Making pregnancy safer: the critical role of the skilled attendant

A joint statement by WHO, ICM and FIGO

Making Pregnancy Safer
Department of Reproductive Health and Research
World Health Organization
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1. Introduction

In 2000, the largest-ever gathering of heads of state at the United Nations in New York, USA, adopted the UN Millennium Declaration. This historic compact among nations includes eight critical goals—the Millennium Development Goals (MDGs)—for combating poverty and accelerating human development. Two of the eight MDGs relate to reducing child mortality and improving maternal health, respectively, pointing to the importance of these health factors in global development and poverty reduction.

The World Health Organization (WHO), the International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO) are pleased to see the inclusion in the MDGs of the target to reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio. This inclusion is the result of many years of advocacy (by WHO, ICM and FIGO, among others) for the need to recognize the link between maternal health and development.

The MDGs send yet another reminder to planners and policy-makers that for the world's poor motherhood still carries a high risk of morbidity and mortality. But years of previous work in making motherhood safer has not all been in vain. There is now a global consensus on what must be done to eliminate the menace of maternal deaths once and for all. Already in 1999, a joint WHO/UNFPA/UNICEF/World Bank statement[1] called on countries to "ensure that all women and newborns have skilled care during pregnancy, childbirth and the immediate postnatal period".

Skilled care refers to the care provided to a woman and her newborn during pregnancy, childbirth and immediately after birth by an accredited and competent health care provider who has at her/his disposal the necessary equipment and the support of a functioning health system, including transport and referral facilities for emergency obstetric care. Since skilled care as defined above can be provided by a range of health professionals, whose titles may vary according to specific country contexts, it has been agreed to refer to this health care provider as the "skilled attendant" or, "skilled birth attendant", so as to avoid confusion over titles. Thus:

> **a skilled attendant is an accredited health professional — such as a midwife, doctor or nurse — who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns.**[2]

For a detailed list of the skills and abilities needed to become a skilled attendant see Section 2.

In issuing this statement, WHO, ICM and FIGO are advocating for skilled care during pregnancy, childbirth and the immediate postnatal period. This statement is especially aimed at countries in which the coverage of skilled attendance at birth is below 85%. The statement defines clearly who is a skilled attendant, what skills she/he should have and how she/he should be trained and supported.

The health care needs of pregnant women and newborns and the WHO, ICM, FIGO pledge

In childbearing, women need a **continuum of care** to ensure the best possible health outcome for them and their newborns. The continuum starts with the woman and her family in the woman's own home — i.e. self-care and prevention. It is followed by the first level of health care (at a health post, clinic or in the client's home) and involves the provision of high-quality midwifery care. This care can continue at the first level in cases in which the pregnancy, birth and postnatal period remain free

[1] *Reducing maternal mortality. A joint statement by WHO/UNFPA/UNICEF/World Bank*. Geneva, World Health Organization, 1999.

[2] This revised definition has been endorsed by the United Nations Population Fund (UNFPA) and the World Bank.

from complications. However, when complications occur, women and/or their newborns will need care at secondary or tertiary levels of the health system, depending on the seriousness of their respective condition.

The successful provision of the continuum of care requires a functioning health care system with the necessary infrastructure in place, including transport between the primary level of health care and referral clinics and hospitals. It also needs effective, efficient and proactive collaboration between all those involved in the provision of care to pregnant women and newborns.

The skilled attendant is at the centre of the continuum of care. At the primary health care level, she/he will need to work with other care providers in the community, such as traditional birth attendants and social workers. She/he will also need strong working links with health care providers at the secondary and tertiary levels of the health system.

Recognizing the pivotal role of the skilled attendant in reducing maternal and newborn mortality and morbidity, WHO, ICM and FIGO undertake to work together to increase access to skilled attendants for all women and newborns in pregnancy, childbirth and the immediate postnatal period. Working in collaboration with the member associations of ICM and FIGO and with WHO Member States, the three organizations will urge governments, policy–makers, health care providers, donors and communities to increase access of childbearing women and their families to a continuum of skilled care.

Why focus on skilled attendants?

At the community level, the skilled attendant will often be the only qualified and accredited health care worker with exclusive responsibility for the care of women during pregnancy, childbirth and the immediate postnatal period. Certainly, others — ranging from traditional birth attendants (TBAs), nurses to specialist physicians — will contribute to the care of women and newborns, but none of these will have either the wide-ranging competence or the mandate for all the tasks the skilled attendant is required to perform. By focusing on skilled attendants, WHO, ICM and FIGO hope to highlight the significance of this crucial function within the health care system for saving the lives of mothers and newborns. Unfortunately, in spite of overwhelming evidence from developed countries on the value of skilled attendants, and from the developing countries that in recent years have succeeded in lowering their maternal mortality ratio, sufficient numbers of skilled attendants remain unavailable in many developing countries.

Why focus on skilled attendants now?

Well intended efforts to reduce maternal and newborn mortality and morbidity have been under way for more than a decade. These efforts have resulted in success in a few countries, but regrettably, progress in most countries has been unacceptably slow. Experience from past projects and ongoing research point to the importance of access to a functioning health care system as a key factor in reducing maternal mortality. Currently, as part of economic development support linked to MDG targets, health systems are being reformed and strengthened in many developing countries. WHO, ICM and FIGO believe that this is an opportune moment to push the case for skilled attendants with a view to ensuring that this vital function is institutionalized in the newly reformed/developing health systems.

2. Skilled attendant: the required skills and abilities

Core skills and abilities

All skilled attendants *must* have the core midwifery skills.[3] The additional skills required will vary from country to country, and possibly even within a country, to take account of local differences such as urban and rural settings.

All skilled attendants, at all levels of the health system, must have skills and abilities to perform *all of the core functions* listed below.

- Communicate effectively cross-culturally in order to be able to provide holistic "women-centred" care. To provide such care skilled attendants will need to cultivate effective interpersonal communication skills and an attitude of respect for the woman's right to be a full partner in the management of her pregnancy, childbirth and the postnatal period.
- In pregnancy care, take a detailed history by asking relevant questions, assess individual needs, give appropriate advice and guidance, calculate the expected date of delivery and perform specific screening tests as required, including voluntary counselling and testing for HIV.
- Assist pregnant women and their families in making a plan for birth (i.e. where the delivery will take place, who will be present and, in case of a complication, how timely referral will be arranged).
- Educate women (and their families and others supporting pregnant women) in self-care during pregnancy, childbirth and the postnatal period.
- Identify illnesses and conditions detrimental to health during pregnancy, perform first-line management (including performance of life-saving procedures when needed) and make arrangements for effective referral.
- Perform vaginal examination, ensuring the woman's and her/his own safety.
- Identify the onset of labour.
- Monitor maternal and fetal well-being during labour and provide supportive care.
- Record maternal and fetal well-being on a partograph and identify maternal and fetal distress and take appropriate action, including referral where required.
- Identify delayed progress in labour and take appropriate action, including referral where appropriate.
- Manage a normal vaginal delivery.
- Manage the third stage of labour actively.[4]