

## Introduction

Together with the input of its members and a dedicated task force, and with the support of White & Case and Hill & Knowlton, the Alliance for Maternal Health Equality has produced the following shared Policy Ask. The Alliance now invites other organisations and the general public to participate in an open consultation to provide their input and endorse the proposed Policy Ask.

Following the public consultation, a strategy building meeting will take place with the members of the Alliance, White & Case and Hill & Knowlton to define concrete next steps to achieve this Ask.

Your input is essential in helping us make maternal health equality a reality in Europe. Learn more about the Alliance for Maternal Health Equality [here](#).

## Policy Ask

**The Policy Ask of the Alliance for Maternal Health Equality is: free antenatal care<sup>1</sup> for all women in Europe on the basis of the 2016 World Health Organization (“WHO”) Recommendations on Antenatal Care for a Positive Pregnancy Experience<sup>2</sup>**

**Because maternity is about future generations, and should not make women vulnerable**

In order to achieve this overarching Policy Ask, the following specific Asks have been identified. These Asks have been selected as they have been judged the most relevant and important out of the WHO Recommendations, and most accessible to policymakers.

The requirements coming directly from the WHO Recommendations are highlighted in bold.

### Specific Asks:

**1.** All pregnant women living in Europe are eligible to receive a “pregnancy card” indicating the future mother’s name and expected date of birth, acknowledging the woman’s right to **a positive pregnancy experience, as defined by the WHO**, and acknowledging her right to receive the maternal care provisions defined below.

**a. A positive pregnancy experience is defined as:**

- I. maintaining physical and socio cultural normality**
- II. maintaining a healthy pregnancy for mother and baby (including preventing and treating risks, illness and death)**
- III. having an effective transition to positive labour and birth, and**
- IV. achieving positive motherhood (including maternal self-esteem, competence and autonomy)<sup>3</sup>**

<sup>1</sup>Antenatal care (ANC) can be defined as the care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy. The components of ANC include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion.

<sup>2</sup>WHO recommendations on antenatal care for a positive pregnancy experience. World Health Organization, 2016 (“**The WHO Recommendations**”).

<sup>3</sup>Ibid.

2. The card is presented based on a medical examination by any certified General Practitioner, Midwife, Gynecologist or Obstetrician to confirm the pregnancy. **This first contact is recommended within the first 12 weeks of pregnancy<sup>4</sup>.** This examination is provided to all women:
  - a. **A positive pregnancy experience is defined as:**
  - b. **Regardless of citizenship, residency or immigration status**
  - c. **At any time during the pregnancy**
3. After confirmation of pregnancy and presentation of pregnancy card, all women are eligible to receive the following care.
  - a. **A minimum of 8 antenatal contacts<sup>5</sup>** with a certified healthcare provider (General Practitioner, Midwife, Gynecologist or Obstetrician) **at the following intervals**
    - I. **Contact 1: up to 12 weeks**
    - II. **Contact 2: 20 weeks**
    - III. **Contact 3: 26 weeks**
    - IV. **Contact 4: 30 weeks**
    - V. **Contact 5: 34 weeks**
    - VI. **Contact 6: 36 weeks**
    - VII. **Contact 7: 38 weeks**
    - VIII. **Contact 8: 40 weeks**
  - b. **A minimum of one ultrasound scan before 24 weeks of gestation at the first contact (up to 12 weeks of gestation) or at the second contact (20 weeks),** performed by a certified Obstetrician, Gynecologist or Ultrasound Specialist.
    - I. 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 .
  - c. **Screening tests for HIV, hepatitis B, syphilis and for gestational diabetes mellitus (GDM - between 24 - 28 weeks of gestation).**
    - I. In settings where the tuberculosis (TB) prevalence in the general population is 100/100 000 population or higher, systematic screening for active TB should be considered for pregnant women as part of antenatal care.<sup>6</sup>
    - II. Tetanus toxoid vaccination, should be considered depending on previous tetanus vaccination exposure, to prevent neonatal mortality from tetanus<sup>7</sup>
  - d. **Daily oral iron and folic acid supplementation with 30 mg to 60 mg of elemental iron and 400 µg (0.4 mg) of folic acid to prevent maternal anaemia, puerperal sepsis, low birth weight, and preterm birth<sup>8</sup>**
  - e. **A seven-day antibiotic regimen for all pregnant women with asymptomatic bacteriuria (ASB) to prevent persistent bacteriuria, preterm birth and low birth weight<sup>9</sup>**
  - f. **Counselling about healthy eating and keeping physically active during pregnancy<sup>10</sup>**

<sup>5</sup>Ibid.

<sup>6</sup>Ibid.

<sup>7</sup>Ibid.

<sup>8</sup>Ibid.

<sup>9</sup>Ibid.

<sup>10</sup>Ibid.

## Additional testing/care not in the WHO Recommendations which could potentially be included are as follows:

- Maternal health:
  - Testing to assess blood type (A, B, AB, and O)
  - Rhesus factor (Rh positive or negative) of mother
  - Testing for anemia
  - Testing for immunity to rubella
  - Regular testing for protein in urine - gestational hypertension
  - Regular testing for urinary tract infections
  - Regular testing for toxoplasmosis infection
  - Screening for inherited conditions e.g. sickle cell and thalassaemia
  - Screening for Trisomy 21/ Down's Syndrome and genetic counselling
  - For women who are considered at-risk, an assessment of the fetal karyotype and amniocentesis
  - Screening for structural anomalies
  - Additional ultrasounds provided in case of abnormal/pathological pregnancies or pathological conditions present in the foetus, the need confirmed by a certified Obstetrician, Gynecologist or Ultrasound Specialist
- Free birth preparation classes conducted by a certified Midwife