In the WHO guideline entitled “Care in Normal Birth: a practical guide (1996)”, WHO has provided supporting scientific evidence to the process of “Humanization of Childbirth”.
Currently, the revised version is also available (“WHO recommendation: Intrapartum care for a positive childbirth experience”, 2018).

4



Human Resources Development to support "Humanization of Childbirth"



"Internal transformation" of the healthcare providers

The experience of being treated with kindness and respect throughout the training can easily lead to an internal change among healthcare providers. Healthcare providers do not exist solely to detect abnormalities and manage the labor, but they also exist to maximize the mother's power to give birth and the baby's power to be born.



From authoritative attitude to Attentive Listening



In the clinical setting, healthcare providers with a higher level of social status tend to unconsciously adopt an authoritative attitude toward socially marginalized or vulnerable women. By learning "attentive listening", one will acquire skills on how to listen to others, how to become aware of the process, and how to care for others. Through dialogue, attentive listening, and making the most of oneself and others in the group, the essence of care can be well understood.

Towards emotional and physical supportive care



Photo: Sakae Kikuchi

It is based on a two-way relationship: the healthcare providers respect the mother and baby, and the mother trusts the healthcare providers.

Conducting participatory trainings

Training of Trainers (TOT) is an opportunity to see each other's growth and to get tips on how to put training contents into practice.

TOT can lead to "Training of Transformation", which is the process of internal change of participants over the course.

It is also good practice to keep the same members together on a regular basis for constant encouragement.

Acquisition of basic knowledge and skills



In protecting the two lives, that of the mother's and of the baby's, an understanding of the anatomy/physiology and the progress of labor is essential.

The behavior and attitude of the healthcare providers, backed up by in-depth knowledge, support a safe birthing process, and is beneficial for the mother's and child's well-being.

Creating an environment that supports "Humanization of Childbirth" experience



Safety and comfort

A place welcoming new life should be warm and gentle. Safety and comfort in childbirth coexist and influence each other.

Creating an environment that empowers a woman in childbirth

Allowing the woman to be choose and be with their companion, giving effort in protecting their privacy such as using curtains, and providing respectful care by healthcare providers will increase women's satisfaction with childbirth, help them to relax, and make it easier for the labor to proceed.

Even by means of separating rooms with curtains in order to secure privacy can give a visible demonstration effect to the healthcare provider and create a better environment.



"Small" equipment



"Small" equipment refers to equipment appropriate for the fetus or the baby's well-being such as Traube and Doppler for the assessment of fetal well-being, thermometer and sphygmomanometer for measuring the mother's vital signs, and clean scissors for cutting the umbilical cord.

These also include mats, cushions and birthing chairs for women's preferred position, posters, and flip charts. The provision of these "small" and basic equipment can be a symbol of the project, and can also improve care.

5S-KAIZEN

5S (Sorting, Setting in order, Shining, Standardizing, Sustaining the discipline) KAIZEN is a Japanese approach in keeping the environment tidy and practical. It gives the impression of a clean workplace and provides space for improvement in the work environment; the essence of 5S-KAIZEN lies in the change of consciousness and the management of an autonomous workplace.



Midwifery care

Not only the physical environment, but also the attitude, words, and deeds of the care providers are part of the environment that influences the childbirth.

Midwives aim to listen to the mother's voice, see her facial expressions and touch her body to accurately predict and support the progress of the labor.