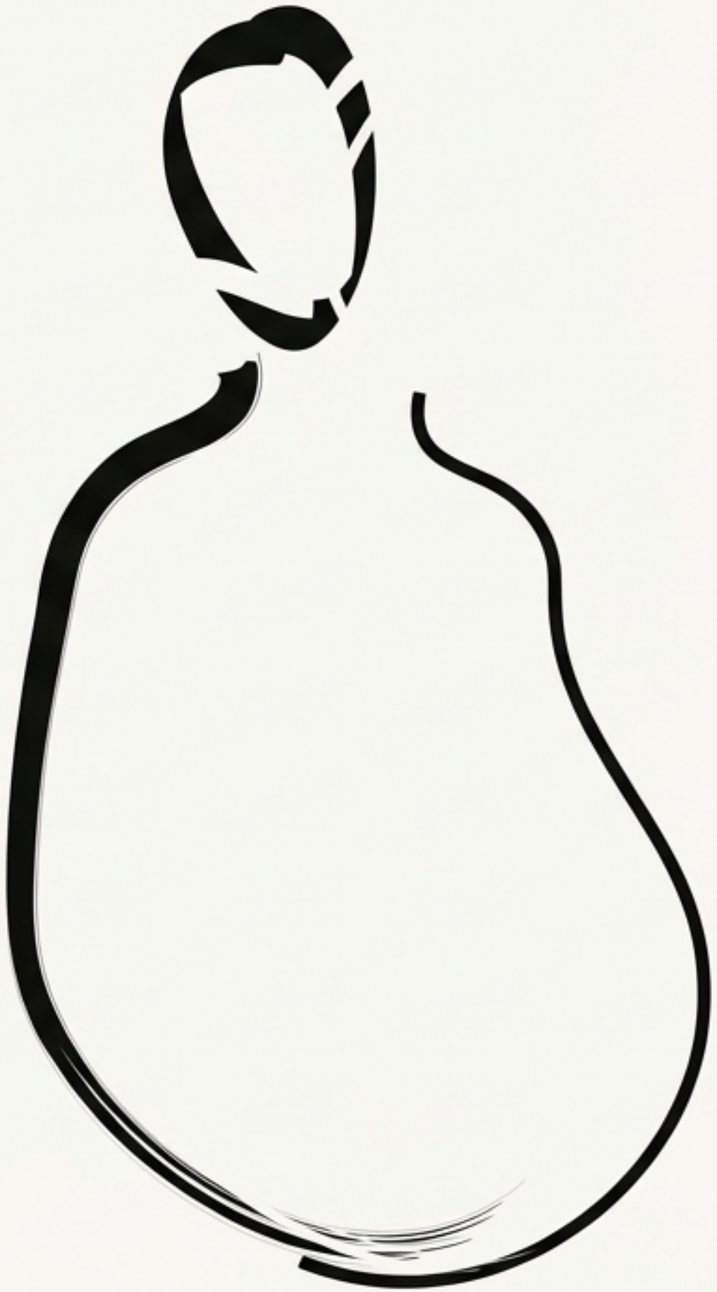
# A Positive Childbirth Experience: A New Vision for Intrapartum Care

## Key Recommendations from the World Health Organization



World Health Organization

# More women are giving birth in facilities, yet the quality of care remains a critical challenge.

Globally, approximately 140 million births occur every year. While more women now give birth in health facilities, this has not guaranteed good quality care.

## A Global Paradox

### ‘Too much, too soon’

In many settings, healthy women are exposed to unnecessary medical interventions that interfere with the physiological process of childbirth.

### ‘Too little, too late’

In other settings, too few interventions are provided too late.

## Key Barrier

**Disrespectful and undignified care** is prevalent, violating human rights and acting as a significant **barrier to women accessing facility care.**

# The increasing medicalization of childbirth undermines women's capabilities and widens the equity gap.

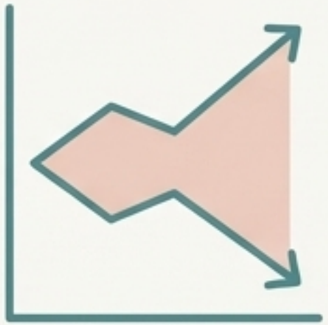
The prevailing model of intrapartum care, which enables the provider to control the birthing process, has significant negative consequences.

## Erodes Woman's Capability

The increasing use of interventions "tends to undermine the woman's own capability to give birth and negatively impacts her childbirth experience."

## Leads to Unnecessary Interventions

A substantial proportion of healthy pregnant women undergo at least one clinical intervention, such as induction, oxytocin augmentation, caesarean section, or episiotomy, often without clear indication.



## Widens the Equity Gap

The questionable use of technologies, even when clinical benefits are unclear, has "further widened the equity gap for pregnant women and newborns in disadvantaged populations."

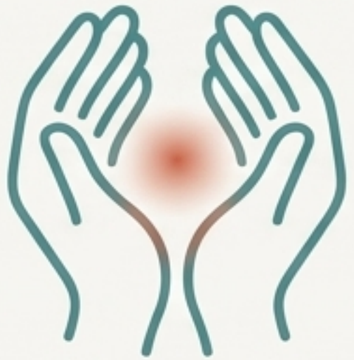
# The WHO’s solution: Prioritizing a ‘positive childbirth experience’ as a critical outcome for all women.

The guideline recognizes that experience of care is as important as clinical provision. It defines a “positive childbirth experience” as one that:

- Fulfills or exceeds a woman’s prior personal and sociocultural beliefs and expectations.
- Includes giving birth to a healthy baby in a clinically and psychologically safe environment.
- Features continuity of practical and emotional support from a birth companion and kind, technically competent clinical staff.
- Provides a sense of personal achievement and control through involvement in decision-making, even when interventions are needed.

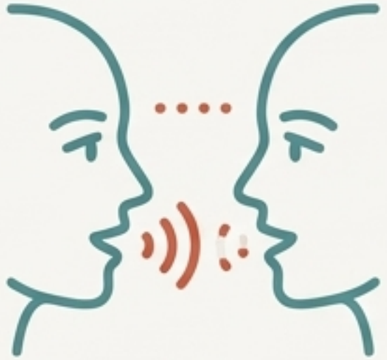
# The foundation of positive childbirth is built on four core principles of care.

These non-clinical aspects of care are essential components that should complement any necessary clinical interventions.



## 1. Respectful Maternity Care

Care that maintains dignity, privacy, and confidentiality, and ensures freedom from harm and mistreatment.

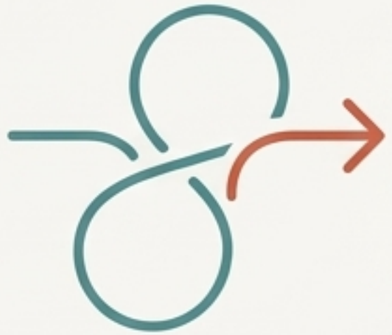


## 2. Effective Communication

Using simple, culturally acceptable methods, respecting the woman's needs and questions with empathy, and ensuring informed consent.

## 3. Companionship of Choice

A companion of choice is recommended for all women throughout labour and childbirth.



## 4. Continuity of Care

Midwife-led continuity-of-care models are recommended in settings with well-functioning midwifery programmes.

# Evidence shows labor can be slower than previously thought, demanding a new approach to monitoring progress.

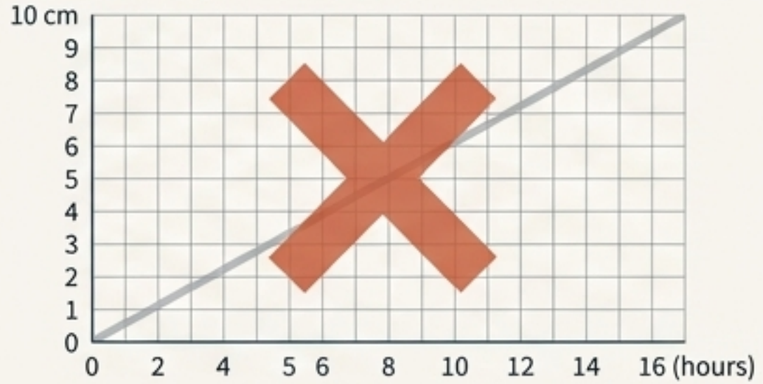
The new WHO guideline provides evidence-based definitions to reduce unnecessary interventions.

## Paradigm Shift 1: Active First Stage Redefined


The active first stage of labor is now defined as starting from **5 cm** of cervical dilatation, not 4 cm.

The **latent phase** is the period of slower progression up to 5 cm.

## Paradigm Shift 2: The '1 cm/hour' Rule is Obsolete




The cervical dilatation rate threshold of 1 cm/hour is **inaccurate** for identifying women at risk of adverse outcomes and is **not recommended** for this purpose.

Many women experience slower progression and still achieve a normal vaginal birth.

# Key recommendations for the first stage of labor focus on comfort, mobility, and nourishment

## Recommended

Source Sans Pro Semibold

- **Oral Fluid and Food:** For women at low risk, oral fluid and food intake during labour is recommended.

- **Mobility and Position:** Encouraging mobility and an upright position during labour in women at low risk is recommended.

## Not Recommended

Source Sans Pro Semibold

- **Routine Vaginal Cleansing:** Routine vaginal cleansing with chlorhexidine during labour for preventing infectious morbidities is not recommended.

- **Routine Amniotomy:** The use of amniotomy alone for prevention of delay in labour is not recommended.

- **‘Active Management of Labour’:** A package of care for active management of labour for prevention of delay in labour is not recommended.

# For the second stage, the focus is on a woman's choice of position and her own urge to push.

The guideline recommends practices that support the woman's natural capabilities during the expulsive phase.

### Choice of Birth Position

For women without epidural analgesia, they should be encouraged to adopt any position they find most comfortable, including upright positions. This is also recommended for women *with* epidurals.

### Follow Own Urge to Push

Women should be encouraged and supported to follow their own urge to push, rather than being subjected to directed pushing.

### Techniques to Prevent Perineal Trauma

Techniques like perineal massage during the second stage and warm compresses are recommended to reduce the risk of perineal trauma.

# The guideline strongly advises against several common but potentially harmful interventions.

Many routine interventions have been shown to be ineffective or harmful and should not be implemented.


## Routine or Liberal Episiotomy

Not recommended for women undergoing spontaneous vaginal birth. Selective use is associated with less perineal trauma.


## Manual Fundal Pressure

Application of manual fundal pressure to facilitate childbirth during the second stage of labour is not recommended due to concerns about potential for serious harm.


## Routine Admission CTG

Routine cardiotocography (CTG) is not recommended for assessing fetal well-being on admission for healthy women. Auscultation with a Doppler or Pinard stethoscope is recommended instead.

# Evidence-based care continues in the critical hours after birth to ensure maternal and newborn safety

The guideline integrates crucial recommendations for the third stage of labor and immediate postpartum period.


### Prevention of PPH (Third Stage)

The use of uterotonics (specifically Oxytocin 10 IU) is recommended for all births for the prevention of postpartum haemorrhage.

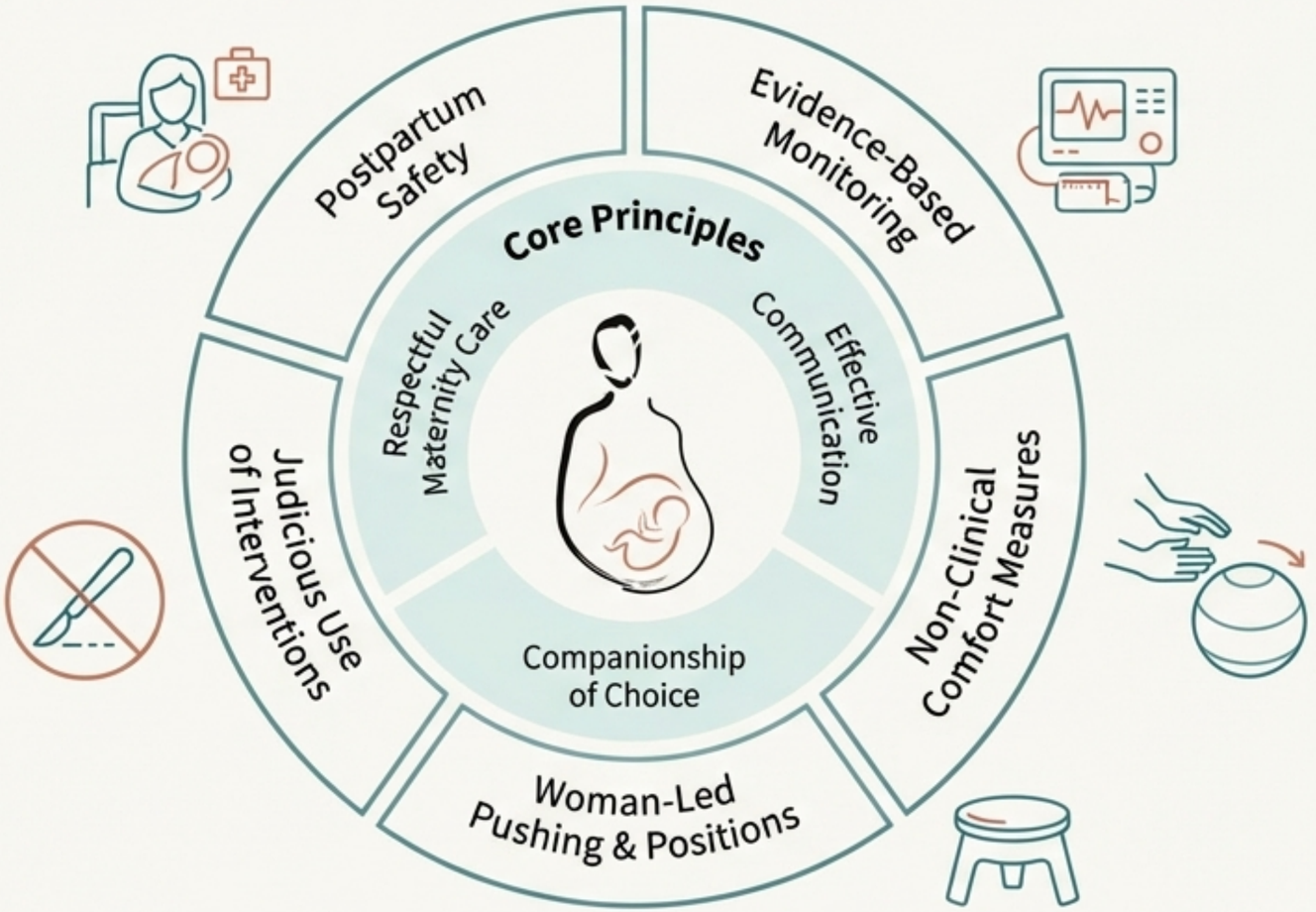
### Routine Maternal Assessment

All postpartum women should have regular assessment of vaginal bleeding, uterine contraction, fundal height, temperature, and heart rate during the first 24 hours.

### Postnatal Stay

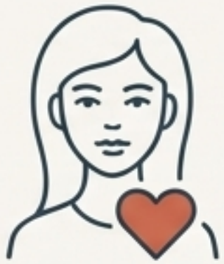
After an uncomplicated vaginal birth, healthy mothers and newborns should receive care in the facility for **at least 24 hours** after birth.

# These recommendations combine to form the WHO Intrapartum Care Model: a holistic package for a positive childbirth experience.




*"WHO proposes a global model of intrapartum care that places the woman and her baby at the centre of care provision. It is based on the premise that care during labour...can only be supportive...when synergistic evidence-based components are not fragmented but delivered together."*

# Adopting this model leads to a triple benefit for women, newborns, and entire health systems.



## For Women

- Improved experience and higher satisfaction.
- Increased sense of control and involvement in decision-making.
- Reduced perineal trauma and morbidity from unnecessary interventions.

## For Newborns

- Reduced complications associated with unnecessary interventions.
- Reduced neonatal seizures (from continuous CTG vs. IA).
- Improved safety through timely identification of complications.

## For Health Systems

- Reduced costs from fewer unnecessary interventions (e.g., caesarean sections, episiotomies).
- Increased equity by reducing over-medicalization and barriers to facility access.
- Empowers kind, competent, and motivated health care professionals.

# Policymakers, managers, and clinicians have a critical role to play in implementing this new vision.

Achieving a positive childbirth experience for all women requires a coordinated effort across the health system.

1

## Adapt National & Local Guidelines

Review and update existing national and local health protocols to align with these 56 evidence-based recommendations.

2

## Update Training Curricula

Integrate the WHO intrapartum care model into pre-service and in-service training for midwives, nurses, and doctors to build clinical competence and change behaviour.

3

## Engage All Stakeholders

Foster a culture of respectful, woman-centered care by engaging facility administrators, professional societies, communities, and women's groups in the implementation process.

# Access the Complete Guideline

For a full review of the 56 recommendations, the evidence base, and implementation considerations, please refer to the complete WHO publication.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World Health Organization