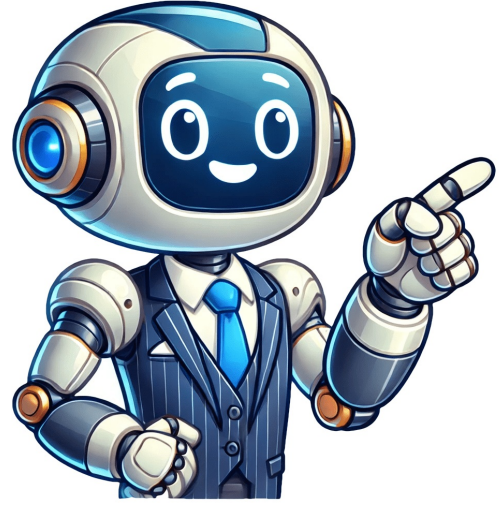


I'm not a robot





























When a woman has access to trusted emotional, psychological and practical support during labour and childbirth, evidence shows that both her experience of childbirth and her health outcomes can improve. In Companion of choice during labour and childbirth for improved quality of care. WHO and HRP present updated information on the benefits of labour companionship for women and their newborns, and how it can be implemented as part of efforts to improve quality of maternity care. The current COVID-19 pandemic is no exception. WHO Clinical management of COVID-19: interim guidance strongly recommends that all pregnant women, including those with suspected, probable or confirmed COVID-19, have access to a companion of choice during labour and childbirth.The importance of a chosen companion during labour and childbirth - latest evidence Again and again, research shows that women greatly value and benefit from the presence of someone they trust during labour and childbirth. A companion of choice can give support in practical and emotional ways. They can bridge communication gaps between a woman in labour and the healthcare workers around her, offer massage or hand-holding to help relieve pain, and provide reassurance to help her feel in control. As an advocate, a labour companion can witness and safeguard against mistreatment or neglect. The benefits of labour companionship can also include shorter length of time in labour, decreased caesarean section and more positive health indicators for babies in the first five minutes after birth. Implementing labour companionship as part of respectful maternal and newborn care WHO is committed to improving women's and newborns' experience of care as an integral component of better maternal and newborn health, and to helping countries put evidence-based global guidance into practice. Support for labour companionship is presented in four different WHO guidelines: intrapartum care for a positive childbirth experience, health promotion interventions for maternal and newborn health, augmentation of labour, and clinical management of COVID-19. The new Companion of choice updates a 2016 version with an expanded section on implementing companionship during labour and childbirth. It includes a logic model to support the integration of labour companions into maternal care programmes, and case studies from Egypt, Lebanon and the Syrian Arab Republic showing design and implementation in practice. "From global actors to professional organizations, healthcare providers to community networks and women's groups, everyone has a role to play in advocating for labour companions – and for ensuring every woman has a right to a companion of her choice to support her during labour and childbirth. Our experience from implementation research shows that women, communities, health workers and management can be engaged to transform health services and find labour companionship solutions," said Annie Portela, Technical Officer in the WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing. The way forward Many countries do not yet have policies in favour of labour companionship, and many healthcare facilities do not allow women to have a companion. Raising awareness, engaging in discussion, and providing physical infrastructure such as curtains for privacy and a chair for the companion, are all important steps for ensuring every woman can have a chosen birth companion if she wants one. Global efforts to improve maternal health – such as the emphasis on increasing facility-based childbirth – do not end with the reduction of maternal mortality and morbidity. Women's preferences during childbirth must be known and must be supported. COVID-19 and labour companionship Most health systems around the world are facing challenges of increased demand for care of people COVID-19, compounded by fear, misinformation and limitations on movement that disrupt access to care. As countries identify ways to address COVID-19, integrating human rights protections and guarantees is not only a moral imperative, it is essential to successfully addressing public health concerns. "Pregnancy is not put on pause in a pandemic, and neither are fundamental human rights. A woman's experience of childbirth is as important as her clinical care," said Dr Özge Tuncalp, scientist at WHO/HRP. "In the 'new normal' of COVID-19, WHO strongly recommends that the emotional, practical and health benefits of having a chosen labour companion are respected and accommodated. The pandemic must not disrupt every woman's right to high-quality, respectful maternity care." Information is essential for change, but in together where information is not readily available, epidemiological research becomes one of the most powerful sources of information for change. A supplement by BJOG: An International Journal of Obstetrics and Gynaecology titled "Application of maternal near-miss approach to audits of severe maternal complications in a low-resource country" reinforces this message.Spotlight on NigeriaClose to 200 million people inhabit Nigeria, considered Africa's most populous country. Nigeria is also the country where nearly 20% of all global maternal deaths happen. Between 2005 and 2015, it is estimated that over 600 000 maternal deaths and no less than 900 000 maternal near-miss cases occurred in the country. In 2015, Nigeria's estimated maternal mortality ratio was over 800 maternal deaths per 100 000 live births, with approximately 58 000 maternal deaths during that year. By comparison, the total number of maternal deaths in 2015 in the 46 most developed countries was 1700, resulting in a maternal mortality ratio of 12 maternal deaths per 100 000 live births. In fact, a Nigerian woman has a 1 in 22 lifetime risk of dying during pregnancy, childbirth or postpartum/post-abortion; whereas in the most developed countries, the lifetime risk is 1 in 4900.Inequities to health services, gaps between rich and poor remainThe World Health Organization (WHO) says the high number of maternal deaths in some parts of the world reflects inequities in access to health services, and highlights the gap between rich and poor. Nearly 100% of global maternal deaths occur in developing countries with more than half of these deaths occurring in sub-Saharan Africa and almost one third happening in South Asia. More than half of maternal deaths occur in fragile and humanitarian settings. WHO adds that poor women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such as sub-Saharan Africa and South Asia. Globally in 2015, births in the richest 20 per cent of households were more than twice as likely to be attended by skilled health personnel as those in the poorest 20 per cent of households (69 per cent versus 43 per cent). More than half of the world's population lives in areas where there are not enough health workers to meet the demand. Focus on a trained midwife, a doctor or a trained nurse in a facility-based health systemThe papers included in the BJOG supplement shed light on some aspects of the Nigerian maternal care and health system, particularly at the tertiary level, between 2012 and 2013. 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