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Respectful Newborn Care Mixed-Methods Scoping Review Protocol

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Abstract

Newborns have the right to high-quality health care, including both the provision and experience of care. Experience of care—how care is provided, not just what is provided—encompasses the extent to which care is delivered with respect and dignity. It is increasingly recognized as a core component of quality, with implications for newborns' immediate and long-term health and development, as well as future care utilization. Respectful maternity care has addressed important elements of the newborn experience, often through maternal and family-centered perspectives. While the experiences of mothers and newborns are closely linked, providing high-quality care to both and protecting the mother-newborn dyad requires understanding what constitutes respectful care from the newborn's own perspective. However, the concept of respectful newborn care has remained underdeveloped. This scoping review builds on prior research that has laid important groundwork for exploring and defining the concept of respectful newborn care. We will conduct a scoping review to identify all studies that have explored and measured respectful newborn care and extract a list of respectful newborn care components. These components will be mapped against an updated respectful newborn care typology developed in an earlier scoping review to refine the updated typology and identify research gaps.

Introduction

1 Newborns' experience of care in health facilities has been recognized as an important component of quality of care (1). Ensuring that newborns are treated with respect is not only a matter of upholding their fundamental human rights, but it also has a significant role in their immediate and long-term health and development. Negative experiences, including pain, abuse, and stress, can lead to adverse effects (2-3), while positive, evidence-based practices, including pain management and gentle care, can foster healthy development (4). Care practices can also influence the families' perceptions of care, which can affect their future utilization of healthcare services (5).

The work on respectful maternity care included important aspects of the newborn experience. However, it often focused on the maternal experiences and perceptions of newborn care, such as communication of mothers with healthcare providers and family-centered care. The care experiences of mothers and newborns are intertwined, and high-quality care must include respect for both the mother and newborn as individuals, and for the mother-newborn dyad. Evidence suggests that newborns experience disrespectful care separately from their mothers, including lack of pain management and rough handling (6). To provide respectful care for mothers and newborns and protect the dyad, it is important to understand what constitutes respectful care from the newborn's own perspective.

The concept of respectful newborn care remains underdeveloped, with no universally shared definitions. Previous works have laid the foundation for further exploration and development of the concept of respectful newborn care. A 2017 scoping review adapted the mistreatment of women typology to newborns, and mapped forms of disrespect and abuse specific to this population (7). A subsequent review of measurement tools by Minckas et al. (8) highlighted the need to better understand what constitutes a positive experience of newborn care. A research priority-setting exercise on respectful newborn care found a clear lack of definition of the concept (9). A frameworks scoping review conducted in 2025 explored guidelines, standards, and recommendations on respectful newborn care, and resulted in an updated typology of respectful newborn care (manuscript in preparation). This scoping review will use the updated typology as the basis for mapping the evidence on respectful newborn care.

Objectives

2 Objectives

1. To review the literature to explore which components of respectful newborn care have been measured, map the components to the updated typology, and identify new components to the typology.
2. To describe the prevalence of the components of respectful newborn care that have been measured in quantitative studies.

Methods

3 We will conduct a scoping review to identify and map studies related to the respectful care of newborns within health facilities. This review builds on previous work by Minckas et al. (8) which explored measures and tools of experience and satisfaction with newborn care. This review will focus on a sub-set of experience of care and identify and map studies that have explored or measured respect, disrespect, mistreatment, and dignity of newborns in health facilities.

The scoping review will be conducted based on the framework presented by Arksey and O'Malley (10) and is designed to address three of the four commonly described purposes of a scoping review. First, it seeks to examine the extent, range, and nature of existing research on respectful newborn care (type 1) using the updated typology to map which components have been quantitatively measured or qualitatively explored. Second, it aims to summarize findings (type 3), including the prevalence of respectful care practices to inform future work. Third, the review will identify research gaps (type 4), including underexplored or unmeasured components of respectful newborn care identified in the updated typology.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA ScR) checklist will also be used (11), alongside the JBI Manual for Evidence Synthesis (12), and its accompanying guidance (13). This protocol will be registered and published on protocol.io.

4 Inclusion Criteria

1. Participants: Health facility workers of all cadres and live-born newborns during the postnatal period.
2. Concept: Studies will be considered for inclusion if they report on the occurrence of respectful, dignified, humanized, or disrespectful care, mistreatment, or abuse of newborns by health facility workers. Both positive and negative practices will be included.
3. Context: Any health facility that provides care for newborns. Studies included in this review must be published in English, Spanish, French, or Portuguese and between 2010 and 2025. No geographical limits will be placed.
4. Type of studies: quantitative, qualitative, and secondary analysis studies will be eligible for inclusion.

5 Exclusion Criteria

1. Do not report on respectful, dignified, humanized, or disrespectful care, mistreatment or abuse of newborns.
2. Framed solely on parental experience of care.
3. Focus only on settings outside of health facilities.
4. Full text is not available.

6 Search Strategy

The search strategy, developed together with a research librarian, will include terms related to all following concepts, separated by Boolean and operators to ensure the retrieval of documents that relate to all key concepts concurrently:

1. Newborns
2. Health Facilities
3. Respectful care and parallel concepts

7 Information sources

1 - Databases

- PubMed
- CINAHL
- Scopus
- Web of science
- WHO Global Index Medicus
- Global Health

2 – References Search

References of all included studies will be hand-searched to identify additional documents.

8 **PubMed sample search strategy**:

(newborn*[tiab] OR neonat*[tiab] OR infant*[tiab] OR baby[tiab] OR babies[tiab])
AND ("health facilit*" OR "health care facilit*" OR "healthcare facilit*" OR "birth cent*" OR "labo*r ward*" OR "labo*r unit*" OR "maternity home*" OR "maternity ward*" OR "maternity unit*" OR "delivery unit*" OR hospital* OR postnatal OR "post-natal" OR postpartum OR "post-partum" OR "clinic" OR "clinics" OR "newborn unit*" OR "neonatal unit*" OR "baby unit*" OR NICU OR "Neonatal Intensive Care Unit*" OR "Special Care Baby Unit*")
AND (“respectful"[tiab] OR digni*[tiab] OR disrespect*[tiab] OR mistreatment[tiab] OR humani*[tiab] OR dehumani*[tiab] OR "experience* of care"[tiab] OR "positive care"[tiab] OR "negative care"[tiab])

9 Document Screening and Selection

All identified studies will be imported into EndNote for deduplication and screening. Two reviewers will independently screen titles and abstracts identified in the search. Records that appear to meet the inclusion criteria based on this initial screening will then undergo a full text review by two independent reviewers. Studies published in Spanish, French, or Portuguese will be reviewed by a reviewer fluent in the relevant language. The inclusion

and exclusion criteria will be applied to determine whether the record will be included. Discordance will be resolved through discussion with a third reviewer until consensus is reached. The selection process will be charted according to PRISMA-ScR.

10 Data Extraction

Data will be extracted using an electronic standardized checklist, which will be first tested by two independent reviewers using five studies. Data extracted will include study design, data collection instruments, study population, types of healthcare facility and health workers, and newborn characteristics.

Data extraction form – all studies

	Item	Data
	Author(s)	
	Year	
	Country	
	Language	
	Type of study	
	Study aim	
	Participants	
	Type of facility/unit	
	Newborn conditions at birth	
	Sample size	

Additional data extraction form – quantitative studies

	Item	Data
	Measurement tool	
	Respectful newborn care outcome measures	
	Number of cases and relevant denominators, proportions, percentages or rates	
	Any measures of association or effect	

Additional data extraction form – qualitative studies

	Item	Data
	Data source(s)	
	Themes	
	Participant quotation(s)	

11 Quality Assessment

Included studies will be assessed for quality. Quality will be assessed as “high”, “medium”, or “low”. These assessments will be reported, but studies will not be excluded based on quality. The following tools will be used:

- Quantitative studies – the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) (14) checklist will be used to assess the following domains: objectives, setting, eligibility criteria, definition of variables, measurement tools, report of outcome events or summary measures, and discussion of limitations.
- Qualitative studies - an adapted version of the Critical Appraisal Skills Programme (CASP) quality-assessment tool (15) will be used to assess the following domains: objectives, design and methodology, recruitment, participants, data collection, data analysis, reflexivity, ethical considerations, findings, and research contribution.

12 Data Analysis

A mixed-methods approach will be used to analyze the included studies. First, quantitative and qualitative studies will be analyzed separatley. For quantitative data,

descriptive statistics will be presented to summarize the prevalence of the RNC components that have been measured.

Thematic analysis as outlined by Braun and Clarke (16) will be used to analyze data for qualitative studies. Data related to respectful newborn care will be read through for familiarity and then coded systematically to identify features of interest. Similar concepts will be grouped to develop initial themes that represent patterns across the dataset. These themes will be reviewed against the data to assure they represent the data and are distinct from each other. Finally, themes will be defined and named.

Next, findings from both quantitative and qualitative analyses will be mapped to the updated typology of respectful newborn care. This integrative synthesis will:

1. Compile a list of RNC typology components that have been measured or explored, including prevalence where available.
2. Identify RNC typology components that have not yet been measured or explored.
3. Add new components to the RNC typology based on emergent findings from analysis.

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