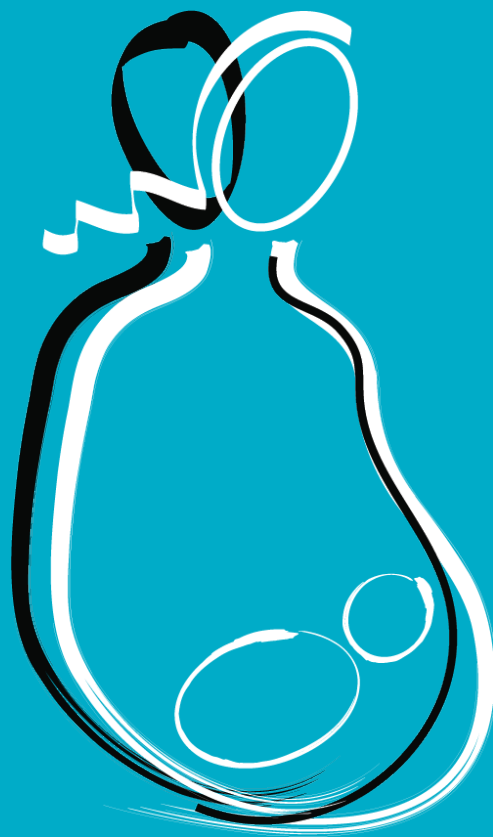


WHO recommendations
**Intrapartum care for
a positive childbirth experience**



World Health
Organization

WHO recommendations
Intrapartum care for a
positive childbirth experience



World Health
Organization

© **World Health Organization 2018**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Contents

Foreword	v
Acknowledgements	vi
Acronyms and abbreviations	vii
Executive summary	1
Introduction	1
Target audience	1
Guideline development methods	1
Recommendations	2
1. Background	8
1.1 Target audience	9
1.2 Scope of the guideline	9
2. Methods	10
2.1 WHO Steering Group	10
2.2 Guideline Development Group	10
2.3 External Review Group	10
2.4 Technical Working Group	10
2.5 External partners and observers	11
2.6 Identifying priority questions and outcomes	11
2.7 Integration of recommendations from published WHO guidelines	13
2.8 Focus and approach	13
2.9 Evidence identification and retrieval	13
2.10 Quality assessment and grading of the evidence	14
2.11 Formulation of the recommendations	15
2.12 Decision-making during the GDG meetings	16
2.13 Declaration of interests by external contributors	17
2.14 Document preparation and peer review	17
2.15 Presentation of guideline content	17
3. Evidence and recommendations	19
3.1 Care throughout labour and birth	19
3.2 First stage of labour	35
3.3 Second stage of labour	120
3.4 Third stage of labour	159
3.5 Care of the newborn	162
3.6 Care of the woman after birth	165
4. Implementation of this guideline: introducing the WHO intrapartum care model	168
5. Research implications	171
6. Dissemination	173
7. Applicability issues	174
7.1 Anticipated impact of the guideline on the organization of intrapartum care	174
7.2 Monitoring and evaluating the impact of the guideline	174
8. Updating of the guideline	175
9. References	176

Annex 1.	Priority guideline questions and outcomes	184
Annex 2.	External experts and WHO staff involved in the preparation of this guideline	188
Annex 3.	Summary of declarations of interest from Guideline Development Group and Technical Working Group members, and how they were managed	192
Annex 4.	Implementation considerations specific to individual recommendations	195
Web annex.	Evidence base (WHO/RHR/18.04; available at http://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/)	

Foreword

It has been more than two decades since the World Health Organization (WHO) issued technical guidance dedicated to the care of healthy pregnant women and their babies – *Care in normal birth: a practical guide*. The global landscape for maternity services has changed considerably since that guidance was issued. More women are now giving birth in health care facilities in many parts of the world, and yet suboptimal quality of care continues to impede attainment of the desired health outcomes. While in some settings too few interventions are being provided too late to women, in other settings women are receiving too many interventions that they do not need too soon.

WHO has released several recommendations to address specific aspects of labour management and the leading causes of maternal and newborn mortality and morbidity in response to the needs of countries. The focus of the global agenda has also gradually expanded beyond the survival of women and their babies, to also ensuring that they thrive and achieve their full potential for health and well-being. These efforts have been catalysed by the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), and the Every Woman Every Child movement. In addition, the third goal of the 2030 agenda for sustainable development affirms global commitment to ensuring healthy lives and the promotion of well-being for all at all ages.

One of the WHO strategic priorities over the next five years for achieving Sustainable Development Goal (SDG) targets is to support countries to strengthen their health systems to fast-track progress towards achieving universal health coverage (UHC). WHO is supporting countries to ensure that all people and communities have access to and can use the promotive, preventive and curative health services that are appropriate to their needs, and that are effective and of sufficient quality, while not exposing them to financial hardship. An integral part of these efforts is the design of the package of essential services across the spectrum of health disciplines, including reproductive, maternal, newborn, child and adolescent health, from which a set of basic service-delivery indicators can be identified for use in monitoring countries' progress towards UHC.

This guideline is a consolidated set of new and existing recommendations on essential labour and childbirth practices that should be provided to all pregnant women and their babies during labour and childbirth irrespective of socioeconomic setting. It promotes the delivery of a package of labour and childbirth interventions that is critical to ensuring that giving birth is not only safe but also a positive experience for women and their families. It highlights how woman-centred care can optimize the quality of labour and childbirth care through a holistic, human rights-based approach. By outlining a new model of intrapartum care that is adaptable to individual country contexts, the guideline enables substantial cost-savings through reduction in unnecessary interventions during labour and childbirth.

We encourage health care providers to adopt and adapt these recommendations, which provide a sound foundation for the provision of person-centred, evidence-based and comprehensive care for women and their newborn babies.



Princess Nothemba Simelela

Assistant Director-General
Family, Women's and Children's Health (FWC) Cluster
World Health Organization

Acknowledgements

The Department of Reproductive Health and Research and the Department of Maternal, Newborn, Child and Adolescent Health of the World Health Organization (WHO) gratefully acknowledge the contributions that many individuals and organizations have made to the development of this guideline.

Work on this guideline was initiated by Olufemi Oladapo, Mercedes Bonet and A. Metin Gülmezoglu of the Department of Reproductive Health and Research. Olufemi Oladapo coordinated the guideline development project. Ana Pilar Betrán, Mercedes Bonet, A. Metin Gülmezoglu, Olufemi Oladapo, João Paulo Souza and Joshua Vogel of the Department of Reproductive Health and Research, and Maurice Bucagu and Anayda Portela of the Department of Maternal, Newborn, Child and Adolescent Health, were the members of the WHO Steering Group, which managed the guideline development process. The following WHO headquarters' staff contributed to the guideline development process at various stages: Rajat Khosla, Frances McConville and Özge Tunçalp. Mavjuda Babamuradova, Karima Gholbzouri, Bremen De Mucio, Mari Nagai and Leopold Quedraogo were WHO regional advisors who contributed to the guideline technical consultations.

WHO extends sincere thanks to Hany Abdel-Aleem, Fernando Althabe, Melania Amorim, Michel Boulvain, Aparajita Gogoi, Tina Lavender, Silke Mader, Suellen Miller, Rintaro Mori, Hiromi Obara, Oladapo Olayemi, Robert Pattinson, Harshad Sanghvi, Mandisa Singata-Madliki, Jorge E. Tolosa and Hayfaa Wahabi, who served as members of the Guideline Development Group (GDG), and to Pisake Lumbiganon and James Neilson for chairing the technical consultations.

We appreciate the feedback provided by a large number of international stakeholders during the scoping exercise that took place as part of the guideline development process. Special thanks to the authors of the Cochrane systematic reviews used in this guideline for their assistance and collaboration in preparing or updating them.

The following experts provided methodological support as members of the Technical Working Group (TWG): Edgardo Abalos, Debra Bick, Meghan Bohren, Monica Chamillard, Virginia Diaz, Soo Downe, Therese Dowswell, Kenneth Finlayson, Frances Kellie, Theresa Lawrie, Julia Pasquale, Elham Shakibazadeh and Gill Thomson. Therese Dowswell and Frances Kellie coordinated the updating of the relevant Cochrane systematic reviews, and Edgardo Abalos, Monica Chamillard, Virginia Diaz and Julia Pasquale performed quality appraisal of the scientific evidence from these reviews. Edgardo Abalos, Debra Bick, Meghan Bohren, Soo Downe, Kenneth Finlayson, Elham Shakibazadeh and Gill Thomson led the teams that conducted additional systematic reviews to inform the guideline. Theresa Lawrie double-checked the evidence profiles from all systematic reviews and, with other members of the TWG and the WHO Steering Group, prepared the corresponding narrative summaries and evidence-to-decision frameworks. Theresa Lawrie and Olufemi Oladapo drafted the final guideline document before it was reviewed by other members of the WHO Steering Group and the GDG.

We acknowledge the following observers at the final technical consultation, who represented various organizations: Diogo Ayres-de-Campos (International Federation of Gynecology and Obstetrics [FIGO]); Mechthild M. Gross (International Confederation of Midwives [ICM]); Petra ten Hoope-Bender (United Nations Population Fund [UNFPA]); Mary Ellen Stanton (United States Agency for International Development [USAID]), and Alison Wright (Royal College of Obstetricians and Gynaecologists [RCOG]). Blami Dao, Justus Hofmeyr, Caroline Homer, Vanora Hundley, Barbara Levy and Ashraf Nabhan peer-reviewed the guideline document as members of the External Review Group (ERG).

This work was funded by USAID and the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), a cosponsored programme executed by the WHO. The views of the funding bodies have not influenced the content of this guideline.

Editing: Green Ink, United Kingdom.

Acronyms and abbreviations

ABO	adverse birth outcome
aOR	adjusted odds ratio
CERQual	Confidence in the Evidence from Reviews of Qualitative research
CI	confidence interval
cRCT	cluster randomized controlled trial
CTG	cardiotocography
DOI	declaration of interest
EB	evidence base
EtD	evidence-to-decision
FHR	fetal heart rate
FIGO	International Federation of Gynecology and Obstetrics
GBS	group B streptococcus
GDG	Guideline Development Group
GRADE	Grading of Recommendations Assessment, Development and Evaluation
GRC	Guidelines Review Committee
GREAT	Guideline-driven, Research priorities, Evidence synthesis, Application of evidence, and Transfer of knowledge
HIC	high-income country
HIE	hypoxic-ischaemic encephalopathy
HIV	human immunodeficiency virus
HRP	UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction
IA	intermittent auscultation
ICM	International Confederation of Midwives
IM	intramuscular
IV	intravenous
LMIC	low- and middle-income country

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_26006

