



Regional Meeting on “Improving Intrapartum and Postpartum Care to Accelerate Reductions in Maternal, Newborn Mortality and Stillbirths”

New Delhi, India, 21-23 September 2022

Meeting Report



REGIONAL OFFICE FOR

**World Health
Organization**
South-East Asia



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Regional Meeting on “Improving Intrapartum and Postpartum Care to Accelerate Reductions in Maternal, Newborn Mortality and Stillbirths”

New Delhi, India
21-23 September 2022

Background

A Regional Meeting on improving intrapartum and postpartum care to accelerate reductions in maternal and newborn mortality and stillbirths was held from September 21-23. The objectives of the meeting are listed below.

Objectives

Overall objective

To strengthen the capacity of Member States in addressing the gaps and coverage in quality of maternal care and care around birth to accelerate the reduction of maternal, newborn mortality and stillbirths.

Specific objectives

1. To review the current situation, progress, and implementation of TAG recommendations in intrapartum, postpartum and early newborn care.
2. To share the global updates on WHO recommendations and guidelines on maternal and early newborn care, and
3. To discuss and plan support required by Member States on adaptation and implementation of the new guidelines and recommendations.

Programme

The agenda for the meeting is given in Annex 1.

Participants

Participants included Ministries of Health representatives of Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand and Timor Leste, special invitees, selected members of SEARO Technical Advisory Group (TAG), representatives of national professional associations of obstetricians and gynaecologists and neonatologists and South Asia Federation of Obstetricians and Gynaecologists, UNICEF and UNFPA country offices Bangladesh, India, Indonesia, Myanmar and Timor-Leste, Regional Offices of UNFPA and UNICEF, WHO Collaborating centers, implementing partners, observers and WHO Headquarter Staff (3 in person and 8 virtual), WHO country focal points and WHO SEARO FGL Department . The total number of participants was 89. The list of participants is given in Annex 2.

Day 1, September 21, 2022

Inaugural session

The meeting was inaugurated by Dr Neena Raina, Director, UHC/ Family Health(FGL) department of WHO SEARO who delivered the Regional Director's message to the participants. The Regional Director recognized the progress made by Member States with regard to RMNCAH indicators and towards SDGs. Gaps in coverage of evidence-based interventions and challenges in some of the Member States were highlighted in RD's address. The need to review the progress of the implementation of the TAG recommendations, adherence to the new WHO recommendations on postnatal care of mothers and newborn and intrapartum care was emphasised. The importance of health system strengthening to implement the recommendations is critical. She urged the countries to take the opportunity to revive the pre-pandemic vigour towards accelerating the progress towards the SDGs. She urged the countries to lay equal emphasis on improved health of mothers and newborn. She reiterated her commitment to every woman, newborn and child to realize their right to health. RD's message is attached in Annex 3.

The commitment of WHO SEARO under the leadership of the Regional Director in supporting countries to close the remaining gaps in achieving the SDGs related to RMNCAH while accelerating progress in coverage and impact of RMNCAH services were greatly appreciated by the participants. The contributions of SEARO Technical Advisory Group (TAG) for Women's and Children's Health to health of women and children in the Region and beyond and the inclusive nature of its membership including regional experts were appreciated. The importance of the country-level TAG to push forward the RMNCAH agenda was also highlighted.

Session 1: Global and regional overview of maternal and newborn health

The session started with information on the global burden of maternal, newborn and stillbirths, global targets on Maternal Mortality Ratio (MMR), Neonatal Mortality Ratio (NMR), and Stillbirth Rates (SBR), importance of health system in achieving the targets, WHO innovations for introducing recommendations such as SMART Guidelines, forthcoming guidelines and implementation research on WHO ANC recommendations, EPMM/ENAP initiatives, revisions of EmONC signal functions, etc. The session on progress in the Region noted a significant reduction in maternal and neonatal deaths and stillbirths, but only two countries are on track for achieving MMR targets while all except two countries are likely to achieve NMR and SBR targets. Policies exist for antenatal, intrapartum, and postnatal care; however, the programmatic implementation is a concern as the majority of the countries have coverage of less than 90% for most evidence-based interventions, particularly coverage of interventions during postnatal period. Quality and equitable coverage of essential, evidence-based services were recognized as critical elements for achieving the adequate annual reduction of maternal, neonatal, and stillbirths to achieve SDG 2030 targets. Discussions on the session included concerns about inequity in coverage, the need to focus on ANC, post-partum FP and to create awareness among health providers about the new recommendations. Thailand MOH official shared the triple A model the country follows - First A related to Awareness among people, providers and policy makers, Second A relates to accessibility to hospitals and third A relates to Acceptability of services by people. Later the SEARO TAG representative added A for advocacy for MNH.

Session 2: Strengthening care for a positive postnatal experience

The session introduced the WHO Recommendations on maternal and newborn care for positive postnatal experience. The presentation on Regional status and progress of TAG recommendations on PNC noted the progress of EPMM/ENAP targets on postnatal care within the first 2 days. However, the coverage is less than 80% in majority of the countries and the quality of services is a concern. Data on sub-national coverage of PNC is available only in two countries. Care during labour, around birth, and the first week after delivery yield not only

the highest return but also triple benefits by reducing maternal deaths, stillbirths, and neonatal deaths. The targets for skilled birth attendance have been achieved except by four countries in which home delivery rates are also high. The progress of the policy and programmatic uptake of recommendations for positive postnatal care varies. Many recommendations have been adopted in the existing policies and plans, including the recommendation related to the use of digital platforms for postnatal care (except the first visit) which is effectively being used by countries. Other recommendations related to preventive measures for mothers, universal newborn screening for eye and hearing abnormalities and hyper-bilirubinaemia, the sleeping position of the baby, etc. are least adopted. The tool kits for adaptation of the recommendations and other useful products for implementation were shared. The session also included a presentation on the findings of a multi-centric, multi-country study on impact of continuous Kangaroo Mother Care (KMC) initiated immediately after birth (within two hours) which showed higher survival rates.

The presentation on contribution of midwifery on maternal and newborn health with a focus on intrapartum and post-natal care highlighted the role of midwives as a critical workforce for the Region to achieve the SDG agenda and to end preventable maternal, newborn, and child deaths and can provide quality respectful care that results in better health outcomes for women. Countries in WHO South-East Asia Region are transitioning to midwifery models of care, and are making progress on strengthening midwifery within the five focus areas of the regional midwifery strategy.

A poster presentation by each of the Member States on PNC, including during the pandemic, was a very interesting experience sharing session and countries learned from each other. The last session of the day was group work by country teams reviewing the analysis of the policies and indicators on PNC and adherence to the WHO recommended PNC recommendations (including contextual) and status of practice of continuing with not - recommended practices.

Day 2, September 22, 2022

Session 3: Strengthening Intrapartum Care (IPC) and use of Labour Care Guide (LCG)

The session started with presentation of WHO recommendations on IPC for a positive childbirth experience and LCG. The second session was status of intrapartum care and progress of TAG recommendations related to IPC and caesarean sections. While the Member States have progressed with regard to EPMM/ENAP target of 80% deliveries by skilled birth attendants, some of the Member States have not achieved the target. The proportion of home deliveries continues to be high and is a concern. It was heartening to note that many of the recommendations on intrapartum care for positive childbirth experience, introduced in 2018, are being adhered to by many of the Member States; however, some of the key screening and preventive recommendations are not being followed. There was a significant reduction in the practice of 'not recommended' practices. Most of the Member States recognized the need for the introduction of labour care guide as a tool to monitor labour. Caesarean section rates are high even in countries where institutional deliveries are low. Robson classification is recognized as an important activity by all countries, but has been practiced only in selected countries.

Session 4: Optimizing cesarean section

One of the highlights of the Regional Meeting was the interactive session on Robson 10 group classification of caesarean sections, led by Dr. Michael Robson, was found to be very useful by participants. WHO HQ staff presented on-line WHO recommendations on caesarean sections. Dr Michael Robson shared with the participants his experience of developing the classification to assess and monitor caesarean section and its contribution to rationalizing caesarean deliveries. Dr Robson and WHO HQ staff shared the WHO Interactive Robson Classification

Platform which is a global interactive databased to improved understanding of caesarean sections rates and outcomes using the Robson classification. Moderated by Dr Robson and WHO HQ staff, few Member States (Bangladesh, India, Indonesia, Nepal and Sri Lanka presented their experiences (Indonesia joining virtually) on categorisation of caesarean sections using ten group classification in selected institutions.

Session 5: Adoption of WHO recommendations into country actions

The session continued with group work on implementation of recommendations on intrapartum care, introduction of labour guide, status of implementation of the recommendations on caesarean sections and use of Robson classification. Each of the country teams presented the results of the group work of both days.

Day 3, September 23, 2022

Session 6: COVID 19 and pregnancy and maintaining essential health services

The session started with a presentation on the SEARO investment project on maintenance of essential health services during the pandemic in selected Member States. The setback in coverage of RMNCAH services during COVID was highlighted. The need to continuously monitor the indicators through routinely used HMIS systems was emphasized (supplemented by a presentation on 34 routinely monitored RMNCAH indicators under Session 7). The need to reach pre-pandemic levels and further acceleration of coverage to meet the development targets were highlighted. Information on the management of COVID-19 on pregnancy and updates were shared. The results of the India multi-centric study on pregnancy outcomes in COVID positive pregnant women, supported by SEARO, was shared (multi-centric study supported. The SEARO COVID-19 strategic preparedness and response plan, challenges and opportunities for improving programme collaboration were shared. The presentation specifically identified one of the core areas - maintaining essential health services / health system resilience – as an area for potential collaboration with FGL division.

The poster presentations on the mitigation efforts by Member States to maintain RMNCAH services and the discussions and comments by others was very fruitful. The session would have contributed to regional learnings.

Session 7: Cross-cutting areas

The session included a brief update on the RMNCAH policy survey and introduction of SRH and UHC handbook by WHO HQ staff. Throughout the meeting, the importance of quality of care to achieve the SDGs was highlighted, even in situations where the coverage levels are high. The presentation on regional efforts to improve the quality of care further highlighted the importance of the same.

Presentation on country plans

The presentation on country plans to promote the recommendations on postnatal care, labour guide, use of Robson classification and non-clinical interventions to reduce caesarean sections showed that majority of the recommended recommendations were accepted by the countries; least commitments were on the recommendations that involved technologies for screening newborns. Details are provided in Annex 4.

Partners' Forum

The last session was on Partners' Forum for supporting country plans on intrapartum care, postnatal care, rationalization of caesarean sections and WHO Labour Care Guide. UNFPA Asia Pacific Regional Office, UNICEF ROSA and South Asia Federation of Obstetrics and Gynaecology (SAFOG) participated. UNFPA reaffirmed its

commitment to promoting midwifery in the region and shared its support for strengthening midwifery in various countries. UNFPA made commitments to support WHO SEARO at regional and at country levels in implementation of the WHO recommendations. UNICEF shared some of the relevant activities to promote the PNC guide such as the ENAP reviews that is being undertaken in many countries and provides an opportunity to promote PNC and intrapartum care recommendations. Some of the UN country offices in the Region are developing their new country programmes and this provides an opportunity to advocate for support for inclusion of the new recommendations in the new programmes. SAFOG operates through its members at the country level and is committed to promoting evidence-based recommendations for improving health of mothers and newborn.

Closing session

The conclusions and recommendations from the meeting were shared with the participants. The meeting was closed by Dr Neena Raina emphasizing the need to strengthen quality of care, the need for adaptation and scaling up of the new recommendations and to overcoming the setback in RMNCAH service due to the pandemic. SEARO's support for consultation meetings in implementing the country plans for improving postnatal and intrapartum care and implementing the labour guide and Robson classification was assured.

Recommendations

Recommendations for the Member States

1. Accelerate reduction of maternal, newborn mortality, and stillbirths

- 1.1. Accelerate the ARR in maternal, newborn mortality, and stillbirths by scaling up the coverage of high-impact and life-saving interventions, ensuring quality and equity.
- 1.2. Advocate to keep RMNCAH at the centre of UHC to sustain the gains and accelerate progress towards SDGs and Regional Flagship targets, along with strengthening of health systems through improved financing and MNH workforce including midwifery cadre.

2. Improving maternal and newborn care for a positive postnatal experience

- 2.1. Organize country-level multi-stakeholder dissemination meetings to share updated postnatal care guidelines and raise awareness about the importance of postnatal care and recommended practices for the care of mothers and newborn for a positive experience. Women's and parent groups should be included as important stakeholders in these discussions.
- 2.2. Review and update national policies/strategies/guidelines to include the new/updated maternal and newborn care and health system recommendations related to PNC. Member States can consider using the postnatal care toolkit available from WHO for this purpose.
- 2.3. Undertake quantitative and qualitative assessments of the content and quality of the facility and community-based postnatal care for mothers and newborn to identify the gaps including health system capacity and improve the quality of services, incorporating the recommended practices for positive postnatal care.
- 2.4. Improve the monitoring of coverage and quality of postnatal care both in the facility and community.
- 2.5. Review and refine service delivery models for home-based postnatal care to optimize the frequency, content, and quality of visits.
- 2.6. Consider implementation research studies on the new maternal and newborn care recommendations (e.g., screening for maternal mental health, newborn screening, etc.) to understand the feasibility, acceptability, and cost-effectiveness when implemented as part of national programmes.

3. *Improving intrapartum care for a positive childbirth experience*

- 3.1. Conduct national dissemination meetings or other awareness-raising activities on WHO recommendations of intrapartum care for a positive childbirth experience and the WHO Labour Care Guide.
- 3.2. Review the implementation of the 2018 recommendations for positive childbirth experience and update national policies/guidelines/protocols to include WHO recommendations of intrapartum care for a positive childbirth experience (as needed) and introduce the WHO Labour Care Guide.
- 3.3. Develop a roadmap for implementation of the WHO Labour Care Guide, including, training of health providers, and strengthening of health workforce and infrastructure.
- 3.4. Consider conducting specific implementation research studies on LCG if relevant; acceptability; e-LCG), and/or implementation with rigorous monitoring and evaluation of the use of LCG, quality of care, and health outcomes.
- 3.5. Explore mechanisms (such as advocacy materials, education and counselling, skills) to optimize involvement of fathers, partners, caregivers and families in intrapartum and postnatal care.

4. *Reducing unnecessary caesarean sections*

- 4.1. TAG strongly recommended developing strategies to reduce unnecessary caesarean sections and develop tools to monitor institutional and population-based levels of caesarean sections at national and sub-national levels. Adoption of Robson's classification for assessment, monitoring, and comparing CS rates were recommended.

5. *Strengthening midwifery for improving quality and coverage of intrapartum and postnatal care*

- 5.1. Make adequate investments in transitioning to midwifery models of care for a positive impact on the improved provision, positive intrapartum and postnatal experience, and better health outcomes for women and newborn.
- 5.2. Strengthen partnerships and networks across sectors and stakeholders for supporting plans for improving post-natal care, and intrapartum care including monitoring of labour and rationalization of Caesarean section.

6. *Recommendations related to the recovery of service coverage levels disrupted due to the COVID-19 pandemic*

- 6.1. Continued strategic and technical support to the countries and guidance for mitigating the impact of disruption of services through country support plans and for monitoring the recovery of services disrupted due to COVID.

7. *Recommendations related to national TAGS*

- 7.1. Establishing and/or strengthening national TAGs to strengthen policy support and monitoring of RMNCAH programmes.

Recommendations for SEAR Secretariat

1. *Accelerate reduction of maternal, newborn mortality, and stillbirths*

- 1.1. SEARO to provide technical support to Member States with continuous advocacy and sharing global guidance from time to time

2. *Improving maternal and newborn care for a positive postnatal experience*

2.1. SEARO to provide technical support for country-level dissemination meetings and for updating the national policy/plans/guidelines

2.2. SEARO to provide technical support for undertaking country-level implementation research pilots

3. ***Improving intrapartum care for a positive childbirth experience***

3.1. SEARO will consider supporting countries to introduce labour care guide in selected institutions- with technical assistance.

4. ***Reducing unnecessary caesarean sections***

4.1. SEARO will consider supporting countries to introduce Robson's classification in countries and technical assistance to pilots in selected institutions.

5. ***Strengthening midwifery for improving quality and coverage of intrapartum and postnatal care***

5.1. Support countries in transitioning to midwifery models of care, and strengthen midwifery within the five focus areas of the regional midwifery strategy.

6. ***Recommendations related to the recovery of service coverage levels disrupted due to the COVID-19 pandemic***

6.1 SEARO will consider support to countries to monitor the recovery of services disrupted due to COVID through support to the monitoring of routinely collected RMNCAH indicators.

Annexes

Annex 1: Agenda

Day 1:

Inauguration

- Registration of participants
- Welcome and objectives
- RD's Message to be read by Director a.i, FGL
- Address by a representative of the Regional Technical Advisory Group (TAG)
- Introduction of participants, administrative announcement and invite for a Group photograph

Session 1: Global and regional overview of maternal and newborn health

Chairs: Dr Sumita Ghosh and Dr Nozer Sheriar

Rapporteur: Dr Amrita Kansal

- Global updates on maternal and newborn care
- Regional progress on maternal and newborn care in SEAR
- Q&A and discussions

Session 2: Strengthening care for a positive postnatal experience

Chairs: Dr Md Azizul Alim and Dr Ni Made Diah Permata Laksmi

Rapporteur: Dr Shwe Sin Yu and Dr Mahbuba Khan

- Introduction to WHO's new recommendations on maternal and newborn care for a positive postnatal experience
- Regional status and progress of TAG recommendations on postnatal care
- Q&A and discussion
- Current status of postnatal care in the Member States
- Walk through Poster and marketplace
- Contribution of Midwifery in maternal and newborn health with a focus on Intrapartum and post-natal care
- WHO recommendations adaptation tool kits and other implementation products
- **Q & A in an online interactive platform**
- Immediate Kangaroo mother care promising intervention
- Introduction to group work on adoption and implementation of WHO recommendations on postnatal care for mothers and newborns

Day 2:

Session 3: Strengthening Intrapartum Care (IPC) and use of Labour Care Guide (LCG)

Chairs: Dr Nidup Gyeltshen and Prof. Unnop Jaisamrarn

Rapporteur: Dr Nilmini Hemachandra (virtual) and Dr Deepti Agrawal

- WHO recommendations on intrapartum care
- Introduction to the WHO Labour Care Guide (LCG)
- Regional status and progress of TAG recommendations related to Intrapartum care and caesarean sections
- Q&A and discussion using an interactive online platform

Session 4: Optimizing cesarean section

Chairs: Dr Olarik Musigavong and Dr Rohana Haththotuwa

Rapporteur: Dr Ram Chahar

- WHO recommendations on caesarean section: rates, monitoring and interventions (online interactive platform)
- The Robson classification to assess and monitor caesarean section
- WHO interactive Robson Classification Platform

- Q&A and discussion in an interactive platform
- Current status of ten groups categorization of caesarean sections (Robson classification) in the selected institution. Bangladesh, India (AIIMS), Indonesia, Maldives, Sri Lanka

Session 5: Adoption of WHO recommendations into country actions

Chairs: Prof Ferdousi Begum and Prof Neerja Bhatla

Rapporteur: Dr Manjula Danansuriya

- Introduction to group work
- Group work on adopting the WHO Labour Care Guide (LCG) and optimizing the use of caesarean sections.
- Report back from groups presented by each country followed by discussions on, postnatal care (PNC), rationalization of caesarean sections, and WHO Labour Care Guide (LCG)

Day 3:

Session 6: COVID 19 and pregnancy and maintaining essential health services

Chairs: Mr Abdulla Muaz Adam and Dr S. S. P. Godakandage

Rapporteur: Dr Pooja Pradhan and Dr Aurizia Elisa Barreto Moniz

- SEAR project on maintenance of essential health services in five project countries and beyond
- Highlights on the management of COVID 19 in pregnancy and newborns
- Findings of Surveillance of COVID-19 in Pregnancy- a multicentric study on clinical presentation and maternal outcomes in India
- Poster presentation on mitigation of RMNCAH activities, challenges in COVID 19 by Member states
- Addressing RMNCAH in emergency and response plans
- Q&A

Session 7: Crosscutting areas

Chairs: Ms Madalena Fatima Sarmento Gomes and Prof Vanita Suri

Rapporteur: Ms Edit Oktavia Manuama

- Updates on RMNCAH policy survey
- Monitoring of essential RMNCAH services using 34 indicators
- POCQI progress and way forward
- Introduction to SRH and UHC handbook
- Partners forum for supporting country plans on Intrapartum care, postnatal care (PNC), rationalization of caesarean sections, and WHO Labour Care Guide (LCG)
- Conclusion and recommendations
- Closing remarks

Annex 2: List of participants

A. Ministry of Health

BANGLADESH

1. Dr Md. Azizul Alim
Program Manager, Maternal Health, MNCAH
Directorate General of Health Services (DGHS)
Dhaka, Bangladesh
2. Dr Muhammad Shariful Islam
Assistant Director & Program Manager
National Newborn Health Program, MNCAH
Directorate General of Health Services (DGHS)
Dhaka, Bangladesh

BHUTAN

3. Ms Chimmi Dem
Senior Program Officer
Non-Communicable Disease Division
Department of Public Health
Ministry of Health
Thimphu, Bhutan
4. Dr Nidup Gyeltshen
Gynecologist
Central Regional Referral Hospital
Gelephu
Ministry of Health
Thimphu, Bhutan

INDIA

5. Dr Sumita Ghosh
Additional Commissioner In-charge
Maternal Health
Ministry of Health and Family Welfare
Government of India, Nirmal Bhawan
New Delhi, India
6. Dr Padmini Kashyap
Assistant Commissioner
Maternal Health
Ministry of Health and Family Welfare
Government of India, Nirmal Bhawan
New Delhi, India

INDONESIA

7. Dr Akira Prayudijanto
Pediatrician
Secretary of Birth Defect Integrated Center
Harapan Kita Hospital Indonesia
Jakarta, Indonesia
8. Dr Ni Made Diah Permata Laksmi (**virtual**)
Coordinator, Maternal and Neonatal Team
Director of Nutrition, Maternal and Child Health
The Ministry of Health
Republic of Indonesia
Jakarta, Indonesia

MALDIVES

9. Mr Abdulla Muaz Adam
Senior Public Health Programme Officer
Health Protection Agency
Ministry of Health
Republic of Maldives
Male, Republic of Maldives
10. Dr Mariyam Ahmed
Consultant, Obstetrics and Gynecology
Indira Gandhi Memorial Hospital
Ministry of Health
Male, Republic of Maldives

NEPAL

11. Ms Nisha Joshi
Public Health Officer
Family Welfare Division, DoHS
Ministry of Health and Population
Kathmandu, Nepal
12. Dr Ram Chandra Bastola
Senior Consultant Pediatrician
Pokhara Institute of Health Sciences
Ministry of Health and Population
Kathmandu, Nepal

SRI LANKA

13. Dr S. S. P. Godakandage
Consultant Community Physician
Maternal Care, Family Health Bureau
Ministry of Health
Government of the Democratic Socialist
Republic of Sri Lanka
Colombo, Sri Lanka
14. Dr K. K. W. H. P. Herath
Consultant Community Physician
Family Health Bureau
Ministry of Health
Government of the Democratic Socialist
Republic of Sri Lanka
Colombo, Sri Lanka

THAILAND

15. Dr Olarik Musigavong
Medical Officer
Professional Level
Chaopraya Abhaiphubejhr Hospital
Provincial Public Health Office
Office of the Permanent Secretary
Ministry of Public Health
Nonthaburi, Thailand
16. Assist. Prof Dr Suppawat Boonkasidecha **(virtual)**
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Neonatologist and Pediatrician
Division of Neonatology
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Nonthaburi, Thailand

TIMOR-LESTE

17. Ms Madalena Fatima Sarmento Gomes
Safe motherhood programme officer
Ministry of Health
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Dili, Timor-Leste
18. Ms Julieta da Costa
Newborn Care Programme Officer
Ministry of Health
Democratic Republic of Timor-Leste
Dili, Timor-Leste

B. Professional Associations

19. Dr Rohana Haththotuwa
President
South Asia Federation of Obstetrics and
Gynecology (SAFOG)
20. Prof Tahmina Begum
President
Bangladesh Neonatal Forum (BNF)
Dhaka, Bangladesh
21. Dr Shantha kumari
President
The Federation of Obstetric and Gynecological
Societies of India (FOGSI)
New Delhi, India
22. Dr Alifah Anggraini
Pediatric Consultant
Indonesia Pediatric Society (IDAI)
Jakarta, Indonesia
23. Prof Dr Dr Budi Wiweko **(virtual)**
President
Indonesian Society of Obstetrics and Gynecology
Jakarta, Indonesia
24. Dr Shailendra Bir Karmacharya
Senior Consultant Pediatrician
Paropakar maternity hospital
Kathmandu, Nepal
25. Dr Ganesh Dangal
President
Nepal Society of Obstetricians and Gynecologists
Kathmandu, Nepal
26. Dr Nalin Gamaathige
Consultant Neonatologist
Representative Perinatal Society of Sri Lanka
De Soysa Hospital for women
Colombo, Sri Lanka
27. Prof Sanath Lanerolle
President

Sri Lanka College of Obstetricians &
Gynecologists
Colombo, Sri Lanka

C. TAG Chair and Members

28. Prof Ferdousi Begum
Professor & Head
Department of Obstetrics & Gynaecology
Institute of Woman and Child Health
Dhaka, Bangladesh

29. Dr Nozer Sheriar
SEAR TAG member
Gynecologist and Obstetrician
Bandra (West)
Mumbai, India

30. Professor Unnop Jaisamrarn
Professor in Obstetrics and Gynaecology
Secretary-General
Chulalongkorn University
Bangkok, Thailand

D. Special Invitees

31. Dr Michael Robson
National Maternity Hospital
Dublin, Ireland

32. Dr Rajesh Mehta
Formerly-Regional Adviser
Newborn, Child & Adolescent Health
New Delhi, India

E. WHO Collaborating Centre

33. Prof Neerja Bhatla (virtual)
Professor & Head
Department of Obstetrics and Gynaecology
All India Institute of Medical Sciences
New Delhi, India

34. Prof Vanita Suri
Professor & Head
Department of Obstetrics and Gynaecology
Postgraduate Institute of Medical Education and
Research (PGIMER)
Chandigarh, India

35. Dr K. Aparna Sharma
Additional Professor
Department of Obstetrics & Gynecology
All India Institute of Medical Sciences
New Delhi, India

F. UN Agencies

UNICEF

36. Dr Asheber Gaym
Health Specialist, Maternal and Newborn Health
United Nations Children's Fund
Regional Office for South Asia
Kathmandu, Nepal

37. Dr Shamina Sharmin
Health Specialist
Health Section
United Nations Children's Fund
Dhaka, Bangladesh

38. Dr Ziaul Matin
Health Specialist (Maternal Health)
United Nations Children's Fund
New Delhi, India

39. Dr Vivek Singh
Health Specialist (Newborn Health)
United Nations Children's Fund
New Delhi, India

40. Dr Sarabibi Thuzarwin
Health Specialist-MNCH
United Nations Children's Fund
Bahan Township, Myanmar

41. Ms Chahana Singh
Health Specialist
Maternal and Newborn Health
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Kathmandu, Nepal

42. Dr Shyam Sharan Pathak
Health Manager
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UNFPA

43. Dr Catherine Breen Kamkong **(virtual)**
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45. Dr Saswati Das

SRHR Specialist
United Nations Population Fund
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47. Dr Nyan Lin Thu
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United Nations Population Fund
Yangon, Myanmar
48. Dr Triana do Rosario Corte-Real de Oliveira
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Dili, Timor-Leste

G. Implementing Partners

49. Dr Renu Srivastava
Strategy Director
Newborn and Child Health
UP-TSU (Technical Support Unit)
Health Action Trust
Lucknow, India
50. Ms Miankshi Sharma
Director
Survival for Women and Children Foundation
Haryana, India

51. Dr Richa Aeri Goyal
Research Associate
Society for Women and Children
Panchkula, India

H. Observers

52. Dr Pratima Mittal
Gynecologist & Obstetrician
New Delhi, India
53. Dr Saramma Thomas Mathai
Independent Consultant
New Delhi, India

WHO Secretariat

WCO Focal Points

54. Dr Mahbuba Khan
National Professional Officer
WCO Bangladesh
55. Dr Lobzang Dorji **(virtual)**
National Professional Officer
RMNCAH/HA, WCO Bhutan
56. Dr Priya Karna
Technical Officer, Reproductive Health
WCO India
57. Dr Ram Chahar
National Professional Officer
Maternal and Reproductive Health
WCO India
58. Dr Deepti Agrawal
National Professional Officer
New Born and Child Health
WCO India
59. Ms Edit Oktavia Manuama
National Professional Officer
Maternal, Newborn and Child Health
WCO Indonesia

60. Dr Nilmini Nilangani Hemachandra **(virtual)**
Technical Officer, RMNCAH
WCO Myanmar

61. Dr Shwe Sin Yu
National Professional Officer
WCO Myanmar

62. Dr MD Khurshid Alam
Public Health Administrator
WCO Nepal

63. Dr Pooja Pradhan
National Professional Officer
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Annex 3: WHO SEARO Regional Director's Message

Regional Director's message at the Regional Meeting on "Improving Intrapartum and Postpartum Care to Accelerate Reductions for Maternal, Newborn Mortality and Stillbirths", New Delhi, India from 21 to 23 September 2022

Distinguished representatives and participants from ministries of health; Professor Vinod K Paul, Chair, Technical Advisory Group (TAG), esteemed TAG members and WHO Collaborating Centres, partner UN agencies and implementing partners, WHO HQ, RO and CO staff, Although our Regional Director, Dr Poonam Khetrpal Singh, would have very much liked to attend this important meeting, she is unable to due to prior commitments. It is therefore my pleasure to deliver this message on her behalf. Quote: Good morning and welcome to this Regional Meeting on Improving Intrapartum and Postpartum care to Accelerate Reductions of Maternal and Newborn Mortality and Stillbirths. I first want to thank participants for your tremendous efforts to maintain essential health services – including for maternal, newborn and child health – throughout the COVID-19 response. Your commitment has been truly remarkable and has helped protect the health and well-being of women, newborns and children across our Region. Together, we must close remaining gaps, ensuring that we not just sustain but accelerate progress, which has in recent years been substantial. Between 2000 and 2017, the Region reduced maternal mortality by 57% compared to 38% globally. Several countries of the Region have significantly reduced maternal mortality, with two countries currently on track to achieve a two-third reduction in the maternal mortality ratio (MMR) by 2030, based on the 2010 baseline. All other countries continue to expedite efforts and eagerly await the release of the new MMR estimates, set for late 2022. Between 2000 and 2019, the Region achieved a 50% reduction in stillbirths, and six Member States have already achieved the 2030 target of less than 12 stillbirths per 1000 total births. As per the 2021 Child Mortality Report of the UN Inter-Agency Group for Mortality Estimation, the Region has continued to reduce its newborn mortality rate (NMR). In 2020, the Regional NMR was 18 per 1000 live births compared to 20 per 1000 live births in 2019, contributing to a decade-long 37% reduction in the Region's NMR, compared to a 23% reduction globally.

By 2019, five countries of the Region had already achieved the 2030 target of an NMR of at least as low as 12 per 1000 live births. These are tremendous achievements which we must continue to build on. For example, most reproductive, maternal, newborn, child and adolescent health (RMNCAH) interventions are yet to reach an average Region-wide coverage of 80% or above. Although the proportion of women in the Region delivering in health facilities has increased, in three countries of the Region, it remains stubbornly low, at around 50% or less. And although the proportion of women who have postpartum contact with a health provider within two days of delivery has now increased to 69%, just four Member States are above 80% coverage. The proportion of newborns who have postnatal contact with a health provider within two days of delivery is just 40%, and just three countries have achieved more than 80% coverage. Region-wide, the proportion of deliveries through caesarian section has unacceptably increased, highlighting the need for more effective rationalization.

To address these and other challenges, over the course of this meeting, you will:

First, review the current situation, progress and implementation of TAG recommendations.

Second, share global updates on WHO recommendations and guidelines on maternal and newborn care, specifically on intrapartum care and the new recommendations on post-natal care, launched in March 2022.

And third, identify and plan the support required by Member States to adapt and implement the new recommendations.

You will discuss the direct and indirect impacts of the COVID-19 pandemic on programme implementation and ways to address the need for increased domestic financing for RMNCAH interventions.

You will consider how best countries can improve programme governance and address HR and monitoring issues.

My message to all participants is to make the most of this opportunity, using it to reinvigorate pre-pandemic momentum and ensure all critical RMNCAH interventions achieve at least 90% coverage in the next five years.

Finally, I urge you to focus not only on survival, but also on promoting positive health experiences, for the short- and long-term health and well-being of all women, newborns and families.

Towards that goal, and in support of our Flagship Priority, you can be certain of my ongoing and unmitigated support, for a South-East Asia Region in which every woman, newborn and child receives the right care right in the community.

I wish you all success and look forward to being apprised of the outcomes.

Annex 4: Analysis of group work

Country	Recommendations on maternal and newborn care for positive postnatal experience		Labour care guide introduction	Rationalization of Caesarean section	Introduction of Robson classification
	Plans for introducing recommended and contextual recommendations	Plans for discontinuing or continuing 'not recommended' practices			
Bangladesh	<ol style="list-style-type: none"> 1. Screening for TB during PNC in families with TB cases 2. Perineal pain relief 3. Maternal psychosocial screening for ECCD 4. Midwifery-led continuity of care (expand existing) 5. Retention of rural workforce 6. Involvement of men in PNC 7. Universal screening for eye abnormalities 8. Screening for hyper-bilirubinaemia 9. Daily application of chlorhexidine (context specific) 10. Putting baby in supine position for sleeping 11. Whole body massage 12. Digital targeted client communication 13. Tracking of birth notification 	<ol style="list-style-type: none"> 1. Use of laxatives in PNC 2. PFMT 3. Preventive anthelmintic treatment (women) 4. Vitamin A supplementation (women) 	<ol style="list-style-type: none"> 1. Advocacy and planning initiated and plan to introduce 2. Will need to adapt and build capacity 	<p>Plan to introduce non-health interventions for rationalizing CS</p> <ol style="list-style-type: none"> 1. Interventions targeted at women (selected facilities) 2. Interventions targeted at health professions (in selected Facility in settings with adequate resources and senior clinicians able to provide) <ul style="list-style-type: none"> - EB clinical guidelines - CS audits 3. Interventions targeted at health organizations of facility – midwifery - obstetrician collaborative model (selected facilities) <p><i>Time frame- 2 y</i></p>	<ol style="list-style-type: none"> 1. Training guides developed 2. Training sites for piloting identified (26) and activities initiated

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Bhutan	1.Screening for postpartum depression and expansion of the current tool being piloted in the national referral hospital 2.Universal eye screening for abnormalities 3. Putting baby in supine position for sleeping 4. Gentle body massage of newborn	Vitamin A supplementation in PP women	Planning to advocate for introduction	Interventions targeted at women	Planned in 3 referral hospitals
India	<i>Needs further discussion with MOH</i>				
	1.Track postnatal service delivery for each mother & baby (in RCH Portal) 2.Counsel families on exclusive breastfeeding and danger signs 3.Improve discharge preparedness, especially for parents of LBW / preterm babies ; use of AV aids /resources to engage parents 4.Postpartum care guidelines/postnatal care package to strengthen services for mothers and newborns in health facilities 5.Improve screening for birth defects included under RBSK (insurance scheme) 6.Improve the information and counselling on ECCD.	Not reported	1.Country assessment for feasibility of introduction of the guide and developing SOPs 2. Plan to integrate with midwifery services	1.Midwifery led units establishment underway in country 2.Awareness and education promoting normal birthing now part of SUMAN initiative 3.C section audits initiated in country	1.Guidance note for C-section audits using Robson classification issued -Assigning Robson classification at the time of admission to improve data collection (prospectively) -Focus on first four groups – analyse data for these to understand quality of obstetric care and linking to perinatal outcomes -Review with MPCDSR and C section audits through QI committees at state/district and facility level under LaQshya 2. Planned Training of resource persons 3. Supportive supervision for data quality improvement

Indonesia	<p>1. Physiological assessment of women – plan to do an assessment of quality of PNC</p> <p>2. Screening for PP depression using validated instruments</p> <p>3. PP contraception by harmonizing regulations related to national health insurance scheme</p> <p>4. Local perineal cooling</p> <p>5. Pharmacological relief for pain due to uterine cramping/involution</p> <p>6. Universal screening for eye abnormalities and hearing impairment</p> <p>7. Application of chlorhexidine (contextual)- plan to revise regulations ??</p> <p>8. Putting baby in supine position for sleeping</p> <p>9. Whole body massage</p> <p>10. Discharge criteria</p> <p>11. Length of stay in hospital (linked to regulations and need change)</p> <p>12. Improve quality of PNC visits at home (practice home visits)</p> <p>CANNOT IMPLEMENT</p> <p>1. Universal screening for hyper-bilirubinaemia (costly)</p>	1. Vitamin A supplementation in PP women	<p>1. Plan to discuss with MOH and Indonesian society of ObGyn</p> <p>2. Change in IPC logarithm to incorporate labour care guide</p> <p>3. Training</p>	Plans not mentioned	<p>1. Develop manual for introducing Robson classification in consultation with MOH and Indonesian society of ObGyn (translation)</p> <p>2. Workshops</p> <p>3. National guidelines</p>
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Country	Recommendations on maternal and newborn care for positive postnatal experience		Labour care guide introduction	Rationalization of Caesarean section	Introduction of Robson classification
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Maldives	No suggestions	No suggestions	1. Disseminate to all health facilities 2. Pilot in Government referral facility 3. Evaluate the outcome	1. Educate women and provide psychological support 2. Strengthen birth preparedness	1. Conduct TOT in all Atolls 2. Training 3. Monitoring and conducting audits 4. Committee to be formed to provide feedback
Myanmar	<p>1. Psychological support during ANC (PNC is included) to prevent PP depression and expansion of current mental health and psychosocial programme to include ANC and PNC mothers 2. Putting the baby in supine for sleeping 3. Gentle body massage</p> <p>Context specific being followed 1. Preventive chemotherapy during ANC 2. Midwifery led continuity of care in community (no written policy but practised)??? 3. Postpartum iron and folic acid 4. Application of chlorhexidine on umbilical cord</p>	<p>1. Universal screening for eye abnormalities 2. Universal screening for hearing impairment 3. Universal screening for hyper-bilirubinaemia NOT IMPLEMENTING ANY NON-recommended practices</p>	WHO country office to convene a technical meeting to discuss the introduction		WHO country office to convene a technical meeting to discuss the introduction

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Nepal	1.Universal screening of newborn for hearing, vision and hyperbilirubinemia 2.Screening and support for postpartum mental health disorders 3.Integrating Early Childhood Development (ECD) in PNC and child health services 4.Sleeping position for prevention of sudden infant death syndrome (include in guideline and training package) <u>CANNOT IMPLEMENT</u> Midwifery led continuity of care due to limited number of midwives	1.Postpartum Vit A supplementation to PP women 2. Application of chlorhexidine to umbilical cord 3. Use of emollients on newborns	Plan to introduce after discussions with TWG and plan for capacity building	Plan to introduce through education of women	1.Already introduced in hospitals 2.Plan to further strengthen and expand and monitor quality of implementation
Sri Lanka	The recommendations related to care of PP women are accepted?? (need to confirm as only gaps are mentioned); however, there are implementation gaps in -pain management -lactation management - postpartum constipation -postpartum depression -PP FP The recommendations related to newborn care are accepted ?? (need to confirm as only gaps are mentioned); however, there are implementation gaps in -universal screening for abnormalities due to non-availability of equipment - delayed bath, application of emollients in private sector	Postpartum Vitamin A supplementation	Being updated and needs approval of Technical Advisory Committee (TAC)	Plans to introduce non-health interventions for rationalizing - Increase awareness of pregnant mothers during antenatal education sessions (advantages and disadvantages of CS, non-pharmacological methods of pain relief) - Public awareness campaigns (short videos, social media)	Consensus needed from TAC on MH and FP

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Sri Lanka	<ul style="list-style-type: none"> - putting baby in supine position for sleeping - ECD implementation gaps + package is being developed - Many points for improvements on responsive parenting - Gaps in implementation of breast feeding recommendations in specific groups- working mothers And skills need to be improved of labour room and postnatal ward staff				
Thailand	NO SPECIFIC RECOMMENDATIONS				
Timor Leste	The updated PNC guidelines include most of the recommendations, Plan to introduce the missing recommendations: -Screening for TB -Screening for postpartum depression and anxiety	None	Identified recommended practices for intrapartum care options that need strengthening- admission criteria, supportive care, care of the baby, progress of labour, medication during labour and shared decision making	<i>Plans recommended different from the template provided</i> -Establishment of BEmoNC facilities -Timely referral of high- risk pregnant women to CEmoNC facilities -Capacity building of OBGYN on C Section criteria and initiation of KMC at earliest	Introduce in national hospital as a pilot project and then expand to other facilities as needed

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	<p><u>CANNOT IMPLEMENT</u></p> <p>1. Local cooling for perineal pain relief: traditional practices to keep warm</p> <p>2. Universal screening for abnormalities of the eye, universal screening for hearing impairment, and universal screening for neonatal hyperbilirubinemia: training and orientation to the HCW is required, equipment, knowledge and skill set.</p> <p>3. Whole-body massage: not included in the new national PNC guideline and protocol</p> <p>4. Early childhood development: need further discussion with relevant department in MoH</p>			<p>--Training of health professionals and frontline workers on identification of high-risk pregnant women and timely referral</p> <p>Documentation and data collection, analyze and report</p> <p>-Counseling mother and family member on Newborn care, postnatal care, routine immunization, exclusive breastfeeding</p>	

Annex 5: Group Photograph



Regional Meeting on “ Improving Intrapartum and Postpartum Care to Accelerate Reductions in Maternal, Newborn Mortality and Stillbirths”
New Delhi, India
21 to 23 September 2022

