Summary report on the

Informal consultative meeting on testing and adopting planning for the global interactive Robson platform in the Eastern Mediterranean Region

WHO-EM/WRH/109/E

Cairo, Egypt
4–5 September 2019

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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1. Introduction

Improved understanding of caesarean section (CS) rates has been hindered by the lack of a consistent, internationally-accepted classification system to monitor and compare rates. To address this, the World Health Organization (WHO) proposed in 2015 the adoption of the Robson classification system, which can facilitate comparison and analysis of CS rates within and between different facilities, and across countries and regions. WHO has also developed an interactive online platform in which facilities worldwide can upload data according to the Robson classification system. The platform facilitates the global sharing of data, enhancing understanding of local and global CS rates and associated perinatal outcomes, with the ultimate objective of optimizing the use of CS.

In this context, the WHO Regional Office for the Eastern Mediterranean held an informal consultative meeting on testing and adopting planning for the global interactive Robson platform in the Eastern Mediterranean Region in Cairo, Egypt, from 4 to 5 September 2019. The meeting was attended by 30 participants from six countries, as well as staff from the United Nations Population Fund (UNFPA) Regional Office for the Arab States and from WHO headquarters, Regional Office and country offices.

The objectives of the meeting were to:

- discuss components of the CS global interactive platform newly developed by WHO;
- debate approaches for adopting the use of the CS online platform at the health facility and ministry of health levels; and
- determine the mechanisms needed to ensure CS comparative analysis using CS data collection.

The purpose of the meeting was to ensure that the necessary technical preparations are made for the adoption of the global interactive online Robson classification platform at country level. This was to be achieved through discussion of its components and uses, and of standardized approaches for effective adoption at the hospital level.

Opening remarks by Dr Maha El-Adawy, Director, Division of Health Protection and Promotion, WHO Regional Office for the Eastern Mediterranean, were delivered by Dr Ramez Mahaini, Coordinator, Maternal and Child Health, Regional Office for the Eastern Mediterranean. These highlighted the crucial role of CS as a surgical procedure that can effectively prevent maternal and newborn mortality when used for medically-indicated reasons, and noted that the average rate of CS in the Eastern Mediterranean Region is currently 21%, ranging from 52% in Egypt to 2% in Somalia.

Dr Ana Betran, Department of Reproductive Health and Research, WHO headquarters welcomed the joint collaboration between the WHO headquarters and the Regional Office, and stressed the importance of adopting the Robson classification system for CS along with non-clinical interventions to reduce the overuse of CS.

Dr Karima, Gholbzouri, Medical Officer, Reproductive and Maternal Health, WHO Regional Office for the Eastern Mediterranean, presented an overview of the CS situation in the Region and the reasons for its overuse. She stressed the importance of adopting the Robson classification system, and outlined a plan to optimize the use of CS based on targeting women with health education, providing health care professionals with evidence-based guidelines combined with structured, mandatory second opinion for CS indication, and adopting a model of staffing for health organizations, facilities or systems based on care provided primarily by midwives.

2. Summary of discussions

The deliberations included updates on country progress in implementing the Robson classification system at the health facility level. The role of litigation in reducing unnecessary CS was noted, as was the need for training protocols for normal vaginal deliveries and surveillance systems using disaggregated data to monitor the use of CS, and pre-requisites were identified for adopting the Robson classification system, including obstetrics guidelines, clinical review and audits.

Good practices in countries were shared, highlighting training components, the mapping of CS, operational research, and preparing the health information system for the monitoring and evaluation of CS use using the Robson classification system. There was consensus on the importance of adopting a standardized approach and having a single platform for all countries for data related to CS to facilitate access to country data and allow comparative analysis and learning exchange.

Regarding the online data platform for CS rates according to the Robson classification system, participants highlighted the need for a dynamic application that facilitates CS data entry by hospital providers, and for standardized definitions and guidance for use. It was felt important that the platform be able to provide graphs and tables for effective comparative analysis and mapping for action at the country, regional and global levels. Ensuring the accuracy of the system to guarantee the quality of collected data was also seen as important. Confidentiality and data ownership were also discussed, including the potential reluctance of policy-makers to share their data at the global level. It was noted that the online platform is voluntary and that data can be shared anonymously when needed.

The integration of the online data platform was discussed and including the Robson classification variables to monitor CS use through the health information and surveillance system was agreed to be important, as was the adoption of digital tools to facilitate comparative analysis and mapping between different health facilities at country level. The engagement of policy-makers was felt to be crucial to ensuring the ownership, integration, scalability and sustainability of the platform.

There was also discussion on the role of the mass media in improving the use of the Robson classification system, and there was agreement on the importance of sensitizing the public to the benefits of normal vaginal delivery, and of adopting a communication plan to improve the knowledge, attitudes and practices of health care providers and women. It was agreed that communication on the economic and health impacts of CS when indicated versus normal vaginal delivery was essential and should target three groups, namely couples, families and professionals, including midwives. National campaigns were suggested, along with the production of online videos in local languages communicating standardized messages.

3. Conclusions

- CS rates continue to increase in the Region due to a complex range of clinical and non-clinical factors related to individuals, communities, health care providers and health systems. Disaggregated data shows variation in CS rates between urban and rural settings, and according to socioeconomic status and other background characteristics.
- The lack of a standardized and internationally-accepted classification system to monitor and compare CS rates is a barrier to the better understanding and management of CS.

- The Robson 10-group classification system is based on simple obstetrical parameters (parity, previous CS, gestational age, onset of labour, fetal presentation and number of fetuses). This classification system is essential for optimizing the use of CS.
- According to users of the Robson classification system, its main strengths are its simplicity, robustness, reliability and flexibility. However, challenges can include missing data, misclassification of women and lack of definition or consensus regarding core variables of the classification.
- The Robson classification system and the proposed global online platform are essential for assessing the CS situation and enabling analysis, comparison, interpretation, benchmarking and decision-making.
- Countries of the Region are at different stages of implementation of the Robson classification system and are ready to adopt the global online platform, starting with training, inclusion in curricula, undertaking research, use of digital tools, and so on.
- Adoption of the global interactive online Robson classification platform requires the following:
  - ownership by the Ministry of Health;
  - adoption of WHO definitions;
  - understanding the benefits and added value of the global platform;
  - involvement of policy-makers;
  - strengthening hospital information systems;
  - consideration of the security aspects of the database and confidentiality issues;
  - evaluation of the process of CS outcomes;
  - standardization of approaches and processes for use and translation of information into action-oriented recommendations; and
  - ensuring institutionalization and sustainability.

4. Recommendations

To Member States

1. Raise the awareness of concerned parties (policy-makers, programme managers and professionals) on the benefits of the Robson classification system and the global online platform for optimizing the use of CS.
2. Strengthen and enforce regulations and policies related to CS and the application of the Robson classification system.
3. Involve obstetricians/gynaecologists, midwives and information officers in implementing the Robson classification system global online platform.
4. Ensure the training of trainers on the Robson classification system for the public and private sectors and disseminate related guides and tools.
5. Establish CS committees at the hospital level to ensure the implementation of the Robson classification system in line with a quality of care approach.
6. Implement the Robson classification system online platform at the hospital level and ensure adequate primary and comparative analysis and interpretation of data for appropriate action.
7. Consider the linkages and possible integration of the platform with other existing digital health information systems.
8. Strengthen the response to the high use of CS, including adoption of WHO guidelines on non-clinical interventions to reduce unnecessary CS.
9. Strengthen the role of appropriate communication channels in educating the public on the benefits of normal vaginal deliveries and on medical indication for CS.
10. Encourage research on CS and the dissemination of best practices.

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