Appendix IV: WHO Consensus Conference on Appropriate Technology for Birth, Fortaleza, Brazil, 22-26 April, 1985. Summary Recommendations (taken from Wagner, 1994)

WHO Consensus Conference on Appropiate Technology for Birth

Fortaleza, Brazil, 22-26 April 1985

The Regional Office for Europe and the Regional Office for the Americas of the World Health Organisation held a joint Conference that was attended by over 60 participants from North and South America and Europe, representing midwives, obstetricians, paediatricians, health administrators, sociologists, psychologists, economists, and service users. The Conference made a number of recommendations based on the principle that each woman has a fundamental right to receive proper prenatal care; that the woman has a central role in all aspects of this care, including participation in the planning, carrying out and evaluation of the care; and that social, emotional and psychological factors are decisive in the understanding and implementation of proper prenatal care.

General recommendations

1. Health ministries should establish specific policies about the incorporation of technology into commercial markets and health services.

2. Countries should develop the potential to carry out co-operative surveys to evaluate birth care technology.

3. The whole community should be informed about the various procedures in birth care, to enable each woman to choose the type of birth care she prefers.

4. Women's mutual aid groups have an intrinsic value as mecha-nisms for social support and the transfer of knowledge, espe-cially with relation to birth.
5. Informal perinatal care systems (including traditional birth attendants), where they exist, must coexist with the official birth care system and collaboration between them must be maintained for the benefit of the mother. such relations, when established in parallel with no concept of superiority of one system over the other, can be highly effective.
6. The training of people in birth care should aim to improve their knowledge of its social, cultural, anthropological and ethical aspects.
7. The training of professional midwives or birth attendants should be promoted. Care during normal pregnancy and birth, and following birth should be the duty of this profession.
8. Technology assessment should be multidisciplinary and involve all types of providers who use the technology, epidemiologists, social scientists, and health authorities. The women on whom the technology is used should be involved in planning the assessment as well as evaluating and disseminating the results. The results of the assessment should be fed back to all those involved in the research as well as to the communities where the research was conducted.
9. Information about birth practices in hospitals (rates of caesarean section, etc.) should be given to the public serviced by the hospitals.
10 The psychological well-being of the new mother must be ensured not only through free access to a relation of her choice during birth but also through easy visiting during the postnatal period.
11. The healthy newborn must remain with the mother, whenever both their conditions permit it. No process of observation of the healthy newborn justifies a separation from the mother.
12. The immediate beginning of breastfeeding should be promoted, even before the mother leaves the delivery room.
13. Countries with some of the lowest perinatal mortality rates in the world have caesarean rates under 10%. Clearly there is no justification in any specific region to have more than 10-15% caesarean section births.

14. There is no evidence that a caesarean section is required after a previous transverse low segment caesarean birth. Vaginal deliveries after a caesarean should normally be encouraged wherever emergency surgical capacity is available.
15. There is no evidence that routine intrapartum electronic fetal monitoring has a positive effect on the out come of pregnancy. Electronic fetal monitoring should be carried out only in carefully selected medical cases (related to high perinatal mortality rates) and in induced labour. Countries where electronic fetal monitors and qualified staff are available should carry out investigations to select specific groups of pregnant women who might benefit from electronic fetal monitoring. Until such time as results are known, national health care services should abstain from purchasing new monitoring equipment.
16. There is no indication for pubic shaving or a predelivery enema.
17. Pregnant women should not be put in a lithotomy position during labour or delivery. They should be encouraged to walk about during labour and each woman must freely decide which position to adopt during delivery.
18. The systematic use of episiotomy is not justified. The protection of the perineum through alternative methods should be evaluated and adopted.
19. Birth should not be induced for convenience, and the induction of labour should be reserved for specific medical indications. No geographic region should have rates of induced labour over 10%.
20. During delivery, the routine administration of analgesic or anaesthetic drugs, that are not specifically required to correct or prevent a complication in delivery, should be avoided.
21. Normally rupture of the membranes is not required until a fairly late stage in the delivery. Artificial early rupture of the membranes, as a routine progress, is not scientifically justified.

Implementation of recommendations

1. Governments should identify, within the structure of their health ministries, units or departments to take charge of pro-

motingand co-ordinating the assessment of appropriate technology.

2. Funding agencies should use financial regulations to discourage the indiscriminate use of technology.
3. Obstetric care services that have critical attitudes toward technology and that have adopted an attitude of respect for the emotional, psychological and social aspects of birth care should be identified. Such services should be encouraged and the processes that have led them to their position must be studied so that they can be used as models to foster similar attitudes in other centres and to influence obstetrical views nationwide.
4. The results of the assessment of technology used in birth care should be widely disseminated, to change the bedaviour of professionals and give a basis to the decisions of users and the general public.
5. Governments should consider developing regulations to permit the use of new birth technology only after adequate evaluation.
6. National and local birth conferences that include relevant health provides, health authorities, users, women's groups and the media should be promoted.