National Policy on Skilled Birth Attendants

Supplementary to
Safe Motherhood Policy 1998

Government of Nepal
Ministry of Health and Population
Department of Health Services
Family Health Division
July 2006

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MINISTRY OF HEALTH & POPULATION

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Date: August, 2006

Few Words

I am very much pleased by knowing that the Skilled Birth Attendants Policy - 2006, is going to be implemented very soon, which is supplementary to the Nepal Safe Motherhood Policy - 1993. The swift implementation of this policy will help ensure that the current trend of the women and newborns dying every year in Nepal will be significantly reduced by striving to achieve the MDG of 60 percent of deliveries attended by an SBA by 2015.

The new policy meets the criteria of the WHO Definition for SBA and sets up a model for care similar to the highly successful strategies carried out by few Asian countries which reduced maternal and neonatal mortality and morbidity rates dramatically through a system of community midwives supported by an improved health system that targeted rural and underserved populations. The SBA will work in close partnership with other essential health care providers at community level and be supported & guided by a strong District Health Team that has the capacity to deal effectively with emergency obstetric complications 24 hours a day, 7 days a week.

In accordance with the 2004-2009 Nepal Health Sector Programme Implementation Plan, the MoHP will address the key issues of ensuring the availability of staff throughout the country, including remote and conflict-ridden districts. Specific incentives and motivational packages will be developed to mobilize and retain the necessary workforce, supported by regular auditing of staffing levels. I believe that all the stakeholders will assist Family Health Division, Department of Health services in implementing this policy.

I like to express my sincere thanks to all those who contributed development of this policy.

.....

(Ramchandra Man Singh)
Secretary

His Majesty's Government
Ministry Of Health
DEPARTMENT OF HEALTH SERVICES
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Tel : 261436
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Pachali, Teku
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Preface

The Department of Health Services has a long history of commitment to extending health services to the mothers and children of Nepal as evidenced by programmes such as Safe Motherhood, Expanded Programme of Immunization and Integrated Management of Childhood Illness, and Vitamin A Supplementation through an expanded network of health workers and volunteers at the village level. These important efforts have led to a significant improvement in health status of Nepalese people. However, the maternal and neonatal mortality and morbidity rates remain unacceptably high. So the services need to reach every corner of the country with special focus on poor, under privileged and marginalized population. In this context, the SBA Policy is hopped to stand as a key milestone in our tireless efforts for ensuring the best possible outcome of pregnancy for both mothers and babies.

We recognize that the new policy is merely an important first step in overcoming the enormous challenges we will face in carrying out our commitment to provide skilled birth attendants for all women, particularly in the remote and poor areas of our country. In order to achieve our goal we will need to work in close partnership with the private sector, professional bodies, external development partners, other stakeholders, as well as the communities we seek to serve. It is my hope that with the implementation of this policy, Nepal will one day be seen as a model for those countries seeking to improve the health and survival of the most vulnerable populations, our very future-our mothers, our wives, our children.

.....

(Dr. Mahendra B. Bista)
Director General
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Acknowledgement

The National Policy on Skilled Birth Attendants (SBA) is truly a culmination of the efforts of many dedicated professionals from various organisations who provided on-going technical and policy guidance. The process of developing SBA Policy began in November 2000, with a meeting in Tunis, sponsored by the members of the Safe Motherhood Inter-Agency Group. Consensus was reached that MCHWs did not qualify as SBAs according to criteria set by the International Confederation of Midwives. Hence, a decision was taken to upgrade them to ANMs and to avail the enabling environment, considered crucial to the effective functioning of SBAs. The Islamabad meeting, co-sponsored by UNFPA and WHO provided the forum to discuss and focus on the minimum skills required for SBAs, the importance of producing quality human resources, coupled with sound human resource management. In the context of Nepal, stakeholders reached consensus on the minimum skills SBAs must possess at the Dhulikhel meeting in July 2004. In December 2004, the WHO mission from Geneva/SEARO, made recommendations for skilled birth attendance and outlined a long term vision for human resource issues.

In May 2005, Ministry of Health & Population (MoHP) formed a Policy Advisory Group to draft the SBA Policy. This Group worked towards development of this SBA Policy. It is my privilege to thank all the members of the Policy Advisory Group: the then Director General, Dr. Bishnu Pandit, Director of Child Health Division, Dr. Y.V. Pradhan, the then Director of National Health Training Centre, Mr. Arjun B. Singh, President of Nepal Medical Association, Dr. Sudha Sharma, Joint Secretary of MoHP, Mr. Binod Gyawali, Assistant Dean of Institute of Medicine, Prof. Trilok Pati Thapa, the then Registrar of the Nepal Medical Council, Dr. Gopal Khanal, President of Nepal Nursing Council, Ms Tara Pokhrel, Director, Curriculum Development, Centre for Technical Education and Vocational Training Mr. Bishnu Koirala and the then Director of Family Health Division Dr. P. K. 'Rajendra'.

Special thanks go to the Support to Safe Motherhood Programme (SSMP) for providing technical and financial support. The Safe Motherhood and Neonatal Sub-Committee, the MNH Forum, DFID, USAID, WHO, UNFPA, UNICEF, UMN, SC(US), and all others who contributed to this important effort are gratefully acknowledged. Special mention goes to Dr. Vijaya Manandhar, National Operations Officer WHO; Dr. Saramma Mathai, Technical Adviser, UNFPA/CST; Dr. Neena Khadka, Health Team Leader, SC(US); Dr. Rajendra Bhadra, Training Adviser, JHPIEGO; Dr. M. Muzaherul Huq, WHO; Dr. Indira Basnett, Dr. Ganga Shakya and Dr. Nirmal Bista, Advisers of SSMP; and consultants, Dr. Madhu Dixit Devkota and Ms Pamela Putney for their technical input.

(Dr. Bal Krishna Suvedi)
Director
Family Health Division

Acronyms

AHW	:	Auxiliary Health Worker
ANM	:	Auxiliary Nurse Midwife
BEOC	:	Basic Essential Obstetric care
BEmONC	:	Basic Emergency Obstetric and Neonatal Care
CEOC	:	Comprehensive Essential Obstetric care
CEmONC	:	Comprehensive Emergency Obstetric and Neonatal Care
CTEVT	:	Centre for Education and Vocational Training
DFID	:	Department for International Development
DHO	:	District Health Office
DoHS	:	Department of Health Services
EmOC	:	Emergency Obstetric Care
FCHV	:	Female Community Health Volunteer
FHD	:	Family Health Division
HA	:	Health Assistant
HFMC	:	Health Facility Management Committee
HP	:	Health Post
GoN	:	Government of Nepal
IEC	:	Information Education and Communication
MCHW	:	Maternal and Child Health Worker
MDG	:	Millennium Development Goal
MDGP	:	Doctor of Medicine in General Practice
MMR	:	Maternal Mortality Ratio
MNH		Maternal and Newborn Health
MoHP	:	Ministry of Health and Population
NAN	:	Nurses' Association of Nepal
NGO	:	Non Governmental Organisation
NEPAS	:	Nepal Paediatric Society
NESOG	:	Nepal Society of Obstetricians and Gynaecologists
PA		Personnel administration
PESON	:	Perinatal Society of Nepal

PHCC	:	Primary Health Care Centre
RH		Reproductive Health
SBA	:	Skilled Birth Attendant
SHP		Sub Health Post
SM	:	Safe Motherhood
SN	:	Staff Nurse
SSMP	:	Support to Safe Motherhood Programme
TBA	:	Traditional Birth Attendant
UMN	:	United Mission to Nepal
UNFPA	:	United Nations Fund for Population Activities
USAID	:	United States Agency for International Development
VDC	:	Village Development Committee
VHW	:	Village Health Worker
WHO	:	World Health Organisation

Introduction and Rationale of the Policy

1

1.1 Background

The Government of Nepal (GoN) has a long history of commitment to improving maternal and neonatal health outcomes, most recently evidenced by the high priority given to the National Safe Motherhood Programme within the Nepal Health Sector Programme-Implementation Plan (NHSP-IP 2004-2009). Despite important gains over the past 15 years, the maternal and neonatal morbidity and mortality rates remain high (539 maternal deaths per 100,000 live births[1] and neonatal mortality rate of 39/1000 live births1), largely due to the lack of skilled attendance at birth, as well as poor referral systems and lack of access to life-saving emergency obstetric care when complications occur.

There has been advancement in the understanding that the most critical intervention to reduce maternal mortality is the care provided by a skilled birth attendant working within a supportive environment that provides an adequate system for referrals and emergency obstetric care. Whether skilled attendants attend deliveries at home, at primary health care level[2], in health facilities or hospitals, they require the support of an enabling environment that includes the availability of adequate supplies, equipment, infrastructure and efficient and effective systems of communication and referral to provide quality obstetric and neonatal care. In the context of Nepal, where the poorest families often live long distances from a facility that can provide emergency obstetric care, it is important to encourage women to deliver in facilities with skilled attendants with access to Emergency Obstetric Care (EmOC). This will require 24 hours a day and 7 days a week, "women-friendly" services that are culturally sensitive and affordable to all families, especially those in poor and underserved areas. However, high financial cost has been identified as a major barrier to women accessing skilled birth attendance and health facilities for emergency obstetric care in Nepal[3], therefore in January 2005 the Government of Nepal introduced the maternity cost sharing scheme to reduce the economic barrier to access and utilisation of skilled birth attendance in Nepal.

The GoN, its partners and stakeholders have long recognised the need to seek new solutions to address the problem of lack of access

[1] Nepal Demographic and Health Survey 1996
[2] Sub-health Post, Health Post and Primary Health Care Centre
[3] Borghi, Ensor et al. 2004

to SBAs, particularly in poor areas with marginalized populations. In this regard, during the 1990s, Nepal invested in two cadres of health workers to be responsible for providing maternal/child health services and obstetric first aid at the village level- the Maternal and Child Health Workers (MCHW) and Auxiliary Nurse Midwives (ANM). Neither category of worker has successfully functioned as an SBA due to a number of factors, including: inadequate length of the midwifery component of the training; the training not being competency based; a lack of adequate clinical training and experience; professional and social isolation at post; and lack of support from the health system to enable MCHWs and ANMs to provide quality emergency obstetric and neonatal care, especially during life-threatening complications[4].

1.2 Rationale

The proportion of births assisted by Skilled Birth Attendants is a Millennium Development Indicator and a key indicator for assessing progress towards maternal mortality reduction. As a signatory of Millennium Declaration, GoN is committed to achieving the Millennium Development Goals (MDG). The two indicators proposed by the MDG framework for monitoring progress towards MDG 5 are: (1) a reduction of MMR by three-quarters between 1990 and 2015; and (ii) an increase in the proportion of births attended by skilled attendant. The international targets for the proportion of births attended by a skilled attendant call for 80% of all births by 2005, 85% by 2010 and 90% by 2015. However, WHO suggests that in countries where the MMR is very high, the goal should be at least 40% of all births assisted by skilled birth attendants by 2005, 50% by 2010 and 60% by 2015[5]. In Nepal, currently only 13 percent[6] of women are attended by a health worker during delivery, and it is important to note that not all of these health workers qualify as SBAs.

Hence, keeping in mind the challenges related to human resource development and management, socio-economic and cultural barriers to accessing SBAs, high unmet need for emergency obstetric care, and weak referral back-up, this policy recommends the realistic, practical and achievable national target for the proportion of births attended by a skilled attendant of 60% by 2015.

1.3 Elements of SBA Policy

Safe Motherhood was identified as a priority programme for the government in the National Health Policy of 1991; which was followed in 1994 by the formulation of a national Safe Motherhood Policy that placed emphasis on:

[4] ''Towards skilled birth attendance in Nepal'', Rapid appraisal of the current situation and outline strategy, WHO, February 2005

[5] National Safe Motherhood Action Plan 2001-2005: Western Pacific Region, WHO Skilled Care at Every Birth, Report and Documentation of the Technical Discussions held in conjunction with 42nd Meeting of Consultative Committee for Programme Development and Management (CCPDM), Dhaka, Bangladesh, 5-7 July 2005, World Health Organisation, Regional Office for South-East Asia, New Delhi

[6] Nepal Demographic and Health Survey 2001

- Strengthening maternity care, including family planning services, at all levels of health service delivery including the community. The National Safe Motherhood Plan 2002-17 developed a long-term vision to scale up the coverage of maternal and newborn health care at all levels of health care delivery system.

- Strengthening the technical capacity of maternal health care providers at all levels of the health care system through training. The National Safe Motherhood Training Strategy, 2002 focussed on strengthening pre-service and in-service training institutions to ensure that all health providers have appropriate skills according to the national RH clinical standard 1998.

- Deploying and providing appropriate support and personnel for each level of maternity services was an identified objective.[7] The importance of appropriate human resource as an essential component for ensuring quality maternal health services was reiterated in the Nepal Strategic Plan for Human Resources for Health 2003-2017

This SBA Policy hence addresses the gaps identified by the above national Policy and Plan documents.

The SBA policy is linked to other national policies and strategies. The National Information, Education and Communication (IEC) Strategy for Safe Motherhood developed in 2003 by the DoHS will be referred to for developing partnerships with communities, which are vital for implementation of the SBA policy.

Similarly, the National Neonatal Health Strategy developed in 2004 will be an important guideline for developing the detailed strategic plan to address the needs of the newborn babies.

This SBA Policy is in concurrence with the Nepal Health Sector Programme- Implementation Plan 2004-2009, particularly with output one and output seven.

1.3.1 Definition of Skilled Birth Attendant

"An accredited health professional-such as a midwife, doctor or nurse-who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the postnatal period and in the identification, management and referral of complications in women and newborns."[8]

[7] His Majesty's Government of Nepal, Safe Motherhood Policy, Family Health Division, DoHS, MoH, July 1998

[8] Making Pregnancy Safer : the Critical Role of the Skilled Attendant. WHO, ICM, FIGO. 2004

At the Dhulikhel meeting[9] on SBAs, held in July 2004, the representatives from government, partners and other stakeholders agreed that in the context of Nepal, doctors, staff nurses, midwives and ANMs will be considered as SBAs, provided they possess competencies in the core skills identified by the meeting (Refer annex 1 for the list of core skills). The meeting also recognised the need to develop regulating, accrediting and licensing systems to ensure providers have the abilities and skills to practise according to national standards.

Working Definition of SBA for Nepal for up to Five Years of Approval of this Policy: Those Physicians, gynaecologists and obstetricians and other health personnel with at least 18 months training in maternal and child health will be considered as skilled birth attendants. This definition shall not apply after five years of approval of the policy.

1.3.2 Competencies Required for SBAs

All health care providers identified above as SBAs - doctors (MBBS, Obstetricians, MDGP), midwives and nurses (staff nurses and ANMs) working as maternal and newborn health care providers at all levels of health system must have competencies in the core skills as defined in annex-1. In addition to this Obstetricians and MDGPs will also have competencies in advanced skills as defined in annex 1.1

2 SBA Policy Statement

The main thrust of MoHP towards reducing maternal and neonatal mortality in Nepal is through the Safe Motherhood Programme, including Newborn Care, by improving maternal and neonatal health services at all levels of the health care delivery system and ensuring skilled care at every birth.

3 Objectives of SBA Policy

3.1 General Objective

To reduce maternal and neonatal morbidity and mortality by ensuring availability, access and utilisation of skilled care at every birth.

[9] Taking Forward the Consensus from the UNFPA Regional Workshop on SBAs, Dhulikhel, FHD, Department of Health Services/UNFPA Nepal, July 26-27, 2004

3.2 Specific Objectives

- To ensure that sufficient numbers of SBAs are trained and deployed at primary health care levels with necessary support system.
- To strengthen referral services for safe motherhood and newborn care, particularly at the first referral level (district hospitals).
- To strengthen the pre-service and in-service SBA training institutions to ensure that all graduates will have the necessary skills as proposed in annex-1.
- To strengthen supervision and support system to ensure that all SBAs are able to provide quality maternal and newborn health care according to the national standard and protocol.
- To develop regulating, accrediting and re-licensing systems for ensuring that all SBAs have the abilities and skills to practise in accordance with the core competencies proposed in annex-1.

4 Strategies

To ensure skilled care at every birth, rapid expansion of accredited SBA training sites and capacity enhancement of trainers in order to ensure quality training is imperative. Deployment of SBAs at primary health care levels to promote their availability for all families and ensuring SBAs are supported and recognised by the communities are crucial issues to be addressed. Hence, with a long-term vision, MoHP identifies the following strategies:

4.1 Human Resource Development

A continuum of properly functioning maternal and neonatal health services based on the availability of SBAs having all necessary skills and abilities at the PHC level, will take time. Therefore, a part from having a medium and long-term strategy, a short-term strategy is also required.

4.1.1 Short-Term (in-service) Measures

The existing short-term courses (midwifery refresher, BEOC) and one-year post basic diploma course in midwifery will be reviewed and

updated in order to ensure that the revised curriculum contains core skills for SBAs as defined in annex-1.

a. Staff Nurses / ANMs

Staff nurses and ANMs currently working in the health care system who have not received additional midwifery training, and newly appointed staff nurses and ANMs, will receive competency based training on the core skills as defined in annex-1, and will be certified as SBAs.

The staff nurses and ANMs currently working in the health care system who have received additional midwifery training will be assessed for competencies against the skills defined in annex-1 and if deemed competent, will be certified as SBAs.

Those who are unsuccessful in certain skills in the above assessment will be allowed to undertake further training in order to meet the agreed core skills (and to be certified as SBA) through structured onsite training.

All staff nurses working in primary health centres and staff nurses providing maternity services at district hospitals will have the opportunity to receive one year of Post Basic Midwifery training in order to qualify them as SBAs (Nurse Midwife) and enable them to be promoted to Senior Nurse Midwife.

b. Doctors

Doctors (MBBS) providing safe motherhood and newborn care at Basic Essential Obstetric Care (BEOC) service sites (PHCC and District Hospital) will be supported to develop competency in the core skills as defined in annex-1. Similarly, doctors providing safe motherhood and newborn care at Comprehensive Essential Obstetric Care (CEOC) service sites at maternity units/ departments of district, zonal, regional and central level hospitals, who are competent in the core skills (as defined in Annex 1) will be supported for advanced SBA training (refer to annex1.1).

4.1.2 Medium-Term (Pre-service) Measures

The current ANM course will be reviewed, and will be restructured as a two-year course in order to ensure that all ANMs attending the course develop competency in the skills defined in annex-1.

The midwifery section of the current staff nurse (PCL) and B.Sc. nursing course will be revised and adjusted to include core elements of SBA skills.

The MDGP course will be updated for SBA skills and advanced SBA skills (annex- 1 and 1.1)

The Obstetrics and Gynaecology section of the current MBBS course will be reviewed and adjusted to include core elements of the SBA skills (annex-1).

4.1.3 Long-Term (Pre-service) Measures

MoHP is in the process of initiating a new cadre of Professional Midwife (PM)[10] as a crucial human resource for safe motherhood, providing service and leadership in midwifery for the country.

4.2 Strengthening SBA Training Sites

All existing training sites (pre-service and in-service) will undergo the process of accreditation. Rapid expansion of the number of new accredited training sites will be a priority to ensure production of competent SBAs for in order to achieve the national target of 60% deliveries conducted by SBAs.

4.3 Deployment and Retention of SBAs

According to the Human Resource Strategy[11] of 2003, each health post will be staffed by two ANMs and a staff nurse; and each sub-health post will be staffed by two ANMs by 2017. As a part of decentralisation, any additional requirement for SBAs will be addressed locally to ensure round the clock (24 hours a day) provision of delivery services.

Job descriptions of doctors, staff nurses, midwives and ANMs will be updated according to the core competencies identified for SBAs (annex-1).

Priority for posting of ANM with SBA skills will go to remote districts.

4.4 Service Provision

Quality services as a continuum of integrated care at primary health care and referral levels will be ensured in conformity with the evidence based National Standard and Protocol. This will entail provision of essential maternal and newborn health care at primary health care level by SBAs, and when complications occur, at referral levels (BEOC and CEOC sites).

4.5 Enabling Environment

Maternal and neonatal health outcomes will only be improved if the SBA is supported by: strong referral back-up by a district health

[10] Towards Skilled Birth Attendance in Nepal: Rapid Appraisal of the Current Situation and Outline Strategy, WHO, February 2005, "It is proposed that this programme will be of three year duration with entry requirement of 10+2 and the trainees as far as possible be selected and recruited from and by their own communities, to ensure that these midwives will take up assignments where they are most needed. They should be skilled to deal with normal pregnancy, birth and postpartum (including neonatal) care and identification and referral of complications of mother and baby. They must also know at minimum first line management, but when referral remains problematic, they will need more skills to manage complications to a large extent."

[11] Nepal Strategic Plan for Human Resources for Health 2003-2017, MoH, April 2003

team, including supportive supervision; effective partnerships with other health workers such as the HA, AHW, MCHW, VHW, health volunteers (FCHV), other non-formal care givers like TBAs, and the community; availability of essential drugs, supplies and equipment; adequate systems for communication and referrals, safety and security, and sufficient incentives to compensate for the professional and social isolation that is often a reality of remote postings.

To improve outcomes and encourage skilled birth attendance at an increased number of deliveries, a birthing facility will be added to appropriate health posts and sub-health posts.

Technical supervision will be provided for primary health care level SBAs by a Nurse Midwife/Professional Midwife working at the PHCC or district hospital.

The provision of adequate essential drugs, equipment and supplies for quality care will be ensured.

To ensure round the clock coverage of delivery services by SBAs at primary health care facilities, accommodation near the facility should be ensured by the Health Facility Management Committee (HFMC) and or community based forum/group.

4.5.1 Professional Accreditation, Licensure and Legal Issues

An important component of the enabling environment for SBAs is proper regulation based on legislation (rules and regulations governing practice). Medical and Nursing Councils will be responsible for accreditation of training institutions and the course.

A re-licensing system will be established. In this regard, the capacity of Nepal Nursing Council must be strengthened as a priority.

Accreditation guidelines and system will be developed. Professional councils and MoHP will be responsible for ensuring effective enforcement of the accreditation system.

Under the accreditation framework SBAs must be legally mandated to perform the skills outlined in the SBA curriculum and included in their job-descriptions.

4.6 Role of Professional organisations/association

Professional organisations/associations, in collaboration with MoHP, will develop a system of quality assurance, performance review and capacity building support for SBAs.

Professional councils (medical and nursing) will be encouraged to take a lead role in advising MoHP on matters pertaining to the registration of nursing and midwifery practitioners and maintaining the professional standards in their profession, and to advise and make recommendations to the concerned authority on accreditation of training institutions and the course.

4.7 Role of non-government sector and private sector

NGOs, the private sector and communities will be encouraged to establish maternity hospitals and community based "birthing centres" by mobilising their own resources. These facilities could be used as midwife led training sites.

4.8 Institutional Arrangements

The MoHP, Department of Health Services with its relevant Divisions and Centres, has a role to play in the implementation of this SBA Policy. However, Family Health Division the focal division for the safe motherhood and newborn care programme will have the lead role. The implementation of this SBA Policy will be reflected in the coming Five Year Plan under aegis of FHD. The HR/PA division of MoHP will take the lead role for human resource management, and particularly the SBAs. The National Health Training Centre (NHTC) will take lead role for SBA human resource development. The roles and responsibilities of the education ministry and Council for Technical Education and Vocational Training (CTEVT) will be re-enforced in strengthening standards of training institutions and the SBA course. The roles and responsibilities of the health facilities with regard to maternal health and newborn care services must be updated according to the needs of programme implementation. Inter-sectoral and intra-sectoral linkage will be strengthened in order to facilitate the implementation of this policy.

Annex - 1

Core skills and abilities of Skilled Birth Attendant (SBA)

All skilled birth attendants (SBA) must have the core midwifery skills[12]. All SBAs at all levels of the health system must have skills and abilities to perform all the core functions listed below:

1. Communicate effectively, to provide holistic "women-centred" care.
2. Take history, perform physical examination and specific screening tests as required, including voluntary counselling and testing for HIV, and provide appropriate advice/guidance.
3. Educate women and their families about the importance of making a birth plan (where the delivery will take place, how they will get there, who will attend the birth and, in case of a complication, how timely referral will be arranged).
4. Assist pregnant women and their families to make a plan for birth.
5. Identify complications in mothers and newborns, perform first line management (including performance of life saving procedures and administration of life saving drugs according to the national protocol when needed) and make arrangements for effective referral.
6. Perform vaginal examination and interpret the findings.
7. Identify the onset of labour.
8. Monitor maternal and foetal well-being during labour and provide supportive care.
9. Record maternal and foetal well-being on a partograph, identify maternal and foetal distress and take appropriate action, including referral where required.
10. Identify delayed progress in labour and take appropriate action including referral where appropriate.
11. Manage normal vaginal delivery.
12. Manage the third stage of labour actively[13].
13. Assess the newborn at birth and give immediate care
14. Identify any life threatening conditions in the newborn and take essential life-saving measures including, where necessary, active

[12] Making Pregnancy Safer: the critical role of the skilled attendant, A joint statement by WHO, ICM and FIGO, 2004.

[13] Active management of third stage of labour includes: using oxitocic drugs, clamping and cutting the cord, and applying controlled cord traction.

resuscitation as a component of the management of birth asphyxia, and referral as appropriate.

15. Identify haemorrhage and hypertension in labour, provide first line management (including life saving skills in emergency obstetric care where needed), and if required make effective referral.
16. Provide postnatal care to women and their newborns and post abortion care where necessary.
17. Assist women and their newborns in initiating and establishing early and exclusive breastfeeding, including educating women and their families and other helpers in maintaining successful breastfeeding.
18. Identify complications (illnesses and conditions) detrimental to the health of mothers and their newborns in the postnatal period and provide first-line management according to the national clinical protocol, and if required make arrangements for effective referral.
19. Supervise non-skilled and semi-skilled attendants, including TBAs, MCHWs and paramedics, in order to ensure that the care they provide during pregnancy, childbirth and early postpartum is of good quality.
20. Provide advice, counselling and services on postpartum family planning and refer if needed.
21. Educate women (and their families) on how to prevent sexually transmitted infections including HIV
22. Collect and report relevant data, collaborate in data analysis and case audits
23. Promote a sense of shared responsibility/partnership with individual women, their family members/supporters and the community for the care of women and newborns throughout pregnancy, childbirth and the postnatal period

SBAs working at the primary health facilities in remote areas with limited access to BEOC/CEOC facilities should also be able to do the following:

24. Use vacuum extraction in vaginal deliveries
25. Perform manual vacuum aspiration for the management of incomplete abortion.
26. Repair vaginal tears
27. Perform manual removal of placenta

Annex - 1.1

Advanced Skills:

Advanced functions that need to be performed by selected Skill Birth Attendants (e.g MDGP, Obstetrician) working at a referral facility include, but are not limited to following:

1. Perform Forceps delivery
2. Perform Caesareans sections
3. Perform Laparotomy
4. Perform Hysterectomy
5. Provide anaesthesia-local, spinal and general
6. Provide blood transfusion.

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