

## **Birth is Not an Illness!**

### 16 Recommendations from the World Health Organization

These 16 recommendations are based on the principle that each woman has a fundamental right to receive proper prenatal care: that the woman has a central role in all aspects of this care, including participation in the planning, carrying out and evaluation of the care: and that social, emotional and psychological factors are decisive in the understanding and implementation of proper prenatal care.

- \* The whole community should be informed about the various procedures in birth care, to enable each woman to choose the type of birth care she prefers.
- \* The training of professional midwives or birth attendants should be promoted. Care during normal pregnancy and birth and following birth should be the duty of this profession.
- \* Information about birth practices in hospitals (rates of cesarean sections, etc.) should be given to the public served by the hospitals.
- \* There is no justification in any specific geographic region to have more than 10-15% cesarean section births (the current US c-section rate is estimated to be about 23%).
- \* There is no evidence that a cesarean section is required after a previous transverse low segment cesarean section birth. Vaginal deliveries after a cesarean should normally be encouraged wherever emergency surgical capacity is available.
- \* There is no evidence that routine electronic fetal monitoring during labor has a positive effect on the outcome of pregnancy.
- \* There is no indication for pubic shaving or a pre-delivery enema.
- \* Pregnant women should not be put in a lithotomy (flat on the back) position during labor or delivery. They should be encouraged to walk during labor and each woman must freely decide which position to adopt during delivery.
- \* The systematic use of episiotomy (incision to enlarge the vaginal opening) is not justified.
- \* Birth should not be induced (started artificially) for convenience and the induction of labor should be reserved for specific medical indications. No geographic region should have rates of induced labor over 10%.
- \* During delivery, the routine administration of analgesic or anesthetic drugs, that are not specifically required to correct or prevent a complication in delivery, should be avoided.

\* Artificial early rupture of the membranes, as a routine process, is not scientifically justified.

\* The healthy newborn must remain with the mother whenever both their conditions permit it. No process of observation of the healthy newborn justifies a separation from the mother.

\* The immediate beginning of breastfeeding should be promoted, even before the mother leaves the delivery room.

\* Obstetric care services that have critical attitudes towards technology and that have adopted an attitude of respect for the emotional, psychological and social aspects of birth should be identified. Such services should be encouraged and the processes that have led them to their position must be studied so that they can be used as models to foster similar attitudes in other centers and to influence obstetrical views nationwide.

\* Governments should consider developing regulations to permit the use of new birth technology only after adequate evaluation.

**Compiled from Care in Normal Birth: report of a technical working group**

1997 - WHO/FRH/MSM/96.24