

Making pregnancy safer



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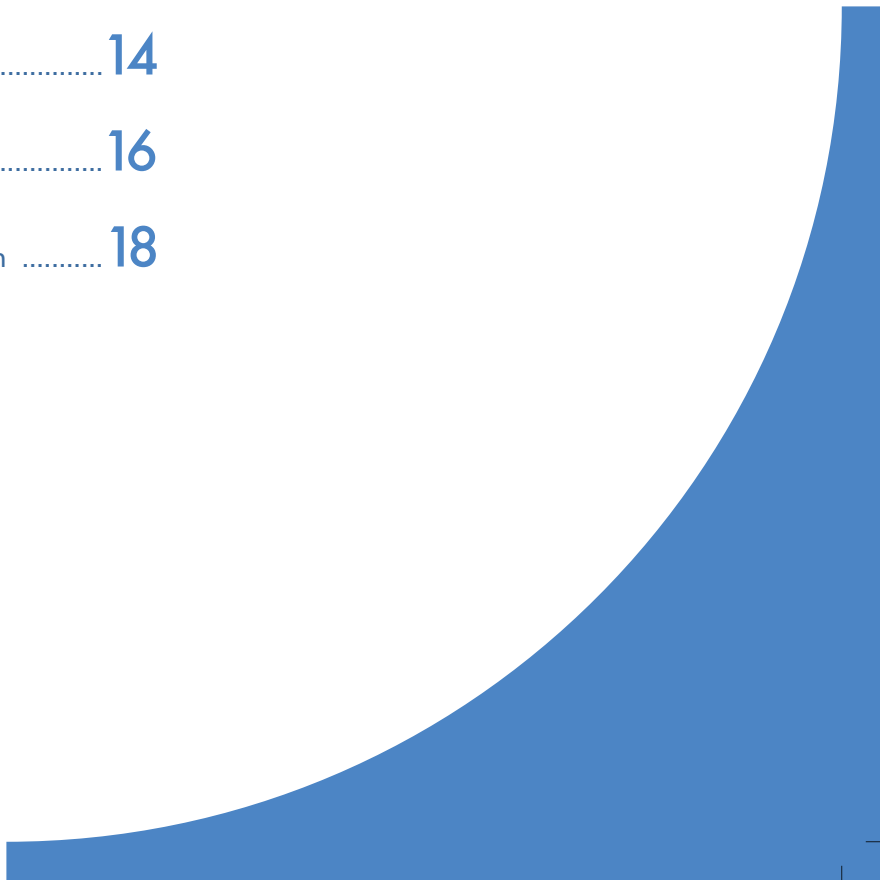
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Introduction

Making pregnancy safer in the European Region

Motherhood is a positive and fulfilling experience in most cases. However, pregnancy and childbirth can also be associated with suffering, illness and even death. The 53 countries of the WHO European Region still differ widely both between and within countries in the morbidity and mortality of mothers and newborn babies. Unfortunately, access to health services is still not equally distributed. Nevertheless, evidence and experience show that cost-effective interventions can prevent and treat most complications.

As a response to this situation, since 2001 the WHO Regional Office for Europe has strengthened its support to governments and partnering agencies in terms of guidance on maternal and neonatal health care, the goal being to make it a priority within public health in each country. In recent years, WHO has established several projects to ensure that interventions for preventing death among mothers and newborn babies are available and equally accessible even in resource-constrained settings, that health professionals put evidence and experience into practice, that medical intervention is used only when strictly necessary and that families and the whole community support pregnancy and childbirth.

WHO always assigns local and international organizations and institutions an essential role to ensure the transfer of knowledge, continuity and opportunities for further development.

Although progress has been made, much still needs to be done to keep developing good standards for making pregnancy safer.

The stories presented here tell about mothers and fathers who have directly benefited from WHO initiatives. They and others have consented to narrate their personal experiences as an example of how appropriate intervention can positively affect people's health.

Together with its partners, WHO aims at a future in which all women will have access to proper health care regardless of where they live. By then, hopefully, this booklet will have grown into a thick volume of success stories.

Dr. Marc Danzon

WHO Regional Director for Europe

From sternness to a warm welcome

Moving from the rigid, punitive health care system of the Soviet times to a more open and patient-centred one takes courage and an open mind. In Uzbekistan, a regional maternity hospital in Andijan is acting as a spearhead.

Maternity Hospital Number Three in Andijan was built 18 years ago, when Uzbekistan was still part of the USSR. For many years, delivery procedures followed strict dictates from Moscow. Women giving birth were treated as sick patients, relatives were banned from the delivery room and visitors were not allowed after the baby had been born. Mothers were separated from their infants except during limited feeding times, and mothers and infants had alarmingly high mortality rates.

Four years ago, a transformation process was initiated. Saodat Akhmadzonova, the hospital's chief physician, explains how it all began: "At first, we started studying the WHO Making Pregnancy Safer initiative on our own. Then a handful of us took part in some WHO seminars on the subject, and after that we decided to try to implement the changes ourselves."

Since then, the atmosphere in the hospital has changed radically. Delivery wards are clean and inviting and are simply but adequately equipped. Women choose freely the positions in which they want to give birth, and the staff encourage them to have a supporting relative present during the delivery. Rooming-in – the opportunity of keeping mothers and babies in the same room – is practised, and the use of inappropriate medication has been drastically reduced.

Saodat Akhmadzonova explains: "There is a huge difference between what we are doing now and what we did before. We used to treat deliveries as pathological cases, and now we understand that this is a natural physiological process. In the beginning we had people coming in every day questioning what we were doing, but now we have such a good reputation that women come here from all over the region to give birth."



In the past, newborns were separated from their mothers



Much has changed in health care during childbirth in recent decades, and many changes have arisen from questioning and, in some cases, discarding many interventions that were previously considered appropriate or even essential. The Making Pregnancy Safer initiative of the WHO Regional Office for Europe provides technical support to countries for developing policies and strategies and for improving institutional capacity to deliver effective interventions to improve the health of mothers and newborn babies.

Midwives on the move

With a recently formed national association and thoroughly updated midwifery training, midwives in the Republic of Moldova are moving forward.

“I’m really getting to like this profession!” she says enthusiastically, and adjusts her high, starched hat. Eighteen-year old Elena Lungu is in her third year of studies to become a midwife at the Orhei Medical College in the Republic of Moldova. Although she needs five total years to complete her studies and her future wages will hardly pay the rent, she feels confident about the future.

“I’m sure I’ll manage somehow; this is a good school and I learn new things every day,” she remarks.

The Republic of Moldova is one of the poorest countries in Europe and has been chosen as the pilot country for the WHO Making Pregnancy Safer initiative in the European Region. The maternal and infant mortality rates are among the highest in the European Region, and one of the main aims of the initiative has therefore been to strengthen midwifery in the country. In 2002 the midwifery training in Orhei was assessed, leading to thorough updating of the curricula and modernization of the educational materials.

“The training is more practical now, and the students are taught to have a much friendlier attitude towards the women with whom they work,” says Oxana Zavtoni, President of the National Association of Midwives. The Association was formed in 2003, as another result of the WHO initiative. Oxana Zavtoni explains that it has achieved several of its goals but is still struggling with the question of wages. Midwives are forced to work extra jobs to survive, which impedes their professionalism.



With two more years of studying ahead of her, midwifery student Elena Lungu remains optimistic, however. “Being a midwife is a well-respected job, and I’m sure the most important thing is that you like your job,” she concludes.

Elena Lungu is half-way through her midwifery studies



The WHO Making Pregnancy Safer initiative provides support to midwifery in the Republic of Moldova by encouraging changes in norms and regulations, technically revising curricula, supporting the creation of the National Association of Midwives, improving the conditions of training sites in collaboration with local authorities, providing training equipment and updating materials and courses at the National Medical College. This is a model and example for other countries in the European Region.

The fewer the better?

“Our primary task is not to provide facts and theories. It is to encourage the participants to question every prescribed drug and examination carried out on a patient and to select those that are effective and essential,” says WHO course trainer Gelmius Siupsinskas, using a blatant case of over-medicalization to prove his point.

The scene is a meeting room in a small maternity hospital in the town of Kurgan-Tyube, Tajikistan. A group of people, mostly women in long, brightly printed dresses, are seated gazing at a central flip-chart. Next to it stands course trainer Gelmius Siupsinskas, pointing to a long, handwritten list of medicines.

He is heading a two-week course in essential obstetric and newborn care for a group of local midwives, obstetrician/gynaecologists and neonatologists, and just now they are discussing an authentic case one of the participating physicians is presenting of a 38-year-old woman with pre-eclampsia who had lost her baby.

“The woman was prescribed no less than 23 different drugs by perhaps five different physicians during a period of only three days,” relates Siupsinskas.

The course participants begin discussing the medicines on the list, critically weighing the effects and side effects of each. After some discussion, they decide to eliminate as many as 20 of the drugs, because they either have no effect or are decisively harmful. The remaining three are the only relevant ones.

“Excessive medication is a major problem in many maternity hospitals in the old Eastern bloc, although this is probably the most blatant example I have seen,” says Gelmius Siupsinskas afterwards, and concludes that the case has served its function very well. “Even though the participants will probably meet resistance once they return to their respective places of work, I believe at least some of these irrelevant medicines will be removed from practice,” he concludes.



Gelmius Siupsinskas goes through the list of medicines



The WHO Making Pregnancy Safer training courses in maternal and newborn care are designed specifically for the European Region, to help health workers at the district level acquire new skills for improving women and children's health. Training courses comprise an integrated package for essential obstetric care and newborn care and breastfeeding support. The full process of changing clinical settings and practices and provider attitudes is completed through follow-up visits after training, for which WHO has developed a set of 11 questionnaires.

Being there makes all the difference

Drops of perspiration are running down his face as he supports his pained wife. Izatullo never imagined he would be present during the delivery of his first child, but he finds the experience both satisfying and moving.

For hours on end he has been encouraging his wife Zulhigja during her ordeal; stroking her hand, wiping her brow, offering her water to drink and murmuring reassurances. Zulhigja tries different positions, sometimes standing up, sometimes lying down or sitting on a large rubber ball. In the end she gives birth to the baby while half astride on the floor, with Izatullo supporting her from behind.

"When I left home I had no idea that I would be doing this, but I'm very happy I was asked to stay," says the 25-year-old sales employee, while his wife lies resting in a hospital bed, with their tiny newborn on her chest. The couple lives in the town of Kurgan-Tyube in Tajikistan, a country with a predominately Muslim population, where a man's presence at a delivery is still often unacceptable.

Since the staff at the maternity hospital happens to be taking part in a WHO training course in obstetric and newborn care, however, the team invited Izatullo to be present during the delivery and asked Zulhigja whether she would like to try out different positions.

"I really liked the way the nurses and doctors treated me; they let me feel I was in charge," says a tired but contented Zulhigja from her bed.

Izatullo smiles hesitantly and says he had not expected childbirth to be so strenuous. "I had heard it would be difficult, but it is not until you are there yourself that you really see how hard it is."

Both agree it was a good idea for him to be present. "It's not something we have practised in my family, but Zulhigja and I have decided to support each other in every difficult situation, and I'm glad we could be together," says the new father.



**Zulhigja and Izatullo:
giving birth as team work**



Increasing the availability and the quality of maternal and newborn health care services alone will not necessarily increase the use of these services. Coordinated efforts are needed to work effectively with women, their partners, families and communities to improve understanding of the health needs of mothers and newborn babies and to engage these women, partners, families and communities as partners in seeking ways to meet these needs.

The WHO Making Pregnancy Safer initiative supports workshops and capacity-building on these issues in collaboration with partner organizations

A doctrine that changes lives

It may sound obvious that medicine should be practised in accordance with the best available scientific evidence. For obstetrician/gynaecologist Stelian Hodorogea, however, this is a doctrine that has transformed his working life.

“I was shocked when I first heard of the concept of evidence-based medicine,” says Stelian Hodorogea. He works as an Assistant Professor at the State Medical and Pharmaceutical University “Nicolae Testemitanu” in Chisinau, Republic of Moldova. He is a tall, lean man with lively, boyish gestures who speaks eagerly about the astonishing discovery he made after the Iron Curtain was dissolved.

“Suddenly I realized that many of the medical practices we had been using were totally different from those in other countries. We were totally cut off from the rest of the world during Soviet times and had no access to research from the outside.”

After a first brief contact with evidence-based medicine at a course in Sweden in 2001, his new insights were confirmed when the WHO organized the first training programme on evidence-based medicine in the Republic of Moldova in 2003. Today, a quotation in bold print hanging among photographs and yellow post-it notes on his bulletin board serves to prove his point. Patient satisfaction is one of the main indicators of health care quality, it reads. This has become an axiom in Stelian Hodorogea’s work as a physician.



“My favourite definition of evidence-based medicine is that it is the integration of the best available data with the clinical experience of the doctors and the preferences of the patients,” he says, and adds: “I would almost say it is a concept that has changed my life. At least professionally.”

*Stelian Hodorogea
checks a patient's records*



The WHO Making Pregnancy Safer initiative has adapted and translated into Russian basic training in evidence-based medicine, with special focus on examples and articles from maternal and perinatal health. Based on this tool, WHO and partners have organized a series of workshops for top-level clinicians and guideline-makers in several countries since 2002, to provide a basis to develop and update clinical guidelines and to revise clinical practice and research.

Combined efforts, double strength

Finding creative ways to collaborate with various partners is an essential part of the assignment of the Making Pregnancy Safer initiative. Partnerships are established at all levels, from collaborating with individuals and families to working with other aid agencies, donors and government representatives.

In the Republic of Moldova, the partnership between the WHO and the United Nations Children's Fund (UNICEF) has been absolutely instrumental in improving access to and the quality of health care for women and children," says Viorica Berdaga, Assistant Project Officer for Early Childhood Care and Development at the UNICEF Field Office in Chisinau. "Neither of us could have achieved such positive results alone, but each having our own strengths, we can complement and support each other's activities."

WHO and UNICEF collaborate and share the work in the Republic of Moldova between them. WHO mostly provides international expertise, tools and advocacy, and UNICEF follows up and provides training and assistance at the national level.

UNICEF is the main partner, according to Alberta Bacci, coordinator of the WHO Making Pregnancy Safer initiative at the Regional Office. She is continually working to set up additional partnerships, however. "We simply couldn't function without UNICEF, but we cannot rely on one partner only," she says.

Stefania Avanzini, an Italian paediatrician who worked with the WHO Making Pregnancy Safer initiative in Uzbekistan for one year, primarily funded by Fondazione Cariverona and the Veneto Region, equally appreciates partnerships. "My aim when I was in Uzbekistan was to train people to organize and assume responsibility themselves, not just to donate money," she says.

WHO Making Pregnancy Safer coordinator Alberta Bacci agrees.

"It's important to see the people we are trying to help as active agents, not as passive recipients. Building capacity and learning together can enrich both parties," she states.



**Making Pregnancy Safer
sees families as working partners**



The WHO Making Pregnancy Safer initiative provides guidance, tools and models for working to European countries, and partners are essential to supporting and disseminating the implementation of best practices. The following partners have been invaluable in implementing the WHO Making Pregnancy Safer initiative throughout the European Region: Fondazione Cariverona, HealthProm, John Snow Inc., Pharmaciens sans Frontières, Project Hope, Region Veneto, ZdravPlus Project, United Nations Population Fund, UNICEF, World Bank and others

Making pregnancy safer in the WHO European Region

Significant progress has been achieved in recent years and decades in reducing maternal and neonatal deaths and disability, but the levels are still high, and inequity between and within countries needs to be addressed. The greatest challenges in maternal and child health care in the European Region include misuse of drugs, poor health education and insufficient interprofessional and multidisciplinary collaboration. Further, the primary health care level is often neglected, and hospital stays are long even for uncomplicated maternal and neonatal conditions that result in poor cost-effectiveness and lack of patient satisfaction. Different teams of health care professionals often provide care, many being highly specialized, which can result in a lack of continuity of care for women and their infants before, during and after delivery. In addition, primary health care providers – such as nurses, midwives and family practitioners – urgently need to be properly trained in antenatal and postnatal care.

Introduced in the WHO European Region in 2002, Making Pregnancy Safer works, especially in 17 of the countries that need this initiative the most, based on the principle of promoting effective perinatal care at three levels: the health system, health care providers and the community. Its main objectives are: to support assessment and planning at the national and regional levels; to provide essential packages of training, monitoring and impact evaluation; to support the implementation of quality standards for care; to promote the proper use of essential drugs, equipment and supplies and evidence-based guidelines at the health system level; and to support the participation of communities, women and families in decision-making.

A key operational element is building partnerships with key stakeholders, United Nations agencies, bilateral agencies and nongovernmental organizations.

Future activities of the WHO Making Pregnancy Safer initiative include promoting interventions at the family and community levels. Support is also planned for introducing case reviews of maternal and perinatal morbidity and mortality. The aim is to help countries introduce various approaches to clinical auditing to improve the quality of care at the national, district or facility level.

The Making pregnancy Safer Team
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