

A Model for Safe Childbirth

This document complements FIGO's Statement – [Childbirth: A Bill of Rights](#) – by providing a model for safe childbirth. Together with the bill of rights, it will help to power Sustainable Development Goals 3.1 and 3.2, which aim to reduce the global maternal mortality ratio to less than 70 per 100,000 live births and end preventable deaths of children and newborns by 2030.

More than 800 women die from complications of pregnancy and childbirth every day, and for every woman who dies another 20 suffer serious injuries, infections or disabilities. Improving the health of women before and between pregnancies – as well as through access to contraception and safe abortion – will improve maternal health outcomes. When we invest in the health and wellbeing of women, we invest in our future.

FIGO position on the issue

A model for safe childbirth relies on the commitment of all health systems and health care practitioners to the provision of safe maternal and newborn care. Even with that commitment, there may be incidences when harm will or could have been involuntarily caused to a patient.

Within maternal and newborn care, it is incumbent upon health care practitioners and health systems to identify, monitor and report incidents that have a serious impact on health, where there have – or could have – been failures in the care process that determine the outcome. It is essential that all health care practitioners are provided with the necessary education, training, support and systems to enable them to monitor and report these incidents, which in turn will assure safety in maternal and newborn care.

Maternal or perinatal death events should always be included in incident reporting. In institutions or regions with low mortality, maternal or neonatal near-miss events are an essential learning opportunity because they are more frequent and have the potential to anticipate a death event.

Clarification of terms

FIGO has drawn on the World Health Organization's concept of patient safety – described as a framework of organised activities that creates cultures, processes, procedures, behaviours, technologies and environments in health care that consistently and sustainably lower risks, reduce the occurrence of avoidable harm, make error less likely and reduce its impact when it does occur.

When referring to patient safety incidents, FIGO recognises the terminology set out by the WHO in its 2020 publication – [Patient Safety Incident Reporting and Learning Systems: Technical report and guidance](#) – which sets out to define, harmonise and group patient safety concepts into an internationally agreed classification.

An 'event' is something that happens to or involves a patient. An 'incident' is any deviation from usual medical care that either causes an injury to the patient or poses a risk of harm, including errors, preventable adverse events and hazards. An 'adverse event' is an incident that results in preventable harm to a patient. A 'near miss' is an incident that did not reach the patient.

FIGO recommendations

- Health care practitioners and health systems should register and investigate all incidents that occur during the clinical care of a patient that did, may or could have caused harm. Even without an adverse outcome for the patient, there may be failures in the care process.
- Health care practitioners and health systems must register and investigate all maternal and perinatal deaths and their causes – no person should suffer a preventable death in relation to pregnancy, whether from haemorrhage, infection, hypertension, unsafe abortion or heart disease. By registering these, investigation and learning can lead to improvements of care.
- Every country and their health systems should have a maternal quality care collaborative to provide country-specific results and recommendations to improve maternity care delivery.

FIGO's model of safe childbirth is illustrated here.



FIGO commitments

FIGO commits to take the following actions. We will:

- work with partner organisations to define, monitor and report events that can be considered signs of unsafe care
- work with health systems to identify and eliminate possible failures based on the 'three delays' model: a delay in decision to seek care, in reaching care, and a in the care process
- work with partner organisations to identify factors that condition the occurrence of an incident or adverse outcome. Such a model will look at systematic approaches to improve the delivery of maternal and newborn care
- develop an action plan on systematic care delivery, recognising that barriers are physical and natural, human and administrative, and that it requires health system strengthening to effect change and make maternal and newborn care safe
- partner with organisations to build indicators that allow for monitoring and evaluation of health system optimisation.

About FIGO

FIGO is a professional organisation that brings together more than 130 obstetrical and gynaecological associations from all over the world. FIGO's vision is that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives. We lead on global programme activities, with a particular focus on sub-Saharan Africa and South East Asia.

FIGO advocates on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, newborn, child and adolescent health and non-communicable diseases (SDG3). We also work to raise the status of women and enable their active participation to achieve their reproductive and sexual rights, including addressing female-genital mutilation (FGM) and gender-based violence (SDG5).

We also provide education and training for our Member Societies and build capacities of those from low-resource countries through strengthening leadership, good practice and promotion of policy dialogues.

FIGO is in official relations with the World Health Organization and a consultative status with the United Nations.

About the language we use

Within our documents, we often use the terms 'woman', 'girl' and 'women and girls'. We recognise that not all people who require access to gynaecological and obstetric services identify as a woman or girl. All individuals, regardless of gender identity, must be provided with access to appropriate, inclusive and sensitive services and care.

We also use the term 'family'. When we do, we are referring to a recognised group (perhaps joined by blood, marriage, partnership, cohabitation or adoption) that forms an emotional connection and serves as a unit of society.

FIGO acknowledges that some of the language we use is not naturally inclusive. We are undertaking a thorough review of the words and phrases we use to describe people, health, wellbeing and rights, to demonstrate our commitment to developing and delivering inclusive policies, programmes and services.

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