

## Staffing requirements for delivery care

There are currently no internationally agreed standards for the numbers of healthcare professionals needed for safe maternity care, or guidance on the skill mix needed at different facility levels.

FIGO's [Committee for Safe Motherhood and Newborn Health](#) has presented [the first authoritative recommendations for staffing requirements](#) for delivery care in low and middle-income countries, published in a recent issue of our peer-reviewed journal, the *International Journal of Gynaecology and Obstetrics* (IJGO).

### Setting standards for safe maternal care

Governments and NGOs in low- and middle-income countries have made progress in encouraging more expectant mothers to deliver in a health facility, rather than at home. This change has improved health outcomes for mothers and newborns - [but not as much as was hoped](#). We are still a long way behind meeting [target 3.1 in the 2030 Agenda for Sustainable Development](#), reducing the global maternal mortality ratio to less than 70 per 100,000 live births.

Quality care requires more than just adequate staffing numbers. [Clear definition of roles](#), and integrated training and management of different staff groups is also important.

FIGO, [WHO](#), [UNFPA](#), [UNICEF](#), [ICM](#), [ICN](#), and [IPA](#), [published a joint statement](#) defining "skilled health personnel providing care during childbirth." The new definition, and the supporting information, are the first steps to informing data collection and measurement to clearly identify which health care providers can be counted as 'skilled health personnel providing care during childbirth.' This is measured as the 'proportion of births delivered by skilled birth attendants', [within the SDG indicator framework](#).

In the new [FIGO Statement: Staffing requirements for delivery care, with special reference to low- and middle-income countries](#) (Free Access), we propose that staffing levels should be based on:

- the caseload in each health facility, reflected in the annual number of births
- whether or not surgical care is provided, rather than on the number of beds as often happens in national health plans.

### A safer facility by numbers

If a birthing centre with no surgical facilities manages approximately 1,000 births per year, there should be a minimum of two – and ideally three – skilled maternal health personnel per shift. A surgical facility with the same number of births would require at least three non-surgical and one surgical member of staff.

Ideally such clinics would have five maternal healthcare staff in total, with two experienced in surgery.

Larger clinics with higher caseloads benefit from economies of scale, so a non-surgical facility with 3,000 annual births would require four maternal healthcare staff, with the ideal being six. A surgical ward with those birth figures would need seven, of which two would have surgical experience.

Ideally such clinics would have seven non-surgical and three surgical staff.

The role of shift leader is particularly critical in ensuring that appropriate care is provided to each woman as shifts handover from one to the next, or when complications develop. They also have a vital role in co-ordinating rest breaks for staff to ensure that continuity of care is maintained while reducing the risk of stress and burnout among staff.

It is critical to note that all figures refer to the number of staff on duty at the same time during a given shift. The total number of employees will require additional cover for the numbers of shifts per day, as well as absences due to sickness, training, annual and maternity leave.

In addition, they do not include anaesthetists and neonatologists, whose contributions are essential for surgical and complex newborn care.

### **Agreeing standards is just the start**

FIGO calls for investment by partners to test these clinically-informed recommendations for delivery unit staffing at hospital and district level in low- and middle-income country settings. This will require investment by development and health actors – as well as careful monitoring and evaluation.

FIGO's statement is an important step on the way to ensuring that every mother and every infant receives the care they need at birth.