Policy · OBS-POL-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 12.2

At a glance

- Each birth is attended by staff trained in normal and complicated birth (STF-SOP-001).
- A defined route to surgical and neonatal support is in place (PTR-SOP-003).
- A second trained person is available for complicated births.
- Attendance is recorded on OBS-FRM-002.
- Stop and get help straight away if: a birth is attended by staff with no training in complicated birth, or with no route to surgical support.

1. Purpose

To make sure every birth is attended by trained staff, with support close by (12.2).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Birth is the highest-risk moment of pregnancy. Attendance by staff trained in normal and complicated birth, with the skills kept current, prevents the harm that untrained hands cause.

5. Responsibilities

Role	Responsibility	Competence
Lead obstetrician	Sets the attendance rule and the support route	Clinician
Midwife in charge	Keeps the rota with trained staff	Midwife

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Staff.

- Keep trained staff on the rota for each birth, with a second person for complicated births.

Key point: Trained, and a second.

Step 2. Route.

- Keep a written route to surgical and neonatal support, tested each year.

Key point: Route written and tested.

Step 3. Record.

- Record attendance on OBS-FRM-002.

Key point: Attendance recorded.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Births attended by trained staff	100%	Monthly	Midwife in charge	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
OBS-FRM-002	Birth record	Record
PTR-SOP-003	Neonatal, paediatric and critical transfers (existing, reused)	Procedure

17. Evidence

Reference	Note
E-009	Based on the WHO recommendations on antenatal care for a positive pregnancy experience (2016) and the WHO Standards for improving quality of maternal and newborn care in health facilities (2016).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Care & Treatment: Clinical Standards for Accreditation** (H-04)
- **Medical Emergency Protocol Development** (MED-01)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

Download this document as PDF

Download this document as an editable Word file