



Definition of skilled health personnel providing care during childbirth: the 2018 joint statement by WHO, UNFPA, UNICEF, ICM, ICN, FIGO and IPA

This 2018 joint statement by the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the International Confederation of Midwives (ICM), the International Council of Nurses (ICN), the International Federation of Gynecology and Obstetrics (FIGO) and the International Pediatric Association (IPA) presents the 2018 definition of skilled health personnel providing care during childbirth (also widely known as a "skilled birth attendants" or SBAs). It results from the recent review and revision of the 2004 joint statement by WHO, FIGO and ICM – *Making pregnancy safe: the critical role of the skilled attendant* (1).

The 2030 Agenda for Sustainable Development highlights the importance of continued attention to maternal and newborn health (MNH) under Sustainable Development Goal 3 (SDG 3, see Box 1). Achieving SDG targets 3.1 and 3.2 will require strong and effective strategies, but also accurate measurement and monitoring of progress on key indicators. A critical progress indicator, explicitly adopted for SDG 3 and also by the *Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030*, and by the framework for ending preventable maternal mortality (EPMM), 2015–2030, is the **"proportion of births attended by skilled health personnel"** (SDG indicator 3.1.2) (2,3,4).

Measurement methods and metadata used for reporting on skilled health personnel attending births took guidance from the 2004 WHO–FIGO–ICM joint statement, which provided a definition of skilled birth attendant (SBA) and described the core functions of that individual's role within the context of improving MNH (1). However, use of that information as a basis for measurement and metadata was beyond the original intent of the 2004 joint statement. Analysis of available reports has shown that in countries that achieved relatively high levels of SBA coverage of deliveries, maternal and neonatal mortality have not been reduced proportionally (5). The transition from the Millennium Development Goals (MDGs) to the SDG reporting era provides an opportunity to critically reflect on global measurement: is the problem the indicator, its measurement, or both?

In reality, the measurement of SBA coverage of deliveries in many countries is challenging (6). Many countries have found that there are large gaps between international standards (e.g. those set by FIGO, ICM, ICN, IPA, WHO, etc.) and the actual competencies possessed by existing birth attendants (7).

To address these challenges, a Task Force undertook the process of clarifying and refining the definition of the widely used term "skilled birth attendant" (SBA) to issue this updated joint statement to provide a revised

Box 1. SDG 3: Ensure healthy lives and promote well-being for all at all ages (2)

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

Indicator 3.1.1: Maternal mortality ratio

Indicator 3.1.2: Proportion of births attended by skilled health personnel

Target 3.2: By 2030, end preventable deaths of newborns, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births*

Indicator 3.2.2: Neonatal mortality rate

* Modified to focus only on newborns.

definition of “skilled health personnel” providing care during childbirth, with the aim of supporting more robust measurement and metadata, as required by the SDGs, for indicator 3.1.2 in particular.

The scope of this new joint statement has been expanded from a narrow focus on SBAs as individuals. The main differences between the 2004 and the 2018 definition of skilled health personnel providing care during childbirth are that, under the revised definition, these are personnel who can provide effective, uninterrupted and quality care because they are: (a) competent MNH professionals who hold identified competencies (and as a team, these professionals possess all the MNH competencies in the eight categories listed in Box 2); (b) educated, trained and regulated to national and international standards; and (c) supported within an enabling environment comprising the six building blocks of the health system. Figure 1 on the next page presents a conceptual framework illustrating all of these elements, with the MNH professional providing care during childbirth at the centre.

The definition (Box 3) and the supporting information presented in the background document¹ provide guidance for policy-makers and a basis for approaches to data collection and measurement that clearly identify which health-care providers can be counted as “skilled health personnel” for the purposes of measuring SDG indicator 3.1.2, thus documenting progress towards achievement of SDG target 3.1. This 2018 joint statement can also be expected to support a wider strategy to improve the health of women and newborns globally.

¹ Available at: www.who.int/reproductivehealth/defining-competent-mnh-professionals

Box 2. Categories of MNH competencies

1. Scope of knowledge
2. Scope of practice
3. Pre-pregnancy and antenatal care
- 4. Intrapartum care**
5. Postpartum and postnatal care
6. Newborn care
7. Care related to loss or termination
8. Leadership

All competent MNH professionals in a team provide evidence-based, human-rights-based, quality, socioculturally sensitive and dignified care to women, newborns and their families.

Box 3. The 2018 definition of skilled health personnel (competent health-care professionals) providing care during childbirth (often referred to as “skilled birth attendants” or SBAs)

Skilled health personnel, as referenced by SDG indicator 3.1.2, are competent maternal and newborn health (MNH) professionals educated, trained and regulated to national and international standards. They are competent to:

- (i) provide and promote evidence-based, human-rights-based, quality, socioculturally sensitive and dignified care to women and newborns;
- (ii) facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience; and
- (iii) identify and manage or refer women and/or newborns with complications.

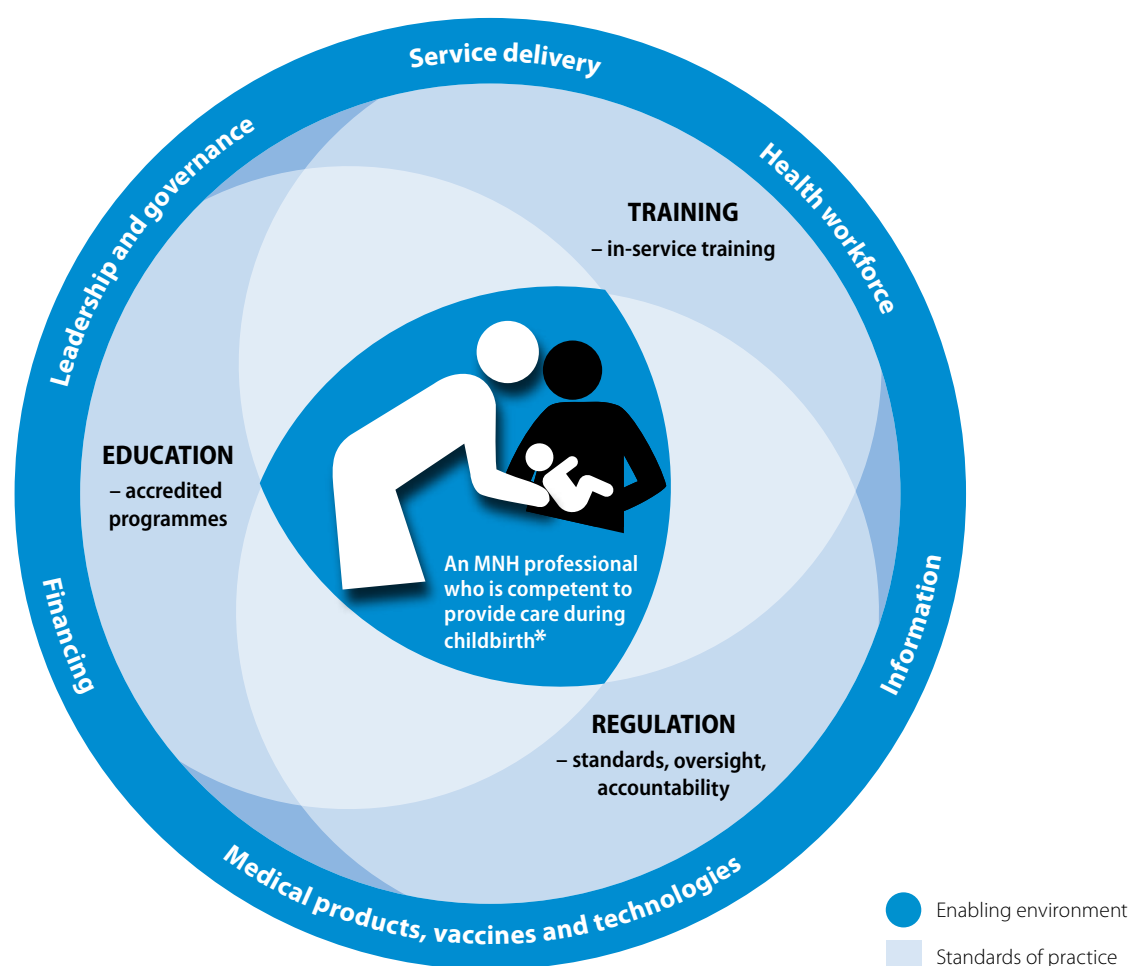
In addition, as part of an integrated team of MNH professionals (including midwives, nurses, obstetricians, paediatricians and anaesthetists), they perform all signal functions of emergency maternal and newborn care to optimize the health and well-being of women and newborns.

Within an enabling environment, midwives trained to International Confederation of Midwives (ICM) standards can provide nearly all of the essential care needed for women and newborns.* (In different countries, these competencies are held by professionals with varying occupational titles.)

* The state of the world’s midwifery 2014: a universal pathway: a woman’s right to health. New York (NY): United Nations Population Fund; 2014 (www.unfpa.org/sowmy).

Figure 1. A conceptual framework for the definition of skilled health personnel (competent health-care professionals) providing care during childbirth

At the core of this framework is the maternal and newborn health (MNH) professional who is competent to provide care during childbirth. This person possesses competencies in intrapartum care,* and is also supported by appropriate standards of practice (education, training and regulation), and operates within an enabling environment (a well functioning health system, comprising six building blocks).^a SDG indicator 3.1.2 – proportion of births attended by skilled health personnel^b – should be calculated as those births attended by a person who fits this definition. “Competent, motivated human resources” is one of the eight domains of the WHO framework for the quality of maternal and newborn health care.^c



* This individual possesses the following required competencies (knowledge, skills, behaviours) in the area of intrapartum care:^d

- can provide and promote evidence-based, human-rights-based, quality, socioculturally sensitive and dignified care to women and newborns
- can facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience
- can identify and manage or refer women and/or newborns with complications
- can perform (as part of a team) all signal functions of emergency maternal and newborn care (basic emergency obstetric and newborn care – BEmONC; comprehensive emergency obstetric and newborn care – CEmONC) to optimize their health and well-being.

a Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. Geneva: WHO; 2007 (www.who.int/healthsystems/strategy/en/).

b Sustainable Development Goal 3. In: Sustainable Development Knowledge Platform [website]. New York (NY): United Nations Department of Economic and Social Affairs; 2017 (<https://sustainabledevelopment.un.org/sdg3>).

c Standards for improving quality of maternal and newborn care in health facilities. Geneva: WHO; 2016 (www.who.int/reproductivehealth/publications/maternal_perinatal_health/improving-mnh-health-facilities/).

d There are eight categories of MNH competencies that competent MNH professionals must possess as an integrated team: Scope of knowledge, Scope of practice, Pre-pregnancy and antenatal care, Intrapartum care, Postpartum and postnatal care, Newborn care, Care related to loss or termination, Leadership. Further information is available in the full background document to the 2018 joint statement (www.who.int/reproductivehealth/defining-competent-mnh-professionals).

This statement reflects the current thinking as expressed in recent WHO publications:

- *WHO recommendations on intrapartum care for a positive childbirth experience (8)*
- *WHO recommendations on antenatal care for a positive pregnancy experience (9)*
- *Standards for improving quality of maternal and newborn care in health facilities (10)* and
- *Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice (11).*

In response to this new statement, standards of practice may require adaptation to country and context, potentially including revision of curricula and legislation. Household surveys and administrative data collection methods must also be adjusted and strengthened in accordance with the 2018 joint statement and definition, to support meaningful measurement of SDG indicator 3.1.2.

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For more information, please contact: Department of Reproductive Health and Research, World Health Organization, Avenue Appia 20, CH-1211 Geneva 27, Switzerland

Email: reproductivehealth@who.int

Website: www.who.int/reproductivehealth