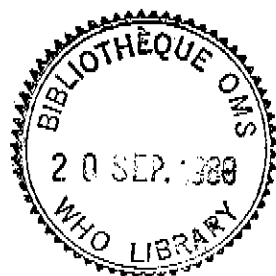


Women's health and safe motherhood: The role of the obstetrician and gynaecologist

A report of a pre-congress workshop organized by the joint
WHO/FIGO Task Force
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The Programme on Maternal and Child Health
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INTRODUCTION

The World Health Organization and the International Federation of Gynecology and Obstetrics jointly convened, in connection with the XII World Congress of Gynecology and Obstetrics, October 1988, a pre-congress workshop. It was attended by some 70 participants from all regions of the world, including members of the WHO/FIGO Task Force and representatives of the International Council of Midwives, International Planned Parenthood Federation and Carnegie Corporation. Dr Nafis Sadik, Executive Director of UNFPA made the opening presentation on Women's health, their status and their needs. The workshop had as its overall objective the development of nationally oriented strategies for the involvement of obstetricians and gynecologists, both as individuals and through their national OB/GYN societies, in advocacy and technical support for safe motherhood and women's health.

Objectives of the workshop

The workshop had three specific objectives, and each of these was addressed in working group discussions. These objectives were:

- To define the role of national OB/GYN societies and other professional associations in education, training and research for programmes on safe motherhood and women's health.
- To develop approaches for collaboration of national OB/GYN and other professional societies with women's organizations, family planning associations, youth groups and other NGOs in order to sensitize decision makers and the public to women's health issues and to the need for national commitment and action to reduce high levels of maternal mortality and morbidity.

- To review and assess the collaborative roles of FIGO and WHO in promotion and support of the action strategies of national OB/GYN societies and national authorities.

The Chairman of the Workshop was Professor Shan Ratnam, the Vice-Chairman Professor Yan Renying, and the Rapporteur was Professor D.V.I. Fairweather.

The workshop began with a plenary session. After the address of Dr Nafis Sadik, there followed presentations and discussions on the Safe Motherhood Initiative, on the social responsibilities of the obstetrician, both from developed and developing country perspectives, and on women's organizations and their role in women's health. Discussions in the working groups and presentation of their reports and recommendations occupied the remainder of the two days.

Presentations of key speakers are available upon request from the Unit of Maternal and Child Health, Division of Family Health, World Health Organization, Geneva

CONCLUSIONS

The conclusions and recommendations of the Workshop are set out below in relation to its three specific objectives. While some of these recommendations and conclusions may apply primarily to developing or in other cases to industrialized countries, they are in the main relevant to both, even if at times they require a particular emphasis or orientation.

Many of the recommendations directed to national OB/GYN societies imply clearly the need to strengthen collaboration with national authorities, particularly the Ministry of Health, and usually with other organizations such as midwives' associations, universities, non-government organizations such as women's groups and family planning associations. It is not reasonable to believe that the OB/GYN societies could take the whole responsibility for action in most of these suggested areas but it is certainly reasonable to expect that, in view of their particular expertise, commitments and relatively strong position, they could more often take an initiating and sometimes leading role in many of them.

The role of national OB/GYN societies in education of the public

In the light of the national situation in maternal and perinatal health, the national OB/GYN society should define the content of a number of simple messages which embody those aspects about maternal health and health care, including self-care, which are essential at the present time to be known by women, their families and the public in general.

It would be helpful if the society had a committee responsible for communication with the public. Among the activities of such a committee could be the provision of a service to journalists to answer questions; preparation of a booklet for mothers-to-be in countries where most women can read; devising the content of educational messages for the mass media, preferably with the skilled help of journalists themselves; initiating or collaborating in special health educational events or campaigns; supporting women's

organizations in their efforts to inform and provide health education to women; supporting educational authorities and family planning agencies in developing and disseminating appropriate and necessary education on sex and human reproduction especially to older children, adolescents and adults.

One of the most helpful actions that OB/GYN societies could take in this area would be to identify, in collaboration with women's organizations, the Ministry of Health and other relevant partners, the many missed opportunities for providing education in women's health, maternity care and family planning, and try to ensure that these opportunities are fully used in future.

Examples of such opportunities are: failure to advise women effectively after a high-risk pregnancy or an abortion on the importance of avoiding another pregnancy, and how to do so; failure to discuss with the mother of a new born baby at its first clinic attendance whether the mother wishes to cease childbearing or the length of the interbirth interval the women desires, and failure in helping her and her husband achieve their objective. A particularly commonly missed opportunity is during the visit to the clinic where scores of women wait hours to be seen without anything useful to see and learn and discuss during the waiting time.

The role of OB/GYN societies in training

Past experience has shown that it is only occasionally that a national OB/GYN society has succeeded in changing the curricula for medical students, sometimes even for postgraduates. There are many entrenched interests, some suspicion, and much inertia, and usually the society has no formal rights in the matter. Nevertheless the society could have more chance of success particularly in improving training through certain approaches and in some particular aspects. One example in most present medical curricula is the relative failure to help the student, especially but not only the male student, understand the need to take into account the totality of women's health throughout the life cycle and to provide a more

humane and understanding level of care. Discussion of and concern for women's perspectives about their health needs should be a routine part of the training of health professionals. Besides the need for improved orientation, there are other specific suggestions concerning this area of training, as follows:

- Efforts to improve curricula would probably be more successful if national societies supported training by objective. They might then take the stated objectives of their country in reduction of maternal and perinatal mortality, family planning and women's health in general and, in cooperation with their partners, try to spell out clearly the type of training that is essential for the attainment of these objectives from the obstetrician to the TBA level.
- National societies should contribute to continued education, and not only of their own professions and specialties but of all providers of maternal health and family planning care, and especially those at primary and first referral level.
- Perhaps the greatest need for national societies in education of their own specialty is to re-orient themselves consciously from the purely clinical towards the preventive; towards responsibility for the reproductive health of all women in the area they serve and not only for their own patients; and to put more reliance on communication and less on high technology.
- Where traditional birth attendants exist and attend a significant proportion of deliveries, national OB/GYN and midwives associations should acknowledge their role and unequivocally support their training. This support should not only be passive, in the sense of not opposing, but also be a more active contribution. Their training in particular needs to be very specifically oriented to agreed objectives (reduction of sepsis, reduction of delay in referral of obstructed labour, etc) and should be evaluated in these same terms. At the same time, it is recognised that in all countries the existence of delivery by TBA's is a transitional phase over a greater or lesser time and that the training of TBA's can never be a substitute for the training of adequate numbers of midwives, or be done at the expense of this.

The role of national OB/GYN societies in research

The national society should encourage, facilitate, stimulate research related to the accomplishment of the goals of the Safe Motherhood Initiative, and particularly in areas where maternal mortality is high. In research as in training, education, advocacy and collaboration with others, emphasis should be on deprived populations, especially rural women, on prevention and accessibility of life-saving care for those in dire need; and on action in the community as much as in the hospital. The society should assist publication of results, and bring to the attention of health authorities the implication of these results for the reduction of maternal and perinatal mortality and morbidity.

Every national society has a duty to be involved in monitoring the quality of maternal health care, at the very least promoting peer review and audit of maternal deaths, where appropriate (especially in countries with low maternal mortality) of perinatal deaths as well. It is desirable that national societies go further and implement or closely support studies of maternal deaths which go beyond the establishment of the clinical cause and trace the death back to multiple factors which may have been involved in the history of the pregnancy, fertility and socio-economic circumstances and other health care deficiencies. Such analysis can highlight the most commonly occurring preventable factors prevalent in the national context of the time and relevant remedial action can be taken.

The society could set up a committee for research which, in close co-operation with the Ministry of Health, midwives, universities, women's groups, family planning associations and others, could:

- identify the most important research issues
- act as or mobilise expert resources;
- help co-ordinate multi-centre studies;
- cooperate in providing training in research methodology and assist in formulating research plans

- help design forms for data recording on outcome of pregnancy
- help to design and test risk-scoring and screening systems.

In epidemiological research, in addition to the studies regarding causes of avoidable maternal and perinatal deaths, members of the society can be of great help, or even take the lead in, enhancing community level studies of maternal mortality, which attempt to enumerate and study all maternal deaths in the country or sample or region, regardless of where they occur.

Another pressing need is the study of maternal morbidity, in particular of its lasting and most distressing manifestation, obstetric fistula. This is a grievous problem the dimensions, distribution and epidemiology of which are not fully recognized and understood. FIGO and the national societies and WHO should collaborate in an enquiry of this problem by correspondence and subsequently, WHO should undertake the organization of a technical meeting on the subject.

The national OB/GYN society possesses experience and knowledge which can be of great value in the design and analysis of an evaluation system through surveys which can examine the functioning of the maternal health care system at all levels and help to determine to what extent it reaches its objectives as well as to identify the main unmet needs. These evaluations should cover the basic elements of care, their accessibility, their utilisation, the equipment and supplies, the knowledge of staff about risk factors and procedures in care. It is very important that such evaluation studies be directed also to discover what women themselves (and their families and communities) know, believe, do, and want in terms of maternal health and nutrition. In order to be able to plan rationally it is necessary to discuss with women themselves why they use the health service facilities, for example, or why they do not and what are their opinions, motivations and constraints.

Operational research (sometimes called health system, or "action-research") is a very important area in which the national OB/GYN society can play a major role. Safe Motherhood operational research consists essentially of the evaluation of improvements and innovations in maternal health care, especially the preventive aspects. It is most valuable in helping to ensure that best use can be made of limited resources, and should always include the determination of cost as well as impact and practicability.

Issues for operational research which are important in the reduction of maternal mortality in many countries are:

- the whole area of obstetric haemorrhage, blood replacement, alternative systems for provision of blood, alternatives to and substitutes for blood or plasma, prevention of haemorrhage, measurement of blood loss etc.
- the evaluation of improvements in the provision of prenatal care, particularly in terms of some of its specific objectives, such as prevention of severe hypertensive disorders of pregnancy, anaemia risk screening etc.,
- the evaluation of TBA training, again in terms of specific objectives,
- the evaluation of the use of the partograph, both in hospital and outside hospital where trained midwives are in attendance,
- the evaluation of cost and impact of the provision of essential elements of obstetric care in areas where it was formerly unavailable,
- the evaluation of improved systems for communication and transportation for emergencies of pregnancy and childbirth,
- the evaluation of interventions aimed at reducing early pregnancy deaths, e.g. from abortion or ectopic pregnancy, and
- the evaluation of educational campaigns.

Integral women's health and collaboration between OB/GYN societies and women's organizations

Despite the very nature of their specialty, it is by no means common for obstetricians and gynecologists to feel responsible for the totality of women's health. Rather, they tend to think of themselves as specialists in a collection of problems affecting the female reproductive apparatus and as scientists and craftsmen who do their utmost to ensure that their clients come through each pregnancy safely and with a healthy baby. Admirable though this certainly is, many women today feel that there is more than this to women's health. It is perhaps also a question of the relative position in which women may be, for, undoubtedly, in countries where women have a comparatively high chance of dying as a result of a pregnancy or childbirth, even the more limited objectives of the obstetrician/gynecologist which are to prevent death are yet very far from attainment.

However, women's own perceptions about their health needs are extremely important in setting objectives in this field. Yet, rarely are women consulted by the obstetricians/gynecologists when activities to improve their health are being developed and planned. Despite the fact that the majority of maternal health care providers are women, their professions of midwifery and nursing are not always given the status and respect they deserve. Moreover, in many countries obstetricians are male in a great majority, and their women colleagues are not even given a proportionate role in the decision-making levels of the national societies. Thus OB/GYNs rarely hear from women as peers.

On the other hand, the reality of women's lives, especially in developing countries is such that they neglect their own health. Opportunities to improve their health conditions are indeed limited. The reasons for this are numerous and include among others, the burdens of caring for home, children, family, and also the responsibility of food production and preparation. Moreover, women's health also suffers from the low status they are accorded; the lack of an organization and the power to exert any political pressure. As such, the few women's organizations that are in place are often heterogeneous and may not yet have defined common goals.

What then could be done by national OB/GYN societies to improve this situation?

1. OB/GYN societies should engage in a dialogue with women's organizations. Often it will be the OB/GYNs who have to take the initiative. It may not be easy, since experiences, perspectives and access to resources will differ.
2. National OB/GYN societies need to do their best to maintain the best possible relations with midwives and nurses, because here at least there is a direct source of knowing women's views.
3. However, neither midwives, nurses nor women who participate in women's organizations are necessarily representative of the rural poor and illiterate populations who are at greatest risk and often the majority. Care must therefore be taken to include these groups and their views, beliefs and practices directly.
4. It would be helpful if OB/GYN societies not only actively encouraged the entry of women into the profession and specialty, but also ensured that they were well represented at the higher levels in the professional society.
5. The national societies should be advocates, in cooperation with all others concerned, of legislation to improve women's social and economic position and conditions of work, most of all when they are particularly vulnerable during pregnancy and puerperium.
6. In collaboration with women's organizations, a focus on specific issues would be most productive in reaching common objectives. These issues might include: contraception and family planning; quality of maternal health care; appropriate use of technology; breast feeding and social support to maternal health.

The role of national OB/GYN societies in advocacy for the safe motherhood initiative

There was general agreement that the momentum and commitment that has been generated at the global level for the **Safe Motherhood Initiative** and its target to **reduce maternal mortality by 50% by the year 2000**, presents an excellent opportunity for national societies to strengthen their involvement in the formulation and implementation of national action programmes. **Many societies that have not already done so need to declare formally and unequivocally their adhesion to this global and national effort, orient the major part of their activity in its support and broaden their involvement in the issues of safe motherhood. They must not only be actors and advocates in maternal health and family planning fields, but also become advocates of action in other sectors such as education of women, equity in health and nutrition, and maternity legislation and benefits.**

Besides the leading or significantly contributory roles which national societies can play in the Safe Motherhood Initiative through communication with the public, training and research, they have another important role to play in information and advocacy. This could influence considerably the allocation of financial and human resources for the reduction of maternal mortality and morbidity. In countries of most regions national Safe Motherhood Conferences are being organized with the collaboration of WHO, UNFPA, the World Bank, UNDP, UNICEF and others. National OB/GYN societies should play their appropriate part in these conferences and in the national committees for safe motherhood which are usually formed as a result. The fulfilment of these responsibilities necessitates the **strengthening of links and active collaboration between national societies and Government** and the many other institutions and organizations already alluded to.

FIGO and WHO collaboration in the promotion and support of action strategies of national OB/GYN societies and national authorities

A review was made of the development and progress of WHO and FIGO collaboration over the last six years. There are in essence three dimensions of collaboration: WHO support to FIGO initiatives; FIGO support to WHO initiatives; and joint activities, such as those under the aegis of the WHO/FIGO Task Force.

Recent or ongoing activities include:

- FIGO participation in key WHO or inter-agency meetings on maternal health, family planning and safe motherhood.
- WHO support to meetings of FIGO, its standing committees, and to workshops and sessions on safe motherhood and family planning issues in national society meetings.
- Consultations on WHO publications.
- Publications of special supplements in the International Journal of Obstetrics and Gynecology.
- Collaboration in the production of volume 3 of the Teaching Manual on Human Reproduction.

Specific projects for future collaboration are the extension and development of the above activities, including the development of guidelines, norms and standards and training material for specific essential obstetric functions; exchange of information in advance about dates, place and agenda of meetings of national societies as well as projected regional and national safe motherhood conferences or seminars; distribution to and use of WHO newsletters by national societies particularly the projected one on safe motherhood.

RECOMMENDATIONS

The following specific recommendations were made:

1. A variety of approaches should be used to further strengthen the already excellent collaboration between FIGO and WHO. It is recommended that there be greater efforts to link and support the efforts of WHO regional offices and WHO Representatives in countries with the regional and national OB/GYN societies.
2. WHO and FIGO should collaborate in a new version of "Maternity Care Around the World", examining alternative sources of information and modes of dissemination in order to effect a response at the national level to strengthening maternal health.
3. FIGO should exercise at the next convenient opportunity its privilege to address the World Health Assembly, drawing attention of member states to its offer of collaboration and support for national efforts to ensure safe motherhood and the health of women.

STATEMENT OF THE JOINT WHO/FIGO PRE- CONGRESS WORKSHOP TO THE FIGO EXECUTIVE BOARD

During the last few years international attention has been focussed on the tragedy of persistently high levels of maternal mortality in many countries. Increasingly in various fora, international and national, among the leadership of organisations and institutions, both governmental and non-governmental, and in the heart and conscience of concerned individuals there has been a strong call for action at all levels. Based on the growing understanding of the direct, indirect and underlying causes of this tragedy, action must be directed at: redressing the social inequities underlying the status of women in many societies; defining the magnitude and nature of the problem as a basis for country programme development; operational research in the development, adaptation and application of technologies, approaches and procedures for maternal health, family planning and the health of women as a whole; and mobilizing and committing the necessary resources for the implementation of country derived programmes with the full participation of obstetricians and gynaecologists, all others contributing to the care of women and above all, women themselves.

Inherent in the concept of safe motherhood is the need for action to ensure equity in the health, nutrition and social status of women from birth throughout their lives, that is, the broader framework of women's health. Thus, women's health represents a social objective in its own right in all societies. Women's health needs must be seen as a whole, and women must be active participants in defining their health needs and in identifying strategies to meet them.

Thus the participants in the Joint WHO/FIGO Workshop:

- Recalling the commitment made by all Member States of WHO to the goal of Health for All through strategies based on primary health care;
- Recognizing, in the attainment of the objectives of Safe Motherhood and Women's Health, the critical role of non-governmental organizations, particularly the national and international associations of obstetrics and gynaecology, and of other groups providing for the care and support of women's health, and
- Recognizing the need for a dialogue and collaboration between FIGO, national societies, midwifery and women's organizations, and women themselves; directs to FIGO and its national societies the following recommendations.

1. National societies should take responsibility for defining the content of a number of simple messages that embody the information and knowledge that the public should have with respect to women's health and safe motherhood;
2. National societies should identify and capitalize on opportunities for education in maternal health and family planning;
3. Where traditional birth attendants exist, national societies should acknowledge their role and actively support their training and/or articulation with health care systems, but this should not be done to the neglect of training of midwives and other health workers, particularly at the primary and first level of referral;
4. National societies should establish committees to help identify priority research issues, serve as expert resources to national authorities, advise on training, promote public education and otherwise support women's health and safe motherhood, particularly emphasizing preventive approaches, and focusing on community level action benefiting rural and other underserved populations;

5. National societies should assist in the evaluation of maternal health care systems, with particular attention to the perspective of women themselves;
6. Obstetricians and gynaecologists should engage in a two-way dialogue with women's organizations and with women to understand one another's perspective and to mutually reinforce their respective roles for women's health and social and economic development;
7. National societies should become more involved in changing the attitudes and approaches to meeting women's needs, placing greater reliance on communication and less dependency on high technology;
8. National societies should become involved in improving teaching curricula relevant to women's health, particularly to ensure that such curricula reflect women's perspectives and that teaching is done by objectives;
9. FIGO and WHO should continue to explore and develop different approaches to further the already existing excellent collaboration between them, particularly to strengthen the link between national societies and WHO Regional Offices and country representatives to support their efforts in the field of maternal and child health and family planning;
10. WHO and FIGO should collaborate in a new version of *Maternity Care Around the World*, examining alternative methods, sources of information and modes of dissemination;
11. FIGO should exercise its privilege to address the World Health Assembly and WHO Regional Committee meetings, drawing attention of member states to its offer of collaboration and support for national efforts to ensure safe motherhood and the health of women.

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