REFORMING SERVICES FOR MOTHERS AND BABIES IN EASTERN EUROPE

HEALTHY CITIES

HEALTH FOR ALL 2000

WORLD HEALTH ORGANIZATION
Regional Office for Europe
COPENHAGEN

TARGET 7

HEALTH OF CHILDREN AND YOUNG PEOPLE

By the year 2000, the health of all children and young people should be improved, giving them the opportunity to grow and develop to their full physical, mental and social potential.

TARGET 8

HEALTH OF WOMEN

By the year 2000, there should be sustained and continuing improvement in the health of all women.

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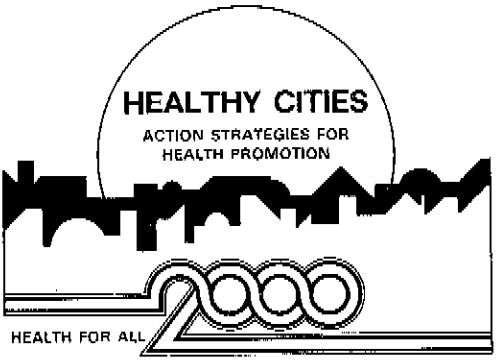
REFORMING SERVICES FOR MOTHERS AND BABIES IN EASTERN EUROPE

Report on a WHO consensus meeting

St Petersburg
9–11 December 1992



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EUR/HFA targets 7 and 8

ABSTRACT

High rates of maternal mortality and low birth weight in the current transition period prompted the St Petersburg Healthy Cities Project to give first priority to the health of mothers and children. The WHO Regional Office for Europe and the St Petersburg Healthy Cities Project jointly organized a consensus meeting to generate recommendations on strengthening services for maternity care, newborn care and family planning in the city. The meeting employed the consensus development process, in which all interested parties – in this case, politicians, health administrators, midwives, nurses, doctors, psychologists and journalists – meet to discuss and issue and make recommendations on which all agree. Thus, the participants demonstrated the process by using it to make consensus recommendations on care for mothers and infants before, during and after birth, the promotion of breastfeeding and family planning services. With consensus as their foundation, such recommendations would not only be able to withstand the stresses of a transition period but also point the way to services acceptable to all.

Keywords

MATERNAL AND CHILD HEALTH
MATERNAL HEALTH SERVICES - Organization/admin
CONSUMER PARTICIPATION
HEALTH PROMOTION
CONGRESSES
CCEE

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INTRODUCTION

A consensus meeting on giving birth to a healthy child was held from 9 to 11 December 1992 in St Petersburg, Russian Federation. The Healthy Cities project at the WHO Regional Office for Europe and the St Petersburg Healthy Cities Project jointly organized the meeting.

About 200 participants from St Petersburg attended the meeting, including politicians, health administrators, midwives, nurses, obstetricians, paediatricians, family practitioners, psychologists, journalists and WHO staff. In addition, 15 participants came from the support group whose members have agreed to support the St Petersburg Healthy Cities Project; this support group includes five WHO project cities – Hamburg, Milan, Rotterdam, Stockholm and Turku – the School of Public Health in the University of Nottingham Medical School, United Kingdom and the School of Nursing at Purdue University, United States. The support group is expected to expand as other cities and organizations become involved in activities that follow the meeting. Participants from the project cities, speakers at the meeting, and outside advisers and WHO staff are listed in Annex 1.

The meeting was an important step in the evaluation of the St Petersburg Healthy Cities Project. At the start, St Petersburg had given first priority to the health of mothers and babies, owing to the high and rising rates of maternal mortality and low birth weight. Four model programmes were started for teenage girls, maternity care and family planning. This important beginning showed the need for more ways to help the women and babies of St Petersburg through the current difficult period of political, economic and social transition.

The meeting was held to generate consensus recommendations on strengthening maternity, newborn and family planning services in St Petersburg. The recommendations would also serve as guidelines for health policy reform and indicators for further action by the St Petersburg Healthy Cities Project, the city's official health care system, and agencies and project cities outside the Russian Federation.

Discussion

The meeting was based on the consensus development process. This process is particularly valuable to countries in transition. Health care reform in such countries must rest on a foundation of recommendations that clearly stem from broad consensus, and thus can survive changes occurring during the transition. The process has six steps:

- identifying the issue or problem and organizing a meeting to which all relevant parties are invited (including, for building consensus on health care issues, health care providers, public health professionals, social scientists, politicians, consumer groups and journalists);
- providing the participants with information on the issue, including scientific data and recommendations, for study before the meeting;
- reviewing the problem at the meeting, which means that local people summarize current conditions and any weaknesses in services;
- reviewing possible solutions by outside advisers on the basis of their experience and recommendations from WHO and other sources;
- developing recommendations, which means that groups of participants address separate parts of the problem;
- reaching consensus.

To take the last step, each group presents its recommendations at a final plenary session. Then all the participants can propose changes. Discussion continues until consensus is reached on each recommendation.

Reviewing the problem

The review of the problem began with a discussion of current conditions for infants and children in St Petersburg. Some of the most urgent findings included the following:

- 10% of newborn infants had a low birth weight (double the rate in some western European countries) and these babies had a 30% greater chance of dying before their first birthday;
- intrauterine infections and neonatal infections were increasing;
- only 40% of children were fully immunized and the incidence of diphtheria and tuberculosis was rising; and
- respiratory diseases were causing a larger proportion of infant mortality.

Women of childbearing age in St Petersburg also faced serious problems. The maternal death rate was over 60 per 100 000 live births (10 times higher than rates in most European countries) and rising. Of the 111 maternal deaths to date in 1992, 28% were associated with induced abortion outside the official health care system, 26% were associated with caesarian section, 25% occurred in the postpartum period with haemorrhage as the most frequent complication. About one third of all women had gynaecological problems, the most common of which were cervical erosion and pelvic inflammatory disease. Induced abortion remained nearly the only form of birth control. Among 1000 women of childbearing age, 93 had an induced abortion in 1991 (12% of these were outside the health care system). Only 0.9% of women used contraceptives. Of all pregnant women, 43% received no prenatal care. In women under 18 years of age, there was widespread malnutrition, earlier onset of sexual activity, and increasing incidence of gynaecological problems, sexually transmitted diseases and induced abortion. A study revealed that this group had more unwanted pregnancies, were at higher risk of having a baby with a low birth weight, and both had a greater need for counselling and received less health care.

Reviewing possible solutions

The review of possible solutions began with a summary of public health principles for the care of women and their infants; they included the following. Poverty was the main cause of the high

infant and maternal mortality in St Petersburg. Services for women and infants must be multidisciplinary and involve nurses, midwives, parents and politicians as well as doctors. In a free society, women make informed choices about their health care, and health professionals serve rather than dominate their patients. Because mothers give over 90% of the health care of babies, health care services should never separate mothers and babies. Insufficiently evaluated technology leads to inappropriate use. Finally, all services must respect and support the woman and her family.

Further, a participant pointed out that, in the health systems with the lowest maternal and perinatal mortality rates, midwives care for normal women in pregnancy and childbirth, and doctors focus on caring for complications. Changes in maternity services in St Petersburg needed to emphasize making the services user-friendly and ensuring the appropriate use of technology. In addition, the role of midwifery needed to be strengthened and expanded.

Another participant stressed the importance of continuous contact between the mother and her newborn infant, even when the baby needed intensive care, and of family visits to the maternity home. In addition to allowing families to visit homes, visits by nurses to the community and the family home, both before and after birth, were important. Within the health care system, women receiving pregnancy and birth care needed to be treated as whole people, with consideration of their feelings and wishes.

A participant reviewed the idea of a "baby-friendly" hospital (an initiative of WHO and the United Nations Children's Fund (UNICEF)) which promotes breastfeeding, and contrasted it with the current situation in St Petersburg. Another participant emphasized that a shift in birth control method, from abortion to contraception, reduces maternal mortality and morbidity, protects fertility, reduces sexually transmitted diseases and cancer, and vastly improves women's health.

Developing recommendations and reaching consensus

The participants formed six groups, to make recommendations on prenatal care, birth care, neonatal care, postpartum care of women, the promotion of breastfeeding and family planning services. Each

group had two leaders, one from St Petersburg and one outside adviser. At the end of several hours of vigorous discussion and debate, each group reached consensus on a list of recommendations for its subject area.

At a final plenary session, each group presented its recommendations. In the discussion that followed, agreement usually came quickly, but a few recommendations had to be changed before final consensus was reached. At the end of the meeting, it was clear that the final recommendations were made both by and for the people of St Petersburg.

Recommendations

Prenatal care

1. Prenatal care should remain available to all pregnant women free of charge.

2. Women's polyclinics should offer additional vitamins and nutritious food to all pregnant women.

3. Pregnant women should be offered financial incentives to accept early and continuing prenatal care.

4. A system should be developed to give social and psychological support to pregnant women through the increased use of midwives and social workers. This will require expanding the role of the midwife to include prenatal care, more education for midwives and more salaried positions for social workers.

5. The role of the midwife in caring for pregnant women should be restored. This will require the reconsideration of the curricula for undergraduate and postgraduate midwifery education.

6. Each woman's needs should take priority in determining her care. The family should be the central unit in the whole process of pregnancy and childbirth.

7. All pregnant women and their families should receive a planned programme of education for childbirth, child care and family relationships from midwives and others, whether they receive their care through women's polyclinics or while in the hospital.

8. Smoking should be prohibited in all areas where prenatal care is given. This includes a ban on smoking by staff and, except in clearly designated separate areas, by women in hospitals.

9. Health care professionals should support the work of self-help groups that are in the community.

10. Advice during pregnancy should be readily available through regular radio and television programmes, posters, pamphlets and books.

Birth care

11. Continuity of care throughout pregnancy and labour, based on one-to-one care, should be developed.

12. The environment of the maternity hospital should be friendlier to the women receiving care.

13. Women should give birth in separate rooms with all due privacy.

14. Women should be able to make choices about their labour and delivery (on such issues as their mobility and position).

15. Partners and other chosen visitors should have access to mothers and their babies throughout their stay in the maternity hospital.

16. Thorough family planning education during and after pregnancy should be introduced. This requires both properly trained teachers and proper audit.

17. Pregnant women should be classified as belonging to one of a range of risk groups to ensure that they receive appropriate antenatal and birth care. This requires the review and reform of current midwifery training so that everyone can be confident of midwives' skills.

18. The assessment of women for classification (before, during and after labour) should to be based on protocols derived from research findings.

19. A programme should be developed to identify and provide care for women who attended few or no sessions of antenatal care and are therefore at a high risk of complications.

Postpartum care of women

20. Special psychological services should be offered to women during pregnancy and after birth, and pay special attention to those whose infants die or have abnormalities.

21. Special social systems should be organized to support women in pregnancy and after delivery. For example, social workers could be introduced into women's consultation clinics and maternity homes.

22. The state should be encouraged to use the mass media to educate families about breastfeeding, contraception and child care.

23. All maternity homes should practise rooming-in, allowing babies to remain with their mothers 24 hours a day. This would encourage breastfeeding and benefit both mothers and babies.

24. The initiative to organize women's community groups for the pre- and postnatal periods should be supported.

25. City administrators should be urged to finance free contraceptives for women after they give birth.

26. The Committee on Health Care in St Petersburg, along with WHO advisers, should evaluate the existing medical equipment in all maternity hospitals, to assess the need for it and to define the priorities for its use.

27. The formation of an association of midwives should be promoted to raise their professional status.

Neonatal care

28. Breastfeeding should be promoted everywhere and should start immediately after birth, in the delivery room.

29. Three levels of care should be organized for the pregnant woman, fetus and newborn baby:

- maternity homes for healthy pregnant women
- maternity homes for pregnant women at higher risk
- a perinatal centre for pregnant women and newborn babies at highest risk.

30. Adequate transport for sick and preterm infants should be an integral part of neonatal intensive care.

31. Care providers in St Petersburg should have opportunities to exchange experience with international experts in nursing, midwifery, obstetrics and paediatrics.

32. Nurses, midwives and doctors should have more training and higher standards for qualification to practise.

33. Regional laboratory centres should be organized to control hospital infection and evaluate hospital procedures.

The baby-friendly hospital

34. Every facility providing maternity services and care for newborn infants should take the following 10 steps to successful breastfeeding:[a]

(a) Having a written policy on breastfeeding that is routinely communicated to all health care staff;

(b) training all health care staff in the skills necessary to implement this policy;

[a] *Protecting, promoting and supporting breastfeeding: the special role of maternity services. A joint WHO/UNICEF statement.* Geneva, World Health Organization, 1989.

(c) informing all pregnant women about the benefits and management of breastfeeding;

(d) helping mothers start breastfeeding within a half hour of birth;

(e) showing mothers how to breastfeed and how to maintain lactation even if separated from their infants;

(f) giving newborn infants no food or drink other than breastmilk, unless medically indicated;

(g) practising rooming-in;

(h) encouraging breastfeeding on demand;

(i) giving no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants; and

(j) fostering the establishment of breastfeeding support groups and referring mothers to them on discharge from the hospital or clinic.

35. A breastfeeding group, consisting of health professionals with different educational backgrounds, should be set up in St Petersburg. The group's primary purpose should be to create a breastfeeding policy.

36. Education and practical seminars on breastfeeding management should be provided in cooperation with WHO.

37. In cooperation with WHO, a study should be started on the possible effects of swaddling on breastfeeding and on mother-infant interaction.

38. A hot line for breastfeeding counselling should be created to serve mothers after discharge from hospital.

Family planning

39. Information about means of contraception, sexuality and family life should be presented in schools, prenatal clinics and workplaces.

40. A centralized government educational programme on family planning should be established and receive support from the city. The programme should cover the entire city and the Mayor's Office should be responsible.

41. Family planning centres should be responsible for special training in sex education and family planning for health professionals, social workers and students.

42. The city government should change its policy so that contraceptives are provided to family planning centres and prenatal clinics for sale at low prices. Contraceptives should also be available in pharmacies, but sold at higher prices.

43. Contraceptive information and counselling should be provided before and after abortion and the birth of babies.

44. Abortions should be provided at low prices.

45. Doctors, nurses and midwives from the Russian Federation should be able to visit other countries to examine their counselling on family planning and the organization of services.

46. The development of local self-help groups should be promoted in cooperation with nurses and family planning centres.

Annex 1

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