

**WHO RECOMMENDATIONS**

ON

# **Maternal Health**

GUIDELINES APPROVED BY THE  
WHO GUIDELINES REVIEW COMMITTEE

**UPDATED MAY 2017**



**World Health  
Organization**



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# Abbreviations

AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
ART	antiretroviral therapy
ARV	antiretroviral
AZT	zidovudine
CCT	controlled cord traction
EFZ	efavirenz
FTC	emtricitabine
GRADE	Grading of Recommendations, Assessment, Development and Evaluation
GRC	Guidelines Review Committee
GDG	Guidelines Development Group
HIV	human immunodeficiency virus
IM	intramuscular
IV	intravenous
3TC	lamuvidine
NVP	nevirapine
NNRTI	non-nucleotide reverse transcriptase inhibitor
NRTI	nucleotide reverse transcriptase inhibitor
PMTCT	prevention of mother-to-child transmission
PPH	postpartum haemorrhage
TDF	tenofovir
WHO	World Health Organization

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# Introduction

This publication on WHO recommendations related to maternal health is one of four in a series; the others relate to newborn, child and adolescent health. The objective of this document is to make available WHO recommendations on maternal health in one easy-to-access document for WHO staff, policy-makers, programme managers, and health professionals. The compilation can also help better define gaps to prioritize guideline updates.

This document is meant to respond to the questions:

- What health interventions should be delivered during pregnancy, childbirth and the postnatal period?
- What health behaviours should the women practise (or not practise) during these periods to care for herself and her baby?

WHO produces guidelines according to the highest international standards for guideline development. The main principles are transparency and minimizing bias in every step of the process. The process of developing guidelines is documented in *WHO Handbook for guideline development*.<sup>1</sup> The development process includes the synthesis and assessment of the quality of evidence, and is based on the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach. GRADE categorizes the quality (or certainty) of the evidence underpinning a recommendation as high, moderate, low or very low.

- High: further research is very unlikely to change our confidence in the estimate of effect;
- Moderate: further research is likely to have an impact on our confidence in the effect;
- Low: further research is very likely to have an important impact on our confidence in the effect and is likely to change the estimate of effect;
- Very low: any estimate of effect is very uncertain.

Once the quality of the body of evidence on benefits and harms has been assessed, an expert group formulates the recommendations using a structured evidence to decision framework. When determining whether to recommend an intervention or not, the expert group carefully considers the balance of benefits and harms of an intervention, and other factors such as values and preferences of persons affected by the recommendation, stakeholders' perceptions of the acceptability and feasibility of the options and interventions, resource implications, the importance of the problem, and equity and human rights considerations.

The expert group then decides on the strength of the recommendation – strong or conditional. A strong recommendation is one where the desirable effects of adhering to the recommendation outweigh the undesirable effects. Recommendations that are conditional or weak are made when the expert group is less certain about the balance between the benefits and harms or disadvantages of implementing a recommendation. Conditional recommendations generally

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<sup>1</sup> *Handbook for guideline development, 2nd edition*. Geneva, WHO, 2014.

include a description of the conditions under which the end-user should or should not implement the recommendation.

The quality of evidence and strength of the recommendation, as well as the link to the source, are included in this publication. Different expert groups may employ different terminology in the guideline processes. We suggest the Reader refer to the Source where more details are available.

In this publication we have indicated publications which are New – published after 2013 and Update – to indicate that the recommendation has been revised since 2013.

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