WHO recommendations on intrapartum care for a positive childbirth

Dr Roseline D. Doe
WHO Multi-Country Assignment Team
(South Africa, Lesotho, Eswatini, Botswana)
Reproductive, Maternal, Newborn, Child, Adolescent Health

OUTLINE

01

Background

02

Methodology for development of recommendations

03

WHO recommendations on intrapartum care for a positive childbirth experience

04

Available Resources

human reproduction programme hrp
research for impact
UNDP · UNFPA · UNICEF · WHO · WORLD BANK

World Health Organization

WHO'S VISION

WHO's vision is that every woman and newborn receives quality care throughout pregnancy, childbirth and the postnatal period.

To ensure that women and their babies not only survive pregnancy-related complications if they occur but also that they thrive and reach their full potential for health and well-being.

human reproduction programme hrp research for impact UNDP·UNFPA·UNICEF·WHO·WORLD BANK

World Health Organization

INTRAPARTUM AND POSTNATAL MORTALITY AND MORBIDITY : UNRESOLVED ISSUES

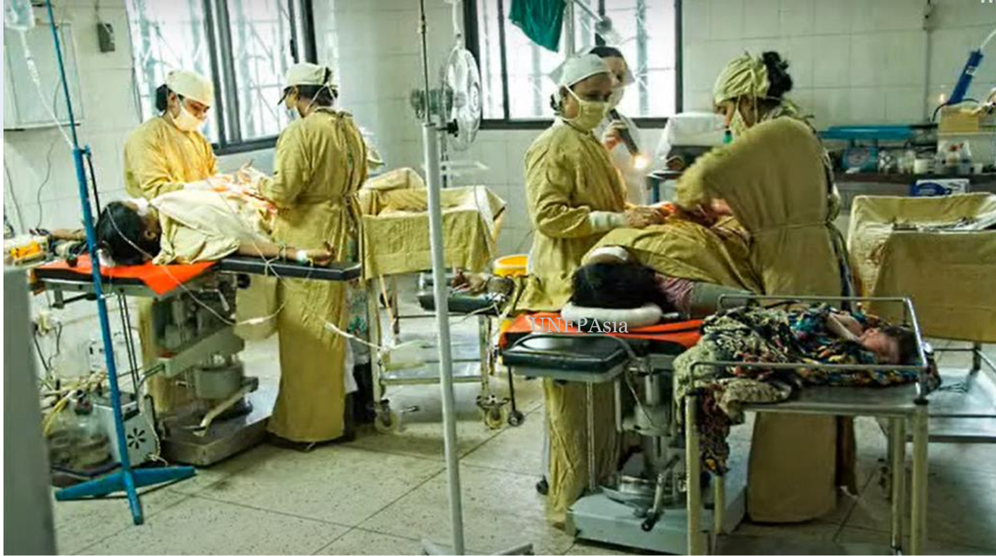
The burden of maternal and perinatal mortality and morbidity remains unacceptably high, and opportunities to increase maternal and fetal well-being and to support nurturing newborn care have not been fully utilized.

- Up to 40% of maternal deaths are intrapartum-related, another 30% occur postpartum
- 2 million stillbirths (42% intrapartum)
- 2.4 million neonatal deaths (1/3 within first day of birth)
- Improving the quality of care around the time of birth has been identified as the most impactful strategy for reducing stillbirths, maternal and newborn deaths

human reproduction programme hrp research for impact UNDP·UNFPA·UNICEF·WHO·WORLD BANK

World Health Organization

CARE IN HEALTH FACILITIES: UNRESOLVED ISSUES



Overmedicalization of childbirth

Use of ineffective and potentially harmful practices

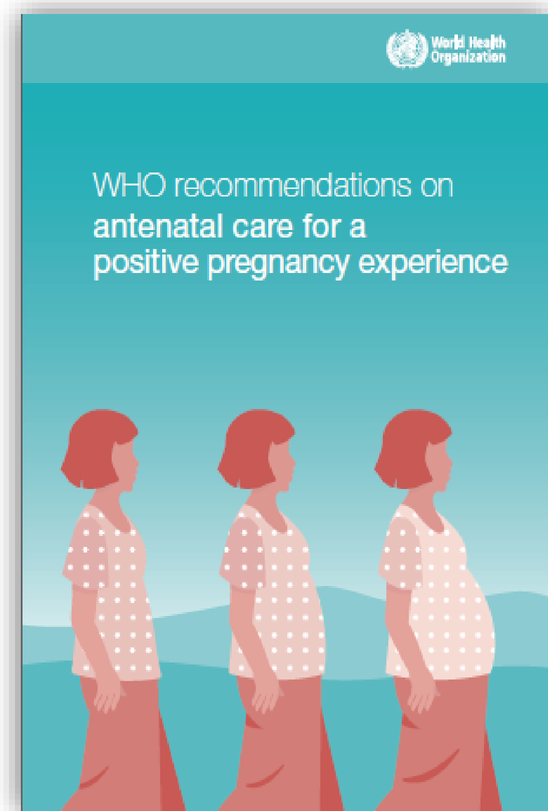
High levels of mistreatment of women across settings and levels of health care

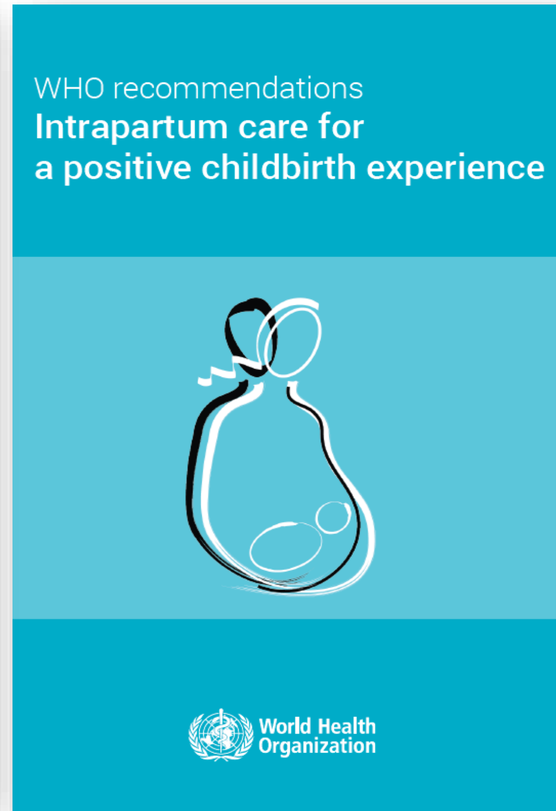
+ LINK: INCREASING TREND IN CS RATES
+ LINK: WITHIN COUNTRY INEQUALITY IN CS
+ LINK: INTERVENTIONS IN LOW-RISK WOMEN

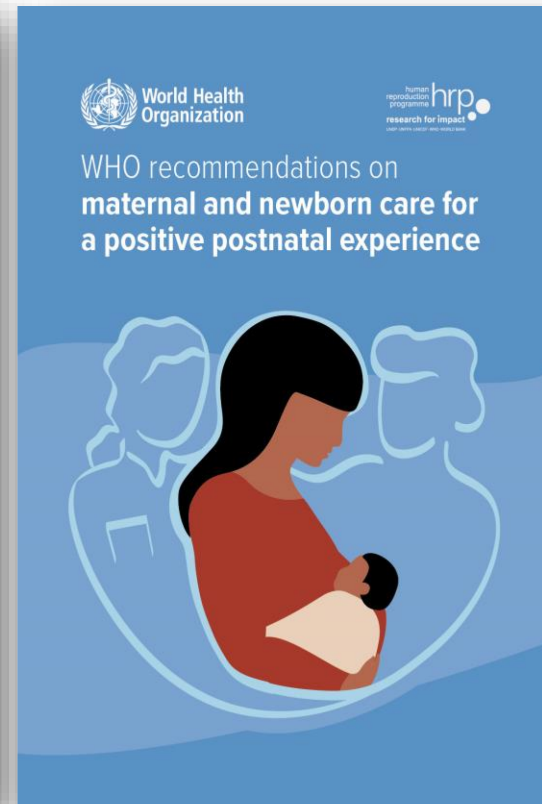
human reproduction programme hrp research for impact UNDP · UNFPA · UNICEF · WHO · WORLD BANK

World Health Organization

WHO recommendations for a positive Pregnancy, Childbirth and Postnatal experience







The aim of these guidelines is to improve the quality of pregnancy, intrapartum and postnatal care with the ultimate goal of improving maternal, fetal and newborn outcomes.

human reproduction programme hrp research for impact UNDP · UNFPA · UNICEF · WHO · WORLD BANK

World Health Organization

Methods

- Contributors to the guidelines
- Priority questions:Focusing on What Matters to Women
- Confidence in the evidence: The GRADE Approach
- Developing the recommendations

Contributors to the guideline

WHO Steering Group

This comprises staff members from the WHO Departments of Reproductive Health and Research (RHR); Maternal, Newborn, Child and Adolescent Health (MCA), who managed the guideline development process.

Guideline Development Group

This consists of external experts and stakeholders from the six WHO regions. Members were identified in a way that ensures geographic representation and gender balance and had no important conflicts of interest.

Technical Working Group

This comprises guideline methodologists and systematic review team leads, who worked closely with WHO Steering group to synthesize the evidence and other considerations for development of the recommendations.

Contributors to the guideline

External Review Group

These are external experts and stakeholders from the six WHO regions, who peer-reviewed the final guideline document to identify any factual errors and comment on clarity of the language, contextual issues and implications for implementation.

External partners and observers

Representatives of the International Federation of Gynecology and Obstetrics (FIGO); International Confederation of Midwives (ICM); RCOG; UNFPA; and USAID

Priority questions: Focusing on what matters to women

- Scoping process that identified woman-centred interventions and outcomes for intrapartum care. This included a systematic qualitative review to understand what women want, need and value during childbirth.

- ***Women want a positive childbirth experience that fulfils or exceeds their prior personal and sociocultural beliefs and expectations.***

- Consultative process to identify priority questions related to the effectiveness of clinical and non-clinical practices aimed at helping women achieve their expectations of childbirth.

human reproduction programme hrp research for impact

World Health Organization

Confidence in the evidence: The GRADE approach

(Grading of Recommendations Assessment, Development and Evaluation)

Systematic reviews of quantitative evidence

"What are the desirable and undesirable effects of the intervention?" and "What is the certainty of the evidence on effects?"

Systematic reviews of qualitative evidence

"Is there important uncertainty or variability in how much women value the outcomes associated with the intervention?" and "Is the intervention acceptable and feasible to implement by women, health care providers, relevant stakeholders?"

Resource implications, cost-effectiveness, and equity evidence

"What are the resources associated with the intervention?", "Is the intervention/option cost-effective?", What is the anticipated impact on health equity?"

GRADE Evidence-to-Decision (EtD) frameworks

These include explicit and systematic consideration of evidence on prioritized interventions in terms of ***effects, values, resources, equity, acceptability and feasibility****.*

human reproduction programme hrp research for impact

World Health Organization

Developing the recommendations: 4 Categories

1. **Recommended:** This category indicates that the intervention or option should be implemented
2. **Not recommended:** This category indicates that the intervention or option should not be implemented
3. **Recommended only in specific contexts:** This category indicates that the intervention or option is applicable only to the condition, setting or population specified in the recommendation, and should only be implemented in these contexts
4. **Recommended only in the context of rigorous research:** This category indicates that there are important uncertainties about the intervention or option. implementation can still be undertaken on a large scale, provided that it takes the form of research

human reproduction programme hrp
research for impact
World Health Organization

WHO recommendations on Intrapartum Care for a positive childbirth experience

- Care throughout Labour and Birth
- First Stage of Labour
- Second Stage of Labour
- Third Stage of Labour
- Care of the Woman and Newborn after Birth

✓ ***26 new recommendations***

✓ ***30 existing recommendations***

SUMMARY OF AREAS OF RECOMMENDATIONS

Care throughout labour and birth	respectful maternity care, effective communication, labour companionship, and continuity of care
First stage of labour	definition of the latent and active first stages, duration and progression of the first stage, labour ward admission policy, clinical pelvimetry on admission, routine assessment of fetal well-being on labour admission, pubic shaving, enema on admission, digital vaginal examination, vaginal cleansing, continuous cardiotocography, intermittent fetal heart rate (FHR) auscultation, pain relief, oral fluid and food, maternal mobility and position, active management of labour, routine amniotomy, oxytocin for preventing delay, antispasmodic agents, and intravenous fluids for preventing labour delay
Second stage of labour	definition and duration of the second stage of labour, birth position (with and without epidural analgesia), methods of pushing, techniques for preventing perineal trauma, episiotomy, and fundal pressure
Third stage of labour	prophylactic uterotonics, delayed umbilical cord clamping, controlled cord traction, uterine massage
Immediate care of the newborn care	prophylactic uterotonics, delayed umbilical cord clamping, controlled cord traction, uterine massage, routine nasal or oral suction, skin-to-skin contact, haemorrhagic disease prophylaxis using vitamin K

Care option	Recommendation	Category of recommendation
Care throughout labour and birth		
Respectful maternity care	1. Respectful maternity care – which refers to care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour and childbirth – is recommended.	Recommended
Effective communication	2. Effective communication between maternity care providers and women in labour, using simple and culturally acceptable methods, is recommended.	Recommended
Companionship during labour and childbirth	3. A companion of choice is recommended for all women throughout labour and childbirth.	Recommended
Continuity of care	4. Midwife-led continuity-of-care models, in which a known midwife or small group of known midwives supports a woman throughout the antenatal, intrapartum and postnatal continuum, are recommended for pregnant women in settings with well functioning midwifery programmes.[a]	Context-specific recommendation

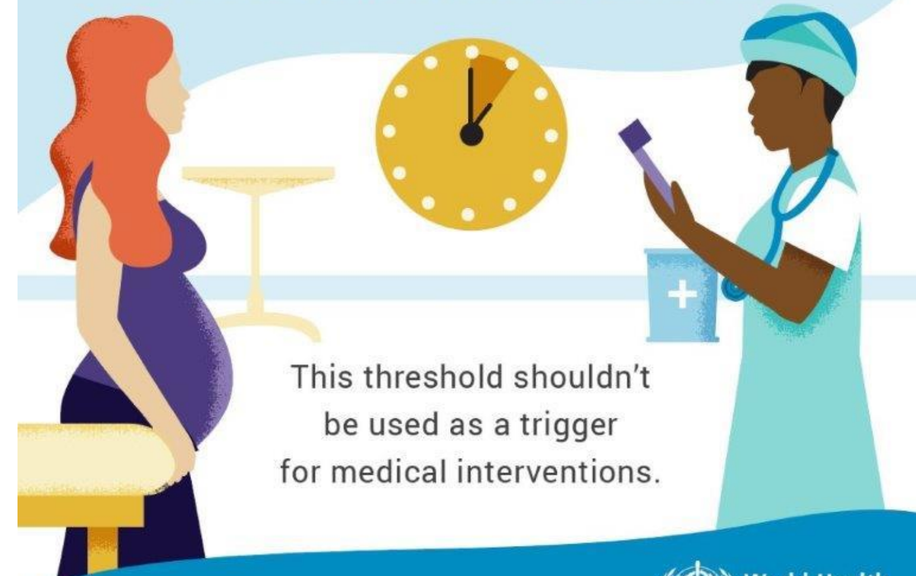
First stage of labour		
Definitions of the latent and active first stages of labour	5. The use of the following definitions of the latent and active first stages of labour is recommended for practice. — The latent first stage is a period of time characterized by painful uterine contractions and variable changes of the cervix, including some degree of effacement and slower progression of dilatation up to 5 cm for first and subsequent labours. — The active first stage is a period of time characterized by regular painful uterine contractions, a substantial degree of cervical effacement and more rapid cervical dilatation from 5 cm until full dilatation for first and subsequent labours.	Recommended
Duration of the first stage of labour	6. Women should be informed that a standard duration of the latent first stage has not been established and can vary widely from one woman to another. However, the duration of active first stage (from 5 cm until full cervical dilatation) usually does not extend beyond 12 hours in first labours, and usually does not extend beyond 10 hours in subsequent labours.	Recommended

	beyond 10 hours in subsequent labours.	
Progress of the first stage of labour	7. For pregnant women with spontaneous labour onset, the cervical dilatation rate threshold of 1 cm/hour during active first stage (as depicted by the partograph alert line) is inaccurate to identify women at risk of adverse birth outcomes and is therefore not recommended for this purpose.	Not recommended
	8. A minimum cervical dilatation rate of 1 cm/hour throughout active first stage is unrealistically fast for some women and is therefore not recommended for identification of normal labour progression. A slower than 1-cm/hour cervical dilatation rate alone should not be a routine indication for obstetric intervention.	Not recommended
	9. Labour may not naturally accelerate until a cervical dilatation threshold of 5 cm is reached. Therefore the use of medical interventions to accelerate labour and birth (such as oxytocin augmentation or caesarean section) before this threshold is not recommended, provided fetal and maternal conditions are reassuring.	Not recommended

human reproduction programme hrp research for impact
UNDP · UNFPA · UNICEF · WHO · WORLD BANK
World Health Organization

KEY RECOMMENDATIONS ON INTRAPARTUM CARE

Every birth is unique



+ LINK: S/REVIEW OF LABOUR PROGRESSION
+ LINK: PERFORMANCE OF THE "ALERT LINE"

human reproduction programme hrp research for impact UNDP · UNFPA · UNICEF · WHO · WORLD BANK

World Health Organization

WHO LABOUR CARE GUIDE: THE NEXT GENERATION PARTOGRAPH

Why is a new tool needed?

A revised version of the paper-based WHO partograph developed to make it easier for healthcare providers to implement WHO evidence-based recommendations in routine clinical practice

A tool to facilitate the implementation of **essential, good-quality and evidence-based clinical care** in all settings

Expanding the focus of labour monitoring to non-clinical practices

Towards promoting a **positive childbirth experience** for every woman and baby.

PRACTICAL APPLICATION OF WHO LABOUR CARE GUIDE

WHO	WHERE	WHEN
Designed for the care of women and their babies during labour and birth.	Designed for use at all levels of care in health facilities, although the **plan of action will vary depending on level of care**.	Documentation should be initiated when the woman enters active phase of the first stage of labour, regardless of parity and membranes status.

© UNICEF/UN0269314/Dejongh

UNICEF/Holt

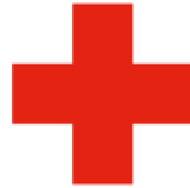
human reproduction programme hrp research for impact UNDP · UNFPA · UNICEF · WHO · WORLD BANK

World Health Organization

General Implementation Considerations

Update clinical guidance

Develop or revise existing clinical guidelines, protocols or job aids for intrapartum care



Equip health facilities

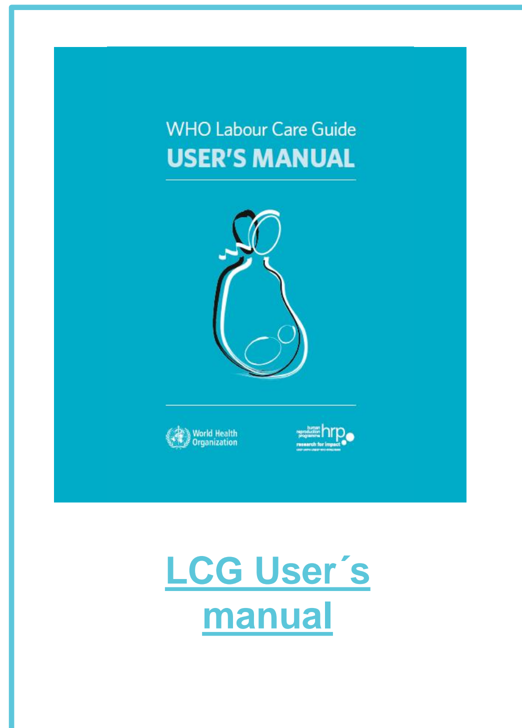
Ensure necessary physical resources, supplies, equipment and staff to deliver recommended practices

Support change

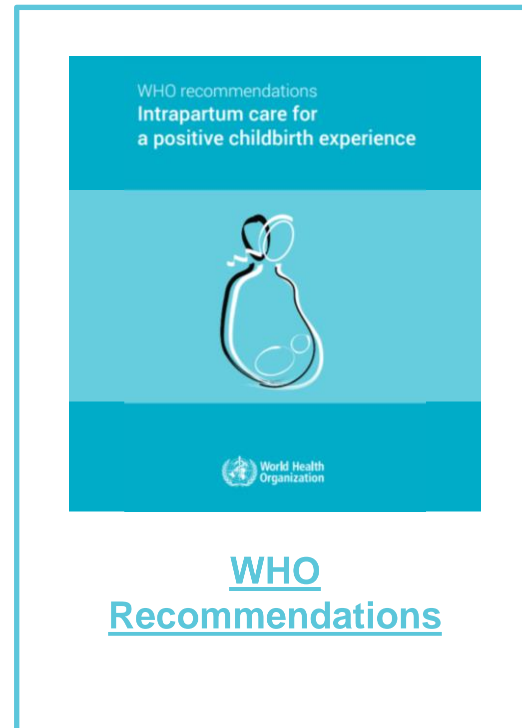
Technical support for implementation, engage stakeholders and partners, and provide training

human reproduction programme hrp
World Health Organization
World Health Organization

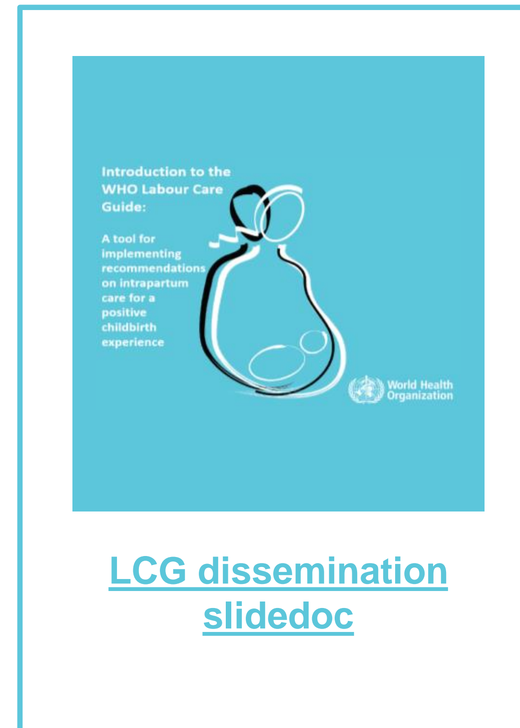
Resources: Intrapartum Care



LCG User´s manual



WHO Recommendations



LCG dissemination slidedoc

WHO recommendations slidedoc

Contact us

@HRPresearch

World Health Organization

Department of Sexual and Reproductive Health and Research

srhmph@who.int

Department of Maternal, Newborn, Child and Adolescent Health and Ageing

mncah@who.int

Website: https://www.who.int/

human reproduction programme hrp research for impact UNDP · UNFPA · UNICEF · WHO · WORLD BANK

World Health Organization

Thank You

Acknowledgements

Dr Mercedes Bonet – WHO Headquarters

Dr Triphonie Nkurunziza – WHO Africa Regional Office

Dr Sithembile Dlamini-Nqeketo – WHO Country Office –SA

human reproduction programme hrp

research for impact

UNDP · UNFPA · UNICEF · WHO · WORLD BANK

World Health Organization