

WHO newest consolidated guidelines on self-care interventions for health: Highlights for MNH

AlignMNH Synthesis Brief

July 2021

Background

Self-care, as defined by the WHO, is the ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness and disability with or without the support of a health worker [1]. Self-care *interventions*, or tools and practices to support self-care, include evidence-based, high-quality medicines, devices, diagnostics and digital tools accessed fully or partially outside formal health facilities, with or without a health worker. Self-care interventions can elevate the role of individuals as stakeholders in their health and wellbeing, and capitalize on the prolific rise of self-administered and self-managed tools that create more opportunities for self-managed health than ever before. Additionally, with global threats, including humanitarian crises and pandemics such as COVID-19 disrupting essential health services, self-care interventions can offer an alternative response for achieving health coverage in settings with limited capacity and resources. The purpose of the [WHO consolidated guideline on self-care interventions for health](#) is to provide evidence-based guidance to support individuals, communities and countries with quality health services and self-care interventions based on primary healthcare strategies, with people-centeredness at the core [2].

This newest guidance (published in June 2021) builds on [version 1](#) (published in 2019), and brings together new and existing WHO recommendations, good-practice statements and key considerations on self-care interventions for health. It is intended for national and international policy makers, researchers, program managers, health workers, donors, civil society organizations, product developers, people taking care of themselves, and caretakers. This is considered “living guidance” and will be updated and expanded as new information and evidence become available.

This synthesis brief includes select key messages from the consolidated guidance related to the provision of maternal and newborn health (MNH) care, over-the-counter pharmacy provision of pregnancy self-tests, as well as the full individual recommendations related to improving antenatal, intrapartum, and postpartum care (See Annex, pg. 3).

Key messages from the WHO consolidated guidance on self-care interventions specifically related to MNH care include the following:

The WHO recommends:

- **Making self-testing for pregnancy available** as an additional option to health worker-led testing for pregnancy, for individuals seeking pregnancy testing.
- The following **educational and support programs during pregnancy as non-clinical interventions to reduce caesarean births**: childbirth training including pharmacological and non-pharmacological pain relief techniques; relaxation training including deep breathing techniques; psychosocial support for couples including conflict management and problem solving; and psychoeducation that includes the stages of labor, and overcoming a fear of birth.
- Interventions for **managing common discomforts of pregnancy** based on availability and preference: the use of ginger, chamomile, or acupuncture for nausea and vomiting; making diet and lifestyle modifications for heartburn; the use of magnesium or calcium for leg cramps; exercise or physiotherapy for back and pelvic pain; taking wheat bran or fiber supplements for constipation; and elevating legs for varicose veins and edema.

- That **women carry their own case notes** to improve quality of care, sense of empowerment, and to ensure greater access to pregnancy and health-related information. **Keeping home-based records to complement records maintained by health facilities** is recommended for pregnant, laboring, and postpartum women, newborns and children.
- **Self-management of iron and folic acid supplementation** during pre-pregnancy, pregnancy and postnatal periods:
 - Use of folic acid supplements up to **12 weeks gestation** to prevent neural tube defects.
 - Use of iron and folic acid supplements during pregnancy to reduce anemia, puerperal sepsis, low birthweight and preterm birth.
 - Use of iron supplements in the postpartum period (alone or with folic acid) to reduce the risk of anemia.
- **For hypertensive disorders of pregnancy, self-monitoring of blood pressure.**
- **Self-testing for proteinuria** for individuals with non-proteinuric hypertension.
- **Self-monitoring of blood glucose levels during pregnancy** to monitor effectiveness of lifestyle modifications including diet and exercise, and to inform care in individuals with gestational diabetes.

The WHO does not recommend:

- **WHO does not recommend self-administered pain relief to induce labor or reduce the need for augmentation in the first stage of labor.**

Annex

3.1 Improving antenatal care, intrapartum and postnatal care

3.1.1 Existing recommendations on self-care during antenatal care and delivery

Non-clinical interventions targeted at women to reduce caesarean sections

Recommendation 1

- The following educational interventions and support programs are recommended to reduce caesarean births only with targeted monitoring and evaluation.
(*Context-specific recommendation; low certainty evidence*)

Recommendation 1a

- Childbirth training workshops (content includes sessions about childbirth fear and pain, pharmacological pain-relief techniques and their effects, non-pharmacological pain-relief methods, advantages and disadvantages of

caesarean sections and vaginal delivery, indications and contraindications of caesarean sections, among others).
(*Low to moderate certainty evidence*)

Recommendation 1b

- Nurse-led applied relaxation training program (content includes group discussion of anxiety and stress-related issues in pregnancy and purpose of applied relaxation, deep breathing techniques, among other relaxation techniques).
(*Low to moderate certainty evidence*)

Recommendation 1c

- Psychosocial couple-based prevention program (content includes emotional self-management, conflict management, problem-solving, communication and mutual support strategies that foster positive joint parenting of an infant). “Couple” in this recommendation includes couples, people in a primary relationship or other close people.
(*Low to moderate certainty evidence*)

Recommendation 1d

- Psychoeducation (for women with fear of pain; comprising information about fear and anxiety, fear of childbirth, normalization of individual reactions, stages of labor, hospital routines, birth process, and pain relief [led by a therapist and midwife], among other topics).
(*Low to moderate certainty evidence*)

Self-administered interventions for common physiological symptoms

Recommendation 2

When considering the educational interventions and support programs, no specific format (e.g. pamphlet, videos, role play education) is recommended as more effective.

Interventions for nausea and vomiting

Recommendation 3

Ginger, chamomile, vitamin B6 and/or acupuncture are recommended for the relief of nausea in early pregnancy, based on a woman’s preferences and available options.

Interventions for heartburn

Recommendation 4

Advice on diet and lifestyle is recommended to prevent and relieve heartburn in pregnancy. Antacid preparations can be offered to women with troublesome symptoms that are not relieved by lifestyle modification.

Interventions for leg cramps

Recommendation 5

Magnesium, calcium or non-pharmacological treatment options can be used for the relief of leg cramps in pregnancy, based on a woman's preferences and available options.

Interventions for back and pelvic pain

Recommendation 6

Regular exercise throughout pregnancy is recommended to prevent low back and pelvic pain. There are a number of different treatment options that can be used, such as physiotherapy, support belts and acupuncture, based on a woman's preferences and available options.

Interventions for constipation

Recommendation 7

Wheat bran or other fibre supplements can be used to relieve constipation in pregnancy if the condition fails to respond to dietary modification, based on a woman's preferences and available options.

Interventions for varicose veins and oedema

Recommendation 8

Non-pharmacological options, such as compression stockings, leg elevation and water immersion, can be used for the management of varicose veins and oedema in pregnancy, based on a woman's preferences and available options.

Self-administered pain relief for prevention of delay in the first stage of labor

Recommendation 9

Pain relief for preventing delay and reducing the use of augmentation in labor is not recommended.

(Conditional recommendation; very low certainty evidence)

Women-held case notes to improve utilization and quality of antenatal care

Recommendation 13

WHO recommends that each pregnant woman carries their own case notes during pregnancy to improve the continuity and quality of care and their pregnancy experience.

3.1.2 Additional existing guidance on self-care interventions during antenatal and intrapartum care

WHO recommends the use of home-based records for the care of pregnant women, mothers, newborns and children, to complement facility-based records to improve care-seeking behaviours, male involvement and support in the household, maternal and child home-care practices, infant and child feeding, and communication between health providers and women/caregivers.

3.1.3 New recommendations on iron and folic acid supplements during antenatal care and delivery

Recommendation 10a (new)

- WHO recommends making the self-management of folic acid supplements available as an additional option to health worker-led provision of folic acid supplements for individuals who are planning pregnancy within the next three months.
(Strong recommendation; very low certainty evidence)

Recommendation 10b (new)

- WHO recommends making the self-management of iron and folic acid supplements available as an additional option to health worker-led provision of folic acid supplements for individuals during pregnancy.
(Strong recommendation; very low certainty evidence)

Recommendation 10c (new)

- WHO recommends making the self-management of iron and folic acid supplements available as an additional option to health worker-led provision of iron and folic acid supplements for individuals during the postnatal period.
(Strong recommendation; very low certainty evidence)

Summary of remarks

- Early linkage to antenatal and postnatal care is essential.
- Information on how to monitor possible side-effects and harms (e.g. iron toxicity due to overdosing; child poisoning) is essential.
- Folic acid is to be taken up to 12 weeks gestation.

3.1.4 New recommendation on self-monitoring of blood pressure during pregnancy

Recommendation 11 (new)

- WHO suggests making the self-monitoring of blood pressure during pregnancy available as an additional option to clinic blood pressure monitoring by health workers during antenatal contacts only, for individuals with hypertensive disorders of pregnancy.
(Conditional recommendation; very low certainty evidence)

3.1.5 Key considerations for self-testing for proteinuria

Key consideration

- For pregnant individuals with non-proteinuric hypertension, clinicians may suggest the benefit of home-based urine self-testing compared with inpatient care to detect proteinuria.

3.1.6 New recommendation on self-monitoring of blood glucose during pregnancy

Recommendation 12 (new)

- WHO recommends making self-monitoring of glucose during pregnancy available as an additional option to clinic blood glucose monitoring by health workers during antenatal contacts, for individuals diagnosed with gestational diabetes. *(Strong recommendation; very low certainty evidence)*

3.2.4 New recommendation on pregnancy self-testing

Recommendation 21 (new)

- WHO recommends making self-testing for pregnancy available as an additional option to health worker-led testing for pregnancy, for individuals seeking pregnancy testing. *(Strong recommendation; very low certainty evidence)*

A link to the full guidelines can be found [here](#).

[1] Hatch S, Kickbusch I, editors; Self-help and health in Europe: new approaches in health care. Copenhagen: World Health Organization Regional Office for Europe; 1983.

[2] WHO consolidated guideline on self-care interventions for health. Geneva: World Health Organization; 2021 (<https://app.magicapp.org/#/guideline/Lr21gL>, accessed 6 July 2021).

AlignMNH is funded by the Bill & Melinda Gates Foundation in collaboration with the U.S. Agency for International Development.

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