



SKILLED CARE
DURING CHILDBIRTH
POLICY BRIEF >>



>> Saving Women's Lives, Improving Newborn Health

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>> Each year, out of an estimated 120 million pregnancies that occur worldwide

>> Skilled Care During Childbirth: Policy Brief

SKILLED CARE DEFINED

"The term '*skilled attendant*' or *provider* refers exclusively to people with midwifery skills (for example, doctors, midwives, nurses) who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose, [manage], or refer complications..."

(Based on *Reduction of maternal mortality, A Joint WHO/UNFPA/Unicef/World Bank Statement*. Geneva: WHO, 1999.)

Skilled care or attendance

refers to the *process* by which a pregnant woman and her infant are provided with adequate care during labour, birth, and the postpartum and immediate newborn periods, whether the place of delivery is the home, health centre, or hospital. In order for this process to take place, the attendant must have the necessary skills and must be supported by an enabling environment at various levels of the health system, including a supportive policy and regulatory framework; adequate supplies, equipment, and infrastructure; and an efficient and effective system of communication and referral/transport.

Each year, out of an estimated 120 million pregnancies that occur worldwide:

- › **More than** half a million women die from the complications of pregnancy and childbirth;
- › **More than** 50 million women suffer from a serious pregnancy-related illness or disability;
- › **At least** 1.2 million newborn infants die from complications during delivery.

Skilled care during childbirth and immediately afterward can make a critical contribution to preventing these maternal and newborn deaths and disabilities.

"Skilled birth attendants" include midwives, nurses, or doctors who have been trained to manage normal childbirth, recognise complications, treat those they can, and refer women to a more advanced level of care if necessary (*see sidebar*).

>> Skilled Care Inadequate, Consequences Dire

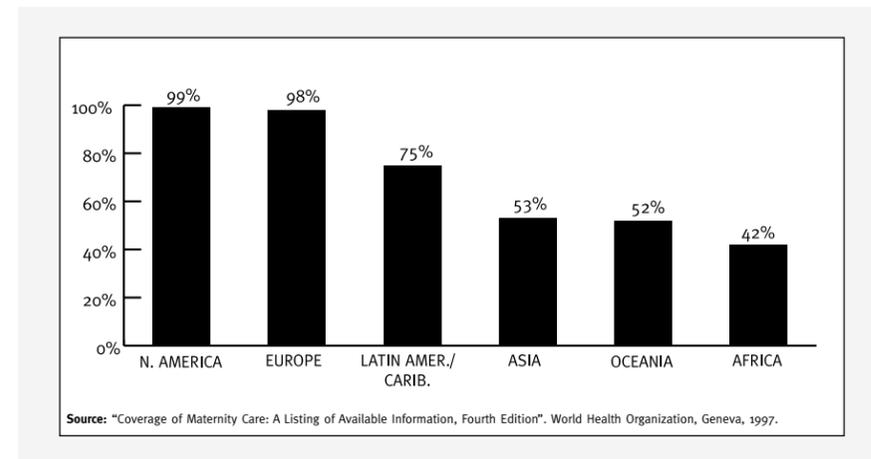
Just over half of women in the developing world give birth with the help of a skilled attendant. This means that every year, whether by choice or necessity, 50 million women in developing countries give birth cared for only by a family member, a traditional birth attendant¹, or no one at all. In developed countries, where only a small fraction of maternal deaths occur—just 1% of the global total—skilled care during childbirth is nearly universal (*see Figure 1*).

Serious shortages of skilled attendants are common throughout the developing world. As a general target, at least one skilled attendant for every 200 births per year is recommended, but some developing countries have only one skilled attendant per 15,000 births. Shortages are especially severe in rural areas, since health professionals are often concentrated in cities.

In addition, health workers may lack the skills they need to save the lives of women who suffer serious complications. Training curricula used to teach

>> **more than half a million women die from the complications of pregnancy and**

FIGURE 1 Percentage of Delivery with a Skilled Attendant, by Region



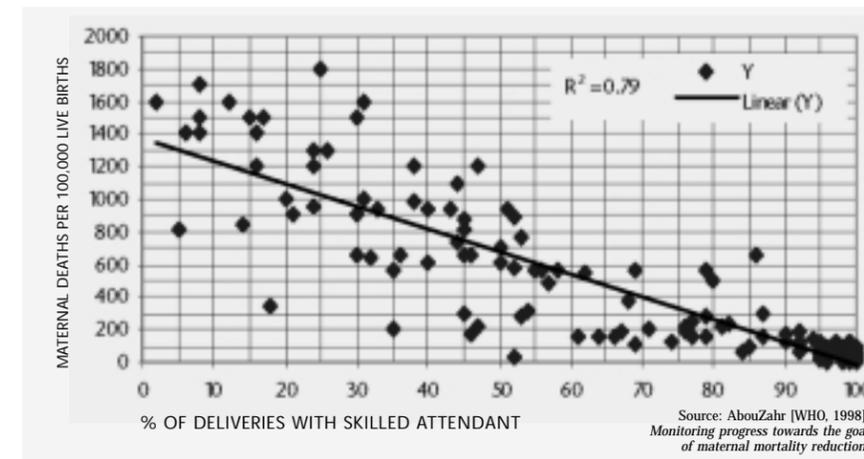
midwifery are often out-of-date and do not reflect new research findings about the most effective treatments. Health facilities face chronic shortages of equipment, drugs, and basic supplies, and services are often insensitive to cultural and social norms.

»» The Impact of Skilled Care on Maternal Mortality

An estimated 15% of pregnant women will experience a life-threatening complication during pregnancy or childbirth. Clinical experience indicates that skilled birth attendants, properly equipped and supported, can prevent or manage many of these complications.

Data from a range of developing countries indicate that maternal mortality is generally lower in countries where a higher proportion of deliveries are conducted by skilled attendants (see Figure 2). Based on the information currently available, experts agree that skilled care should be a central element of any policy or programme that aims to reduce maternal deaths.

FIGURE 2 Relationship Between Proportion of Deliveries with Skilled Attendant and Maternal Mortality Ratio



»» Importance of an Enabling Environment

To be effective, skilled attendants need to work in a supportive environment. This means that supplies and equipment are available, and that functioning systems are in place to refer and transport women with complications to health centres or hospitals. In addition, an "enabling environment" requires effective programmes of education, supportive supervision, and ongoing monitoring and evaluation. A clear policy commitment to ensuring that every woman has access to the care provided by a skilled birth attendant is also critical. Such policy commitments must be linked to mechanisms for strengthening gender equity that include women and community members in the design and implementation of health programmes.

»» Making Skilled Care Universal: Needed Actions

In September 2000 the members of the United Nations system adopted the Millennium Development Declaration, which include the goal of reducing maternal mortality by 75% between 1990 and 2015. The Declaration identifies the proportion of births attended by skilled personnel as an indicator for this goal. To extend the benefits of skilled care during childbirth to all the world's women, the following actions are essential:

childbirth >> more than 50 million women suffer from a serious pregnancy-related

illness or disability >> at least 1.2 million newborn infants die from complications

> Defining national benchmarks to monitor progress toward the goal of providing skilled care at all deliveries.

> Developing national policies that ensure the right of every woman to skilled care during pregnancy, labour, childbirth, and the period immediately after birth. Legislation should allow health providers to carry out all life-saving procedures in which they are competent; policies should promote equitable and appropriate placement of skilled attendants, to ensure that skilled attendants are accessible at all times, both in the community and at referral facilities.

> Implementing national strategies for training adequate numbers of new skilled attendants, and updating the skills and knowledge of those already practising. Training programmes need to include comprehensive and appropriate curricula and materials, and adequate opportunities for clinical practice. Educators must be clinically competent, skilled in teaching, and knowledgeable about adult education methods. Health professional associations need to be involved in setting standards and norms for basic training and continuing education.

> Establishing national standards and guidelines to monitor the performance of skilled attendants. These should be updated regularly based on clinical evidence, and developed in collaboration with key stakeholders, including policy-makers, representatives of professional groups, and the community.

> Investing in concrete actions that make existing health systems more supportive of skilled care during childbirth, including reliable supplies of drugs, and systems of communication and transport between attendants and health facilities.

> Removing financial barriers—like fees for essential services and supplies—that prevent many women from receiving skilled care during pregnancy, childbirth, and the postpartum period.

> Addressing class, cultural, and other obstacles to receiving care—including women’s lack of decision-making power within the family and community, their lack of education and economic power, and disproportionate poverty—all of which constrain their ability to seek and receive care during pregnancy and childbirth.

This *policy brief* is part of an information kit on skilled care during childbirth produced by the Safe Motherhood Inter-Agency Group. Other components of the kit include *Skilled Care During Childbirth: Information Booklet*, *Skilled Care During Childbirth: Country Profiles*, and a technical paper, *Skilled Care During Childbirth: A Review of the Evidence*.

The Safe Motherhood Inter-Agency Group
The Safe Motherhood Inter-Agency Group (IAG) is a unique partnership of international and national agencies who work toward improved maternal survival and well-being by promoting and supporting the implementation of cost-effective interventions in the developing world. These agencies work together to raise awareness, set priorities, stimulate research, mobilise resources, and disseminate best practices and other information among policy makers, programme managers, and other stakeholders worldwide.

Members of the IAG include: Unicef, UNFPA, the World Health Organization, the World Bank, International Planned Parenthood Federation, the Population Council, the International Federation of Gynecology and Obstetrics, the International Confederation of Midwives, the Safe Motherhood Network of Nepal, and the Regional Prevention of Maternal Mortality Network (Africa). Family Care International serves as the secretariat.

¹ “Traditional birth attendants” (TBAs), who attend millions of births in developing countries, have a role to play during childbirth, by providing women with supportive care and assistance, and recognising and referring some complications. However, TBAs—even those who have received training—generally do not have the skills to manage delivery complications, and are not substitutes for skilled attendants.

during delivery >> 50 million women in developing countries give birth cared for

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United Nations Children's Fund (Unicef)



World Bank



United Nations Population Fund (UNFPA)



World Health Organization



International Planned Parenthood Federation (IPPF)



Population Council



International Confederation of Midwives



International Federation of Gynecology and Obstetrics



Safe Motherhood Network of Nepal



Regional Prevention of Maternal Mortality Network (Africa)