Skilled birth attendants

All women and babies need maternity care in pregnancy, childbirth and after delivery to ensure optimal pregnancy outcomes. However, around the world, one third of births take place at home without the assistance of a skilled attendant. WHO strongly advocates for “skilled care at every birth” to reduce the global burden of 536 000 maternal deaths, 3 million stillbirths and 3.7 million newborn deaths each year. Countries measure the proportion of deliveries assisted by skilled attendants frequently since it is one of the indicators of progress towards Millennium Development Goal 5, which aims to improve maternal health.

Who is a skilled attendant?

History and research have shown that, although all women and babies need pregnancy care, care in childbirth is most important for the survival of pregnant women and their babies since timely treatment of complications is critical. Various types of providers around the world are accredited to provide such care. Midwives (and nurse-midwives) provide care for all women, even when pregnancy, childbirth and postpartum period are normal; doctors mostly manage complications. Traditional birth attendants, who are not formally trained, do not meet the definition of skilled birth attendants.

Skilled attendant is a term used for measuring the use of skilled care at birth in countries and globally. The types of health workers that fall into this category vary widely between countries. In low- and middle-income countries, most data are obtained through surveys. They thus reflect what women reported about the person who had attended the birth.

A skilled attendant should have the necessary equipment and medicines and adequate referral means to be effective in reducing maternal mortality, and current data do not indicate whether these requirements were met.

In how many births do skilled attendants assist?

Worldwide, 34% of deliveries have no skilled attendant. This means 45 million births occurring at home without skilled health personnel each year. Skilled attendants assist in more than 99% of births in more developed countries versus 62% in developing countries. In five countries the percentage is less than 20%.

Although the proportion of births assisted by skilled attendants has been steadily rising from 47% in 1990 to 62% currently, progress

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needs to be accelerated. Sub-Saharan Africa, South-East Asia and the Caribbean are furthest away from achieving the universal coverage agreed on by WHO Member States in 2005. Many more midwives need to be trained and posted close to where women live, and nearby hospitals need to be staffed with doctors.

**How do skilled attendants care for mothers and babies?**

Skilled attendants provide maternal care during pregnancy, childbirth and the postpartum period and newborn care at health centres or at family homes. More and more babies are born at health facilities – hospitals or health centres – since complications can be treated there and women and babies can be referred in a timely manner to appropriate facilities to avoid death and disability.\(^5\)

During pregnancy, skilled attendants monitor the progress of the pregnancy, detect complications, provide preventive measures, develop birth and emergency plans with the woman and her family and advise women on health, lifestyle and nutrition in pregnancy.

During childbirth, skilled attendants monitor the progress of labour, are vigilant for complications and stay with the women and support them in many ways. They know how to manage abnormalities such as breech delivery and, in a team of various professionals with obstetric, neonatal and anaesthesia skills, they deal with complications as severe as eclampsia or obstructed labour.

In the postnatal period, the range of care varies from helping mothers and babies in breastfeeding to managing complications such as severe postpartum bleeding, infection or depression. If babies have problems either because of preterm birth or complications of birth, they receive timely and appropriate treatment. Skilled attendants also provide counselling on postnatal contraception to the mothers.

Preventing the mother-to-child transmission of HIV is another task of skilled attendants. It starts in pregnancy with HIV testing, providing antiretroviral therapy, counselling on infant feeding and advising on safer sex practices including the use of condoms and continues in childbirth by choosing appropriate obstetric practices and supporting the mother in her choice of feeding the baby and family planning counselling.

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**How does skilled birth care affect maternal mortality?**

Historical and observational evidence indicates that skilled care at birth reduces the risk of maternal mortality. Industrialized countries halved their maternal mortality ratios in the early 20th century by providing professional midwifery care at childbirth. By improving the access to hospitals after the Second World War, maternal deaths were reduced to the current low levels. Malaysia, Sri Lanka and Thailand halved their maternal mortality ratios within 10 years by increasing the number of midwives in the 1950s and 1960s. Over a further 15-year period, Thailand reduced its maternal mortality ratio from 200 to 50 maternal deaths per 100 000 live births by deploying even more midwives and by increasing the capacity of hospitals at the district level. Between 1983 and 2000, Egypt doubled the proportion of deliveries assisted by skilled birth attendants and reduced its maternal mortality ratio by 50%.\(^5\)

These examples show that sustained and long-term investment is needed to reduce maternal mortality.

**How can coverage be increased?**

The current number of skilled attendants is critically insufficient. An estimated 700 000 midwives are needed worldwide to ensure universal coverage with maternity care, but there is currently a 50% shortfall. In addition, 47 000 doctors with obstetric skills are required, particularly in rural areas.\(^5\) Worldwide, 4.3 million health workers are lacking.\(^8\)

Given the global shortage of health workers, existing human resources need to be employed most effectively and new health workers need to be recruited. Further, new resources must be raised to recruit, train and retain additional health workers with midwifery skills. This also means providing more incentives to work in midwifery such as satisfactory pay scales, improved status and respect within the health system and career advancement opportunities. They

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also need adequate equipment, supplies and medicines to help women and babies.

However, training programmes for traditional birth attendants have failed to reduce maternal mortality in the past. The short trainings were not adequate to teach an otherwise unqualified person the critical thinking and decision-making skills needed to practice.

Enhancing the care-seeking behaviour of pregnant women is required in addition to increasing service provision. Read more about “Involving individuals, families and communities to improve maternal and newborn health”.

What does WHO do to increase skilled care at birth?

WHO promotes skilled care at every birth. It guides countries in strengthening midwifery to educate more midwives with sufficient competencies to care for women not only in normal pregnancy, birth and the postnatal period but also to deal with certain abnormalities and to safely transfer women and babies, when necessary. WHO provides guidance on which interventions are most cost-effective and what is required to deliver them safely and assists countries in costing them to prepare realistic plans and raise the necessary resources. WHO also assists countries in improving the training of midwives and doctors in managing maternal and newborn complications.

Every year WHO publishes estimates of the use of skilled birth attendants (health workers) by country and region and globally.

Related publications


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Fact sheet

Department of Making Pregnancy Safer
Department of Child and Adolescent Health and Development
Department of Gender, Women and Health
Department of Reproductive Health and Research

World Health Organization
Avenue Appia 20,
CH-1211 Geneva 27, Switzerland
Fax: +41 22 791 5853

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