7 NOVEMBER 2016 | GENEVA – The World Health Organization (WHO) has issued a new series of recommendations to improve quality of antenatal care in order to reduce the risk of stillbirths and pregnancy complications and give women a positive pregnancy experience. Last year, an estimated 303 000 women died from pregnancy-related causes, 2.7 million babies died during the first 28 days of life and 2.6 million babies were stillborn. Quality health care during pregnancy and childbirth can prevent many of these deaths, yet ÂÂ globally only 64% of women receive antenatal (prenatal) care four or more times throughout their pregnancy.

Antenatal care is a critical opportunity for health providers to deliver care, support and information to pregnant women. This includes promoting a healthy lifestyle, including good nutrition; detecting and preventing diseases; providing family planning counselling and supporting women who may be experiencing intimate partner violence.

“If women are to use antenatal care services and come back when it is time to have their baby, they must receive good quality care throughout their pregnancy.” says Dr Ian Askew, Director of Reproductive Health and Research, WHO. “Pregnancy should be a positive experience for all women and they ÂÂ should receive care that respects their dignity.”

WHO recommendations on antenatal care

WHO’s new antenatal care model increases the number of contacts a pregnant woman has with health providers throughout her pregnancy from four to eight. Recent evidence indicates that a higher frequency of antenatal contacts by women and adolescent girls with the health system is associated with a reduced likelihood of stillbirths. This is because of the increased opportunities to detect and manage potential problems. A minimum of eight contacts for antenatal care can reduce perinatal deaths by up to 8 per 1000 births when compared to a minimum of four visits.

The new model increases maternal and fetal assessments to detect problems, improves communication between health providers and pregnant women, and increases the likelihood of positive pregnancy outcomes. It recommends pregnant women to have their first contact in the first 12 weeks’ gestation, with subsequent contacts taking place at 20, 26, 30, 34, 36, 38 and 40 weeks’ gestation.

“More and better quality contacts between all women and their health providers throughout pregnancy will facilitate the uptake of preventive measures, timely detection of risks, reduces complications and addresses health inequalities,” says Dr Anthony Costello, Director of Maternal, Newborn, Child and Adolescent Health, WHO. “Antenatal care for first time mothers is key. This will determine how they use antenatal care in future pregnancies.”

The new guidelines contain 49 recommendations that outline what care pregnant women should receive at each of the contacts with the health system, including counselling on healthy diet and optimal nutrition, physical activity, tobacco and substance use; malaria and HIV

prevention; blood tests and tetanus vaccination; fetal measurements including use of ultrasound; and advice for dealing with common physiological symptoms such as nausea, back pain and constipation.

"Counselling about healthy eating, optimal nutrition and what vitamins or minerals women should take during pregnancy can go a long way in helping them and their developing babies stay healthy throughout pregnancy and beyond," says Dr Francesco Branca, Director Department on Nutrition for Health and Development, WHO.

By recommending an increase in the amount of contact a pregnant woman has with her health provider, WHO is seeking to improve the quality of antenatal care and reduce maternal and perinatal mortality among all populations, including adolescent girls and those in hard-to-reach areas or conflict settings.

WHO recommendations allow flexibility for countries to employ different options for the delivery of antenatal care based on their specific needs. This means, for example, care can be provided through midwives or other trained health personnel, delivered at health facilities or through community outreach services. A woman's 'contact' with her antenatal care provider should be more than a simple 'visit' but rather the provision of care and support throughout pregnancy.

Sample recommendations include:

- Antenatal care model with a minimum of eight contacts recommended to reduce perinatal mortality and improve women's experience of care.
- Counselling about healthy eating and keeping physically active during pregnancy.
- Daily oral iron and folic acid supplementation with 30 mg to 60 mg of elemental iron and 400 µg (0.4 mg) folic acid for pregnant women to prevent maternal anaemia, puerperal sepsis, low birth weight, and preterm birth.
- Tetanus toxoid vaccination is recommended for all pregnant women, depending on previous tetanus vaccination exposure, to prevent neonatal mortality from tetanus.
- One ultrasound scan before 24 weeks' gestation (early ultrasound) is recommended for pregnant women to estimate gestational age, improve detection of fetal anomalies and multiple pregnancies, reduce induction of labour for post-term pregnancy, and improve a woman's pregnancy experience.
- Health-care providers should ask all pregnant women about their use of alcohol and other substances (past and present) as early as possible in the pregnancy and at every antenatal visit.