

**EDITORIAL****PROMOTING RESPECTFUL MATERNITY CARE IN LOW- AND MIDDLE-INCOME COUNTRIES: WHAT DO WE NEED TO ACCELERATE PROGRESS TO MATERNAL HEALTH TARGETS OF THE SUSTAINABLE DEVELOPMENT GOALS?**Anteneh Asefa<sup>1\*</sup>, Mirkuzie Woldie<sup>2</sup>

More than 800 women die each day due to preventable conditions that emerge in the course of pregnancy and childbirth, despite remarkable declines in maternal mortality in the past decades [1]. According to the World Health Organization's (WHO's) estimates, 295,000 maternal deaths occurred in 2017 [1]. Low uptake of maternal health care services, especially skilled birth attendance, remains a key challenge to reducing maternal mortality in low- and middle-income countries (LMICs) [2]. A significant portion of the low uptake of services is attributable to poor quality of care which spans both clinical and non-clinical aspects of care during childbirth, which includes the mistreatment of women [3].

The mistreatment of women during facility-based childbirth—an issue that is gaining international scrutiny—is a violation of women's human rights and a significant deterrent to the utilisation of skilled birth services [4]. Mistreatment also jeopardises women's right to a safe, satisfying, and positive childbirth experience, and could even lead to poor mental health [3]. Despite the deep-rooted existence and normalisation of mistreatment, focused mitigative measures are minimal, predominantly due to the lack of evidence in the field. Mistreatment takes various forms including verbal abuse, physical abuse, sexual abuse, stigma and discrimination, detention, neglect and abandonment, non-confidential care, non-consented care, and poor health system conditions and constraints [4]. Several studies from sub-Saharan Africa, including Ethiopia, and other LMICs reported high levels and diverse manifestations of the mistreatment of women during facility-based childbirth [4-7].

With the aim of meeting the maternal mortality targets of the Sustainable Development Goals (SDGs), strategies for ending preventable maternal mortality were introduced in 2015. The strategy calls for health systems not to neglect respectful maternity care (RMC) while endeavouring to deliver effective clinical interventions [8]. WHO's framework for quality maternal and newborn health care reinforces the important role of RMC, and identifies respect and preservation of dignity as one of the eight domains of quality of care [9]. Addressing both the health system bottlenecks that drive disrespectful behaviour among service providers, and the health system constraints that limit RMC require evidence-driven actions [10]. However, there is a research gap on the barriers to the promotion of RMC and the effectiveness of RMC interventions in mitigating the mistreatment of women, especially in LMICs. Additionally, "research on maternal health services—including RMC—is meagre and largely masterminded by international researchers, local researchers often playing ancillary roles when involved" [10]. It is therefore imperative to embed research on RMC into maternal health quality improvement initiatives, build local research and implementation capacity on RMC in LMICs, test and integrate RMC into pre-service training curriculum of healthcare professions education, and explore and document strategies to strengthen the engagement of key stakeholders in RMC agenda.

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