

either by a member of one of the emergency services or a doctor. Secondly, the best results in cardiopulmonary resuscitation out of hospital have occurred where lay bystanders have initiated basic life-support and continued this until advanced cardiac life support is available from specialised services.

CONCLUSIONS

The validity of blanket statements indicating that flying squads "undoubtedly save lives"²⁶ must remain severely open to question. What can, however, be stated with some certainty is that throughout the United Kingdom such squads continue to be formed, and although they are well equipped and generally well staffed, most receive few calls a year. The few attempts at assessment of results have not shown any major improvements in mortality and morbidity, although anecdotal evidence of the efficacy of flying squads has proliferated as fast as the squads themselves.

Although it seems logical that flying squads contribute to the management of critically ill patients whose condition could be expected to deteriorate before or during transfer to hospital, their existence must still be considered to be based on empirical and emotional appeal rather than on scientific evidence of their value.

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World Health Organisation

APPROPRIATE TECHNOLOGY FOR BIRTH

In April, the European regional office of the World Health Organisation, the Pan American Health Organisation, and the WHO regional office of the Americas held a conference on appropriate technology for birth. The conference, held in Fortaleza, Brazil, was attended by over 50 participants representing midwifery, obstetrics, paediatrics, epidemiology, sociology, psychology, economics, health administration, and mothers. Careful review of the knowledge of birth technology led to unanimous adoption of the recommendations which follow. WHO believes these recommendations to be relevant to perinatal services worldwide.

Every woman has the right to proper prenatal care and she has a central role in all aspects of this care, including participation in the planning, carrying out, and evaluation of the care. Social, emotional, and psychological factors are fundamental in understanding how to provide proper perinatal care. Birth is a natural and normal process, but even "no risk pregnancies" can give rise to complications. Sometimes intervention is required to obtain the best result. In order for the following recommendations to be viable, a thorough transformation of the structure of health services is required together with modification of staff attitudes and the redistribution of human and physical resources.

GENERAL RECOMMENDATIONS

Health ministries should establish specific policies regarding appropriate birth technology for the private and nationalised health services.

Countries should carry out joint surveys to evaluate birth care technologies.

The whole community should be informed of the various procedures in birth care, so as to enable each woman to choose the type of birth care she prefers.

The mother and her family should be encouraged to practise self-care in the perinatal period and develop the understanding of when and what help is required to improve the conditions of pregnancy, birth, and afterwards.

Women's mutual aid groups offer valuable social support and a unique opportunity to share information about birth.

The health team must foster coherent attitudes to ensure continuity in the monitoring of birth and the perinatal team should share a common work philosophy in order to ensure that staff changes do not jeopardise continuity of care.

Informal perinatal care systems (including traditional birth attendants) must coexist with the official system and a collaborative approach must be maintained for the benefit of the mother. Such relations, when established in parallel, can be highly effective.

Professional training should pass on new knowledge of the social, cultural, anthropological, and ethical aspects of birth.

The perinatal team should be jointly motivated to enhance relationships between mother, child, and family. The work of the team can be affected by interdisciplinary conflicts, which should be systematically explored.

The training of health professionals should include communication techniques in order to promote sensitive exchange of information between members of the health team and the pregnant woman and her family.

The training of professional midwives or birth attendants should be encouraged. Care during normal pregnancy, birth, and afterwards should be the duty of this profession.

Technology assessment should involve all those using the technology, epidemiologists, social scientists, health authorities, and the women on whom the technology is used.

