WORKSHOP ON PERINATAL CARE

Report on a WHO Expert Meeting

Venice, Italy
16–18 April 1998
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.

ABSTRACT

While perinatal care is changing in all the countries of the WHO European Region, it particularly needs reinforcement in the newly independent states of the former USSR and the countries of central and eastern Europe. This requires the development of specific strategies and tools. The WHO Regional Office for Europe, in close collaboration with the Veneto region of Italy, organized a Workshop on Perinatal Care to examine the available material, to identify the gaps and to create a task force to address them. Over 30 gynaecologists, obstetricians, neonatologists, midwives and educators, from Bulgaria, Canada, Estonia, Georgia, Israel, Italy, Kazakhstan, Lithuania, Romania, the Russian Federation, Spain, Sweden, Ukraine and the United Kingdom, attended. They agreed that strategies for interventions in perinatal care should include antenatal care and education, delivery care, the identification and correct management of obstetric complications, post-partum care and neonatal care. The participants endorsed the principles of protecting, promoting and supporting effective perinatal care and recommended the formation of a Task Force on Perinatal Care to support and advise on effective perinatal care and to develop appropriate strategies and tools for specific problems.

Keywords

PERINATAL CARE – standards
MATERNAL HEALTH SERVICES – standards
OBSTETRICS
QUALITY OF HEALTH CARE
COMMONWEALTH OF INDEPENDENT STATES
EUROPE, EASTERN
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Introduction

In addressing the WHO Health for All Targets 7 and 8 to reduce maternal and infant mortality rates above 20 per 1000 live births to below 15, the Women and Child Health programme of the WHO Regional Office for Europe (EURO) has been focusing for several years on the Newly Independent States (NIS) of the former Soviet Union and the countries of central and eastern Europe (CCEE) where these rates are alarmingly above 20. Accordingly, the major areas of focus have been on upgrading and updating maternal and infant care services to international standards, based on the Safe Motherhood principles. Given the fact that the majority of the deliveries in the region occur in hospital, the primary targets have been the maternity and neonatal wards, where WHO has undertaken intensive training of health staff in essential and appropriate holistic care, promoted inter-professional exchanges, supplied essential drugs and equipment, and recommended revisions to maternity procedures and protocols.

Scope and purpose

The need, however, for joint efforts to reinforce perinatal care strategies is evident to all concerned. For this purpose, the WHO Regional Office for Europe, in collaboration with the Region of Veneto, Italy, organized a Workshop on Perinatal Care, from 16–18 April 1998, inviting a panel of 34 expert gynaecologists, obstetricians, neonatologists, paediatricians, midwives, nurses, health caregivers and educators from Bulgaria, Canada, Estonia, Georgia, Israel, Italy, Kazakhstan, Lithuania, Romania, Russian Federation, Spain, Sweden, Ukraine and the United Kingdom (see Annex 3) to:

- review the tools available in the Region for perinatal care assessment, training and monitoring and to identify the areas which may still not be adequately covered by the existing tools;
- develop strategies for effective perinatal care/safe motherhood activities, including coordination with other interested parties in the Region;
- create a task force to support technically the implementation of the different components of perinatal care/safe motherhood programmes in Europe and to share efforts and responsibilities in this challenging task.

Summary of proceedings

Generously hosted by the Region of Veneto, the meeting was conducted in the grandiose 16th century Scuola Grande S. Giovanni Evangelista in Venice. In his opening speech, Professor Braghetto, Regional Minister for Health Policies, presented the Veneto Region’s view of health care. He stressed that there is a demand for medical care to be equitable, effective, of high-quality, flexible, diffuse, timely sensitive and respectful of the needs of the people and heedful of health-related social problems. He expressed the Veneto Region’s pleasure and commitment to collaborating with WHO to achieve the set goals for perinatal care.

Chaired alternatively by members of the participants, the meeting proceeded with presentations, (see list of presentations annexed), group work, and plenary discussions, in accordance with the annexed programme.

Participants worked in groups in the following major areas:

1. to review the existing TECHNICAL TRAINING MATERIAL, and identify their gaps;
2. to develop suggestions on how PARTNERSHIPS could be strengthened in implementing future training strategies;
3. to review the TOOLS for NEEDS ASSESSMENT of perinatal care implementation and TOOLS for MONITORING AND EVALUATING the impact of training and to identify gaps in the above material.
Recommendations of the Working Groups

WHO/EURO will function as the Secretariat for the Task Force. The Task Force will be multidisciplinary and will include representatives from the CCEE/NIS and partners/agencies. WHO will invite members of the Task Force according to their expertise. The Secretariat will be responsible for convening the Task Force for finalizing the terms of reference and for circulating these to the members of the workshop.

The working groups developed the following recommendations for the attention of the Task Force, which were agreed in plenary.

In general the Task Force would support and advise on effective perinatal care and develop appropriate strategies and tools for specific problems by:

- collating available technical training tools/material;
- reviewing and revising the appropriateness and completeness of this training material;
- creating a bibliography and a mechanism for updating it;
- developing specific training material addressing different audiences, such as policy-makers, academics/trainers/teachers, professional associations and nongovernmental organizations (NGOs);
- developing brochures/information packages for women and families, for the media, for the private sector, i.e. businesses such as pharmaceutical companies;
- ensuring that pre-service training is designed in parallel with in-service training;
- exchange must also respect the cultural and technical aspects of the visitors' background and homeland in order to maximize the benefits of the exchange programme. It is important that the skills and techniques to which the participants are exposed are applicable and meaningful to their home environment.

1. *Technical training material*

1.1 Several categories of written material should be made available:

- technical
- background materials/evidence supporting practice
- training course manuals for trainees, trainers and training of trainers
- standards, protocols, quality assurance instruction resources.

1.2 These materials should incorporate:

- organization/system design/philosophy underlying the subject
- midwifery/obstetric practices
- neonatal practices
- breastfeeding
- psychosocial issues
- parent education.

1.3 Audiovisual material should be developed to address, in particular, the needs of the CCEE/NIS. These should be devised with care so as to benefit from the powerful impact of such material.

1.4 The publication "A guide to effective care in pregnancy and childbirth" should be translated into Russian and distributed widely.

1.5 The WHO Reproductive Health database should be translated into Russian.

1.6 The Task Force should consider the possible translation of basic texts into Russian giving careful consideration to the appropriateness of their content.
1.7 A strategic plan should be developed for timely dissemination of translated material and tools in order to ensure that these reach all health care professionals at all levels in the European Region.

1.8 Perinatal associations/societies should be supported and linked into the network of perinatal care promoting agents. These groups should be multidisciplinary or be encouraged to become so and should be agents for dissemination of information and material.

1.9 The Task Force should consider the feasibility of publishing a periodical addressing a few clinically relevant issues (e.g. definitions, generally accepted principles, clinically effective practices, etc.) with clearer focus on the needs of the CCEE/NIS.

2. Strengthening partnerships in training strategies

It was specifically recommended to:

• continue training at national level in order to ensure national capacity building;
• include both practical and theoretical sessions in training;
• develop a "Maternity Care" manual similar to the "Essential Newborn Care and Breastfeeding", as a valuable aid to in-service training;
• design and promote specific exchange/fellowship programmes. It was emphasized that exchange programmes should be carefully designed in terms of selection of candidates, selection of location to be visited and the purpose of the exchange. The design of the exchange must also respect the cultural and technical aspects of the visitor's background and homeland in order to maximize the benefits of the exchange programme. It is important that the skills and techniques to which the participants are exposed are applicable and meaningful to their home environment.

3. Needs assessment, monitoring and evaluation

3.1 Needs Assessment tools and implementation

To date, needs assessments have been undertaken based on assumptions and data from other countries. In view of the non-existence of a needs assessment tool for perinatal care, such a tool should be developed based on the new WHO/headquarters assessment tool and the monitoring tools developed by WHO/EURO for the CARAK project.

Needs assessments should consider:

• epidemiological data
• policies
• a community focus, including people's knowledge and understanding
• financing
• health service management, including
  − monitoring
  − training
  − supervision
  − supplies
  − referral systems
  − access
  − resources.

3.1.1 The needs assessment process should be the responsibility of national counterparts with the collaboration of external consultants as technical support. The team should be multidisciplinary.

3.1.2 Needs assessments should be area-based and not hospital-based.
3.1.3 A plan for the analysis and use of data obtained from needs assessments (as well as monitoring and evaluation) is needed.

3.1.4 The needs assessment tools should be designed, taking existing monitoring systems into account.

3.2 Monitoring and evaluation

3.2.1 In all needs assessments, monitoring and evaluation tools, perinatal indicators should be standardized. Birth-weight specific data is needed. In addition, agreement on a brief list of perinatal indicators is needed (10 not 20). Training on the use of surveillance data should be included in technical training programmes, such as Essential Newborn Care.

3.2.2 Monitoring and evaluation tools should consider problems of surveillance, including reliability, validity and use.

3.2.3 WHO/EURO should facilitate "EURONATAL" recommendations on collection of vital perinatal data for communication to all parts of the Region. In this regard, it is important that:

- notification is linked to registration
- notification is used for national data set
- registration of birth and death is free of charge.

3.2.4 WHO should assist countries to develop systems for accreditation for levels 1, 2 and 3 facilities by:

- developing standards for facilities
- involving professional associations and professionals in developing standards, systems and audit tools
- encouraging the agreement of standards by ministries for countries.

Conclusions and closing session

Contributions from CCEE/NIS representatives

A number of significant issues were raised by representatives from CCEE/NIS and summarized below.

- Sustainability of any programmes remains a critical issue.
- Adaptation of global recommendations to local conditions remains a requirement and mechanisms for these adaptations need to be developed.
- Midwifery and nursing need strengthening in the region.
- Standardization of the term "perinatal care" is still needed.
- An integrated approach is needed to perinatal care and safe motherhood promotion in the region, rather than a vertical approach.
- The language barrier remains a difficulty, not only at meetings but also with regard to using material.
- Change should be introduced in the country by nationals themselves, with the assistance of external expertise.
- Academic institutes need to be involved.
- Privatization of health care is a growing reality and needs to be considered in any intervention/training programmes.
- There is a lack of good tools for implementation of training.
- Assistance is needed with coordination of the activities of various players in countries.
- Common priorities should be addressed.
• Definitions of appropriate technologies and the indications for their use are needed. A glossary of terms should be developed.

**Terms of reference for the Task Force**

While changes in perinatal care are occurring in all countries of the region, the needs of the CCEE/NIS are particularly evident. The strategies for intervention in perinatal care should include antenatal care and education, delivery care, identification and correct management of obstetric complications, post-partum care and neonatal care. The workshop endorsed the principles of protecting, promoting and supporting effective perinatal care and recommended the formation of a Task Force in Perinatal Care.

The **objectives of the Task Force** will be:

1. to support and advise on effective perinatal care;
2. to develop, within the priorities of countries, appropriate strategies and tools for specific problems identified by the workshop as listed above.

**Terms of reference**

- WHO/EURO will function as the secretariat for the Task Force.
- The Task Force will be multidisciplinary and will include representatives from the CCEE/NIS and partners/agencies.
- WHO will invite members of the Task Force according to their expertise.
- The Secretariat will be responsible for convening the Task Force, for finalizing the terms of reference and for circulating the members of the workshop.
- The European Region should not only address global recommendations but also its regional specific needs.
- There are values and principles that are particularly important and to be recommended in the European context. These include:
  - care for normal pregnancy and birth should be de-medicalized
  - care should be based on the use of appropriate technology
  - care should be regionalized
  - care should be evidence-based
  - care should be multidisciplinary
  - care should be holistic
  - care should be family centred
  - care should be culturally appropriate
  - care should involve women in decision-making.
Annex 1

PROGRAMME

Day 1

08.30–09.00 Registration of participants at Scuola Grande
09.15–09.30 Welcome to participants by Professor Braghetto, Regional Minister of Health
09.30–09.50 Scope and Purpose by Dr Viviana Mangiaterra
09.50–10.00 Introduction by Dr Luigi Bertinato

10.00–12.45 Session I: Presentations and discussions
10.00–10.30 Perinatal care/safe motherhood: How to meet the needs of countries, by Dr Jelka Zupan
10.30–10.45 Discussions
10.45–11.15 Coffee break
11.15–11.45 Needs assessment methodology, by Dr Ragnar Tunell
11.45–12.00 Discussions
12.00–12.30 Essential newborn care, by Dr Fabio Uxa and Dr Ricardo Davanzo
12.30–12.45 Discussions
12.45–14.00 Lunch break

14.00–18.00 Session II: Working groups, first part
I. Obstetric care: training
II. Neonatal care: training

Day 2

09.00–12.30 Session III: Presentations and discussions
09.00–09.30 Reforming perinatal care, including the use of appropriate technology, by Dr Octavian Bivol
09.30–09.45 Discussions
09.45–10.15 The WHO recommendations for birth: Fortaleza and beyond, by Professor Beverley Chalmers
10.15–10.30 Discussions
10.30–11.00 Coffee break
11.00–11.30 Follow-up and monitoring of MCH activities, a WHO EURO tool to measure training impact, by Ms Karina Oddoux
11.30–11.45 Discussions
11.45–12.15 The use of perinatal care indicators for monitoring, by Ms Dawn Fowler
12.15–12.30 Discussions
12.30–12.45 Regionalization of care: Veneto Region experience, by Dr Franco Toniolo
12.45–13.00 Discussions
12.30–13.45 Lunch break

14.00–18.00 Session IV: Working groups, second part
I: Obstetric care: Needs assessment, monitoring and evaluation
Day 3

09.00–11.30  Session V: Presentation of the working groups, conclusions and recommendations
09.00–09.30  Presentation of the working group on obstetric care, conclusions and recommendations
09.30–10.00  Discussions
10.00–10.30  Presentation of the working group on neonatal care, conclusions and recommendations
10.30–11.00  Discussions
11.00–11.30  Coffee break

11.30–12.30  Session VI: Conclusion
Agreement on a common plan of action and sharing of responsibilities
12.30–12.45  Closing session by Dr Filippo Palumbo and Dr Agostino Miozzo
Annex 2

PRESENTATIONS

Veneto's New Health Service
Professor Iles Braghetto, Regional Minister for Health Policies, Veneto Region

Opening address
Dr Viviana Mangiaterra, WHO/EURO

Perinatal Care/Safe Motherhood: Meeting Needs of Countries
Dr Jelka Zupan, WHO/HQ

Assessment Methodology in Neonatal Care
Professor Ragnar Tunell, Sweden

Kangaroo Mother Care: A Relevant Component of Essential Newborn Care for Low Birth-Weight Infants
Dr Riccardo Davanzo and Dr Fabio Uxa, Istituto Per L'Infanzia, Trieste, Italy

Dr Octavian Bivol, UNICEF, Moldova

WHO Appropriate Technology for Birth: Fortaleza and Beyond
Professor Beverley Chalmers, Canada

Follow-up, Monitoring and Supervision of MCH activities in the CARAK countries
Ms Karina Oddoux, WHO/EURO

The Use of Perinatal Care Indicators for Monitoring
Ms Dawn Fowler, WHO/EURO

Regionalization of care: Veneto Region experience
Dr Franco Roniolo, Regional Secretary of Health, Veneto Region

Midwifery College, St Petersburg
Dr Leonid D. Dymchenko, Director of College, Russian Federation

Data on Health of Women and Children in Ukraine
Professor Olga Gryshenko, Kharkov Department of Perinatology/Gynaecology, Kiev, Ukraine
Annex 3

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