COALITION FOR IMPROVING MATERNITY SERVICES (CIMS)
Rae Davies, Executive Director
P.O. Box 2346, Ponte Vedra Beach, Florida 32004
888-282-CIMS or 904-285-1613 Fax: 904-285-2120
Email: info@motherfriendly.org

Text of Slides for CIMS Slide Show

Abstract of Slide Presentation:
The Coalition for Improving Maternity Services (CIMS) is a national alliance of 27 childbirth organizations and many prominent individuals who came together in 1996 to create the "Mother-Friendly Childbirth Initiative (MFCI): Ten Steps to Mother-Friendly Hospitals, Birth Centers, and Home Birth Services." A designation process is currently under development; soon, interested birth services will be able to apply for CIMS designation as "mother-friendly," which will indicate that their care is both woman-centered and evidence-based. This slide show describes the creation and mission of CIMS, the development of the MFCI, the philosophy behind the 10 Steps, and the 10 Steps themselves. (Step 10 incorporates the WHO/UNICEF Baby-Friendly Hospital Initiative.) It contains 143 slides and takes about 45 minutes to present.

To the presenter:
This slide presentation tells the story of the creation of CIMS and the development of the Mother-Friendly Childbirth Initiative, and presents the entire document, illustrating each point with powerful images. Every slide is accompanied by text (in some cases, that consists of a suggestion for silence while a particular image is shown). The slides in the set you receive should be numbered to match the text. In case they are not, or in case the numbers rub off, we have provided italicized descriptions in the text to help you identify the slide that goes with each paragraph of text.

Those who present this slide show can simply read the text that goes with each slide, and/or elaborate with their own comments and perspectives. We recommend that you elaborate in order to liven up your presentation, and that as you read the text, you make sure to modulate your voice inflections to keep it interesting. Do not read in a monotone! (It helps to read the whole thing out loud at least once for practice.) We also recommend that you hand out copies of the MFCI prior to presenting this show.

****PLACE THE SLIDES IN THE TRAY UPSIDE DOWN AND BACKWARDS.****

Please note: The number on the slide in front of the period indicates which set the slide belongs to, so that CIMS can keep track. The number after the period corresponds with the text numbers below.

BEGIN READING HERE:

1. [*word slide*] "The Coalition for Improving Maternity Services, or CIMS *(pronounced with a hard "c")*, founded in 1996, is a coalition of individuals and national organizations with concern for the care and well-being of mothers, babies, and families."

2. [*slide of six people in business attire: one white male (Jay Hathaway) on left, and 5 white women)* In October 1994, CIMS began with the meeting of representatives of six organizations at the Lamaze International Conference in Chicago. The organizations were: Lamaze International, the American Academy of Husband-Coached Childbirth, La Leche League International, the International Childbirth Education Association, Birth Works, and Informed Homebirth/Informed Birth and Parenting. They agreed that it was time for their separate organizations to begin working together to create some kind of national initiative for childbirth reform. During a subsequent series of small meetings, a growing number of individuals and organizations became involved. By 1996, everyone realized that they needed to meet together face-to-face. {photo by Chris Murphy}

3. *[slide of Suzanne Arms in African style outfit]* Suzanne Arms, renowned author of *Immaculate Deception*, found the perfect place for this gathering—Mt. Madonna, near Watsonville, California. {photo by Robbie Davis-Floyd}

4. *[slide of a comet]* As fate would have it, the period of this historic meeting coincided with the spectacular celestial display of Comet Hayukutake, which meeting participants gathered to admire every night. Some of these participants were there to represent the 25 participating organizations; others came as individuals. {photo from NASA}

5. *[roomful of participants working at Mt. Madonna]* In the summer 1996 issue of the Birth Gazette, Ina May Gaskin, a CIMS participant, wrote a description of the Mount Madonna meeting. She asked: "Have you ever tried to write any kind of document with 50 other people in two and a half days? Representatives from organizations that have had little or no history of cooperating with each other came to this summit meeting with the hopes of finding common ground." {photo by Robbie Davis-Floyd}

6. *[one side of room, with participants working at Mt. Madonna]* "The first obstacle we had to overcome was our collective doubt about whether we should use the consensus process or majority rule when it came to agreeing about our document. Working by consensus would mean talking and listening to each other well enough to write what we could all agree upon. Partly because most of us had no prior experience with the consensus process, it took most of the first morning to come to consensus about using the consensus process!" {photo by Robbie Davis-Floyd}

7. *[a committee at work, some on floor, some in chairs, white table at forefront of picture]* The next day and a half saw committees networking on a mission statement, a preamble, principles, and philosophy, and what we now call— {photo by Roberta Scaer}

8. [*word slide*]"the Mother-Friendly Childbirth Initiative: Ten Steps to Mother-Friendly Hospitals, Birth Centers, and Home Birth Services."

9. *[seven women looking up at a transparency projection on wall]* To give you an example of how the consensus process worked, we'll tell you here about how the wording of one of the ten steps, Step 1, was developed. Step I says that all birthing mothers should have access to birth companions and doulas and to "professional midwifery care." The issue at hand was whether the step should read "access to nurse-midwifery care" or "access to midwifery care." {photo by Robbie Davis-Floyd}

10. *[2 white women—Ina May Gaskin and Joy Grohar—standing side by side]* At that time, Joy Grohar (the one on the right in this slide), was President of the Association of Women's Health, Obstetrical, and Neonatal Nurses (AWHONN)—an organization with over 25,000 members. Joy was insisting on using the words "nurse-midwifery," as she was concerned that AWHONN might not ratify the CIMS document if it included direct-entry midwives, most of whom, like Ina May Gaskin, practice independently outside of the hospital. In the spirit of sisterhood, Ina May, the one on the left, responded that she could certainly understand how difficult an issue the inclusion of direct-entry midwives must be for Joy to contemplate, given that she was representing an organization of hospital-based nurses. Joy looked at Ina May and exclaimed, "Ina May, the truth is that I really don't know anything about you and the way you practice!" Ina May responded with an offer to describe her practice and present her outcome data to the AWHONN board. {photo by Robbie Davis-Floyd}

11. *[Ina May and Joy embracing]* This mutual goodwill resulted not only in an embrace between the two formerly opposed parties, but also in a resolution of the issue in favor of the inclusive wording: "A mother-friendly hospital, birth center, or home birth service will provide its clients with professional midwifery care." {photo by Robbie Davis-Floyd}

12. The mission of CIMS, as it was conceived at Mt. Madonna and remains today, is *[words on slide:]* "to promote a wellness model of maternity care that will improve birth outcomes and substantially reduce costs."

13. *[2 black women, 1 holding a baby]* (Silence)

14. *[word slide]* "This evidence-based mother-, baby-, and family-friendly model focuses on prevention and wellness as the alternatives to high-cost screening, diagnosis, and treatment programs."

15. *[son with stethoscope on mom's belly]* (Silence) {photo by Rae Davies}

16. The following slides contain each point made in the Mother-Friendly Childbirth Initiative (MFCI), the first section of which seeks to identify the problems prevalent in American maternity care. *[words on slide:]* "In spite of spending far more money per capita on maternity and newborn care than any other country, the United States falls behind most industrialized countries in perinatal morbidity and mortality, and maternal mortality is four times greater for African-American women than for Euro-American women."

17. *[black mother holding baby]* (Silence) {photo by Faith Gibson}

18. *[word slide]* "Midwives attend the vast majority of births in those industrialized countries with the best perinatal outcomes, yet in the United States, midwives are the principal attendants at only a small percentage of births."

19. *[white mother holding baby, midwife smiling down at baby]* Most direct-entry midwives and some nurse-midwives attend births at home and in freestanding birth centers. All midwives care for women throughout the childbearing cycle, and many also offer well-woman care and family planning services. {photo from collection of Candace Whitridge}

20. *[midwife standing and embracing/supporting a white laboring woman wearing a red plaid robe]* Here we see a birth attended by a certified nurse-midwife in the hospital. Nurse-midwives, who attend mostly hospital births, have excellent outcomes, yet presently attend only seven percent of American births. {photo from collection of Sondra Bardsley}

21. *[word slide]* "Current maternity and newborn practices that contribute to high costs and inferior outcomes include the inappropriate application of technology and routine procedures that are not based on scientific evidence."

22. *[a woman's legs in stirrups]* For example, women are routinely placed on their backs with their legs raised or in stirrups to give birth, also known as the lithotomy position, in spite of a great deal of scientific evidence showing that this position makes birth unnecessarily difficult and dangerous for mother and baby. It compresses major arteries in the mother, cutting down on blood and oxygen supply to the baby, and it also compresses the pelvic bones, giving the baby less room to get through.

23. *[word slide]* "Increased dependence on technology has diminished confidence in women's innate ability to give birth without intervention."

24. *[white woman in bed staring at monitor]* This woman said, "As soon as I got hooked up to the monitor, all everyone did was stare at it. The nurses didn't even look at me any more when they came into the room—they went straight to the monitor. I got the weirdest feeling that *it* was having the baby, not me." {photo by Kip Kozlowski}

25. *[word slide]* "The integrity of the mother-child relationship, which begins in pregnancy, is compromised by the obstetrical treatment of mother and baby as if they were separate units with conflicting needs."

26. *[baby held in front of mom who has just undergone a cesarean]* Even after a cesarean birth, it is usually not necessary to separate mothers and babies. {photo by Mayri Sagady}

27. *[word slide]* "Although breastfeeding has been scientifically shown to provide optimum health, nutritional, and developmental benefits to newborns and their mothers, only a small fraction of U.S. mothers are fully breastfeeding their babies by the age of six weeks."

28. *[young white mother breastfeeding baby]* (Silence). {photo by Roberta Scaer}

29. *[word slide]* "The current maternity care system in the United States does not provide equal access to health care resources for women from disadvantaged population groups, women without insurance, and women whose insurance dictates caregivers or place of birth."

30. *[white health care provider and Hispanic woman]* (Silence) {photo by Mayri Sagady}

31. Having identified these problems, the Mother-Friendly Childbirth Initiative, which we will shorten from now on to MFCI, then goes on to suggest a solution *[words on slide]*: mother-friendly care promoted in accordance with the following principles:

32. *[word slide]* "Birth is a normal, natural, and healthy process, and women and babies have the inherent wisdom necessary for birth."

33. *[black and white slide of pregnant woman with arms raised in joy]* Pregnancy and birth are normal physiological processes. Many women enjoy their pregnancies and the transformations they bring.

34. *[white pregnant woman showing tummy to daughter on bed]* Children too can participate in and enjoy their mothers' pregnancies. Here a four-year-old plays 'poke' with her unborn sibling. Most of the time, the baby poked her back! {photo by Peter Gonzalez}

35. *[mother cradling newborn as they gaze at each other]* Mothers and babies who stay together after birth can immediately fall in love. {photo by Faith Gibson}

36. *[word slide]* "Babies are aware, sensitive human beings at the time of birth, and should be acknowledged and treated as such."

37. *[white baby with eyes wide open]* (Silence) {photo by Mayri Sagady}

38. *[word slide]* "Breastfeeding provides the optimum nourishment for newborns and infants."

39. *[white mom breastfeeding baby]* In 1997, the American Academy of Pediatrics issued a groundbreaking statement recommending that all babies be breastfed for at least one year. The average length of breastfeeding around the world is 2.8 years.

40. *[word slide]* "Birth can safely take place in hospitals, birth centers, and homes."

41. *[white laboring woman kneeling in tub with partner behind]* This freestanding birth center offers women the option of using water for labor and for birth. {photo by Mayri Sagady}

42. *[same couple, father catching newborn]* Here you see the father catching his baby with the midwife's verbal assistance. {photo by Mayri Sagady}

43. *[white laboring woman in white gown supported by husband]* Most Americans do not realize that birth can safely take place at home. {photo by Harriet Hartigan}

44. *[word slide]* "The Midwifery Model of Care, which supports and protects the normal birth process, is the most appropriate for the majority of women during pregnancy and birth."

45. *[naked white woman labors standing up supported by husband while midwife rubs her back and her sister wipes her face]* This midwifery model can be applied in any setting. It most centrally supports and protects the normal birth process by offering nurturant, loving care which puts the <u>woman's</u> needs and desires first. {photo by Faith Gibson}

46. *[white male physician resting his hand on laboring Asian woman's back]* The midwifery model can be applied by any practitioner who chooses to adopt this hands-on, caring approach. This obstetrician is determining whether the baby's head is engaged in the pelvis. The mother's bag

of waters has broken, but she is not yet in labor. He doesn't want to examine her internally because that could cause an infection. {photo by Henci Goer}

47. *[word slide]* "A woman's confidence and ability to give birth and to care for her baby are enhanced or diminished by every person who gives her care, and by the environment in which she gives birth."

48. *[Asian woman semi-sitting on floor in hospital delivery room surrounded by attendants in blue]* Inside a hospital delivery room, this mother chose her own place and position for birth. Her choice was honored by her hospital attendants, who enhanced her confidence with their continuous support. {photo by Faith Gibson}

49. *[word slide]* "A mother and baby are distinct yet interdependent during pregnancy, birth, and infancy. Their interconnectedness is vital and must be respected."

50. *[slide of black mother holding and gazing at newborn]* (Silence) {photo by Mayri Sagady}

51. *[word slide]* "Pregnancy, birth, and the postpartum period are milestone events in the continuum of life. These experiences profoundly affect women, babies, fathers, and families, and have important and long-lasting effects on society.

52. *[slide of a Hispanic family]* (Silence.)

53. *[two girls and a young boy lean over mother and newborn (all white)]* Older brothers and sisters benefit from being present at their sibling's birth. Participating in the birth helps them to realize that the baby comes from their mother and is a part of their family, and helps them not to be jealous of the newborn.

54. *[white couple holding newborn while little girl approaches from side]* Here the four-year-old sister, having just watched her baby brother be born, approaches at her own speed to say hello. {photo by Peter Gonzalez}

55. *[word slide]* "Every woman should have the opportunity to have a healthy and joyous birth experience for herself and her family, regardless of her age or circumstances.

56. *[white teen mother holding up newborn with umbilical cord hanging down]* Teen mothers have the same right as other mothers to a healthy and joyous birth— {photo by Harriet Hartigan}

57. *[black teen mom holding baby]* —and to the opportunity to hold and bond with their babies after birth. {photo by Mayri Sagady}

58. *[word slide]* “Every woman should have the opportunity to give birth as she wishes in an environment in which she feels nurtured and secure, and her emotional well-being, privacy, and personal preferences are respected.”

59. *[white woman reclining on husband’s lap in labor]* This mother chose to labor in the water in a dark and private place— {photo by Peter Gonzalez}

60. *[same woman sidelying and giving birth, with husband’s hand on her belly]* but preferred to give birth in her own bed, with two midwives in attendance and her husband assisting. {photo by Peter Gonzalez}

61. *[word slide]* “Every woman should have the opportunity to have access to the full range of options for pregnancy, birth, and nurturing her baby, and to accurate information on all available birthing sites, caregivers, and practices.

62. *[Asian woman in blue sitting on floor with back against husband while a physician checks her for dilation]* This woman has chosen not to get into the hospital bed but rather to labor as she wishes on the floor with her husband supporting her. Her wishes are respected by a supportive physician and her other caregivers. {photo by Faith Gibson}

63. *[white woman on hands and knees in water]* Other choices include the hands and knees position, which helps alleviate the pain of back labor and widens the pelvic outlet. {photo by Mayri Sagady}

64. *[word slide]* “Every woman should have the opportunity to receive accurate and up-to-date information about the benefits and risks of all procedures, drugs, and tests, with the rights to informed consent and informed refusal.”

65. *[white woman lying in hospital bed making V sign]* (Silence) {photo by Mayri Sagady}

66. *[word slide]* “Every woman should have the opportunity to receive support for making informed choices about what is best for her and her baby based on her individual values and beliefs.”

67. *[white male midwife showing educational material to black mom]* Information is available from many sources, including childbirth education classes, books and videos, and the experiences of family and friends. Women have a right to all available unbiased information to help them choose. {photo by Mayri Sagady}

68. *[word slide]* “Interventions should not be applied routinely during pregnancy, birth, or the postpartum period. Many standard medical tests, procedures, and drugs carry risks to both

mother and baby, and should be avoided in the absence of specific scientific indications for their use."

69. *[obstetrician inserting gloved hand and hook into laboring woman's vagina]* When labor does not progress rapidly in the hospital, the bag of waters is often broken to speed labor. But scientific evidence shows that leaving the bag intact avoids risks and complications such as infection, fetal distress, and cord prolapse, and helps to cushion the passage of the baby's head through the birth canal. {photo by Kip Kozlowski}

70. [*Hispanic doula supporting laboring woman leaning back against doula's arm]* A safer approach than artificially speeding labor is to wait patiently for the natural process of birth to unfold. One-on-one labor support has been proven to shorten the length of labor and to minimize the need for technological intervention. {photo by Mayri Sagady}

71. *[woman squatting in tub]* Laboring in water can ease the pain of contractions by helping the woman to relax. {photo by Rae Davies}

72. *[word slide]* "If complications arise during pregnancy, birth, or the postpartum period, medical treatments should be evidence-based."

73. *[woman receiving an ultrasound scan with fetus displayed on screen]* For example, ultrasound scanning is not routinely necessary or desirable, but evidence shows that women who experience bleeding during pregnancy can benefit from ultrasound scanning.

74. *[word slide]* "Each caregiver is responsible for the quality of care she or he provides.

75. *[female caregiver in blue uniform hugging a mom]* (Silence) {photo by Mayri Sagady}

76. *[word slide]* "Maternity care practices should be based not on the needs of the caregiver or provider, but solely on the needs of the mother and baby."

77. *[woman in white squatting in hall during labor]* A primary need during labor is to be able to move around. Here a woman squats during a contraction, with support from her companion. When the contraction is over, she can stand up and continue walking. Walking during labor increases blood and oxygen flow to the baby and makes the contractions more effective. {photo by Henci Goer}

78. *[woman laboring on toilet supported by midwife]* Like laboring on a birth chair, laboring upright on a toilet can help women learn to open up and let go. Here we see a midwife on her knees

lending labor support. She is not concerned with her own comfort, but rather with supporting the woman according to the woman's needs. {photo by Kip Kozlowski}

79. *[word slide]* "Each hospital and birth center is responsible for the periodic review and evaluation, according to current scientific evidence, of the effectiveness, risks, and rates of use of its medical procedures for mothers and babies."

80. *[Cathy cartoon]* This cartoon shows Cathy attempting to resist routine hospital interventions, with the caption, "Couldn't we just talk first?"

81. *[word slide]* "Society, through both its government and the public health establishment, is responsible for ensuring access to maternity services for all women, and for monitoring the quality of those services."

82. *[Hispanic woman getting her blood pressure taken]* (Silence) {photo by Mayri Sagady}

83. *[word slide]* "Individuals are ultimately responsible for making informed choices about the health care they and their babies receive.

84. *[little white kid in red shirt gazing at camera]* (Silence) {photo by Rae Davies}

85. *[word slide]* "To receive CIMS designation as "mother-friendly," a hospital, birth center, or home birth service must carry out the above philosophical principles by fulfilling the **Ten Steps of Mother-Friendly Care."**

86. *[word slide]* **Step 1** states that "a mother-friendly hospital, birth center, or home birth service offers all birthing mothers:

- Unrestricted access to the birth companions of her choice
- Unrestricted access to continuous emotional and physical support from a doula or labor-support professional
- Access to professional midwifery care"

87. *[two black woman support a woman in labor. All are wearing white gowns and white turbans]* Here two friends provide labor support. {photo by Rae Davies}

88. *[white midwife with two black women]* Professional midwives offer personalized care that is hands-on, nurturant, and woman-centered. {photo by Mayri Sagady}

89. *[word slide]* Step 2: "A mother-friendly hospital, birth center, or home birth service provides accurate descriptive and statistical information to the public about its practices and procedures for birth care, including measures of interventions and outcomes."

90. *[forceps around baby's head]* Interventions such as forceps and vacuum extractors are still very commonly used. Both can cause birth injuries to babies. Consumers have the right to know how many births in every hospital are accompanied by this and other types of interventions, and what the outcomes are. {photo by Kip Kozlowski}

91. *[baby's head emerging without technology]* In the vast majority of cases, there is no need for forceps or vaccuum extractors. Most women are capable of giving birth to their babies without technological intervention. {photo from the collection of Faith Gibson}

92. *[word slide]* **Step 3** states that "mother-friendly birth services should provide culturally competent care that is sensitive and responsive to the specific beliefs, values, and customs of the mother's ethnicity and religion."

93. *[white midwife and black dad with hands on pregnant mom's belly]* Offering culturally competent care does not require being of the same race or ethnicity as the mother, but rather calls for an open-minded attitude of respect and willingness to learn. {photo by Mayri Sagady}

94. *[word slide]* Step 4 states that "birth services should give the birthing woman freedom to walk, move about, and assume the positions of her choice during labor and birth, and discourage the use of the lithotomy position."

95. *[white woman sitting on ball]* The birth ball is a very useful tool for helping laboring women comfortably shift positions. Here a woman is using it to help herself rock back and forth during contractions and maintain the squatting position. {photo by Rae Davies}

96. *[white woman in hanging squat supported by husband and sister]* This woman is using a position called the hanging squat for pushing. This position works with gravity, enhances blood and oxygen flow to the baby, and opens the pelvis for easier birth. {photo by Faith Gibson}

97. *[white woman reaching for her baby as it emerges]* When a woman is free to deliver her way, the outcome is often one of great power and joy. {photo by Mayri Sagady}

98. *[black couple smiling as mother pushes baby out]* (Silence) {photo from the collection of Faith Gibson}

99. *[word slide]* **Step 5** states that mother friendly services "should have clearly defined policies and procedures for collaborating and consulting throughout the perinatal period with other

maternity services; and for linking the mother and baby to appropriate community resources, including prenatal and post-discharge follow-up and breastfeeding support."

100. *[Japanese mother putting baby to breast]* This mother asked for breastfeeding help. A lactation consultant offered her gentle support and accurate information to help her and her baby establish successful breastfeeding. Here you can see her expression as the baby fully latches on. {photo by Roberta Scaer}

101. *[word slide]* **Step 6** states that mother-friendly services "do not routinely employ practices and procedures that are unsupported by scientific evidence, including but not limited to shaving, enemas, IVs (intravenous drip), withholding nourishment, early rupture of membranes, and electronic fetal monitoring."

102. *[mother lying in bed with two monitor belts]* Routine and/or continuous electronic fetal monitoring is unsupported by the scientific evidence. It does not work any better than attendants listening through stethoscopes to the fetal heart, but it does lead to much higher rates of other interventions, including Cesarean section.

103. *[Asian laboring woman walking, supported by husband and doula]* Mothers who are not attached to the electronic fetal monitor can benefit from the advantages of moving around freely during labor. {photo from collection of Faith Gibson}

104. [*nurse inserting IV into woman's arm*] In many American hospitals, almost all women routinely have IVs inserted into their arms to hydrate them during labor and to facilitate other interventions such as pitocin augmentation. But scientific evidence shows that it is better for women to eat and drink during labor on their own. {photo by Kip Kozlowski}

105. *[white woman holding a full glass]* Drinking and eating during labor help a woman keep up her strength and energy. {photo by Faith Gibson}

106. *[word slide]* "Other interventions should be limited as well. For example, mother-friendly services should have oxytocin use rates no higher than 10% [this figure is under review]. An episiotomy is a surgical incision of the vagina to widen the birth outlet. Mother-friendly services should have episiotomy rates no higher than 20%, with a goal of 5%. And mother-friendly services should have total cesarean rates of 10% or less in community hospitals, and 15% in tertiary care hospitals. 60% or more of women giving birth in mother-friendly services should achieve vaginal birth after Cesarean (often shortened to VBAC), with a goal of 75% or more.

107. *[baby's head crowning, scissors about to cut]* This woman's perineum is stretching beautifully to accommodate her baby's head, and the baby is about to be born. Nevertheless, an episiotomy—a surgical incision into the vagina to widen the birth outlet—is about to be performed. In the U.S., 90% of first time mothers, and 43% of all women who give birth vaginally, undergo this procedure, which is so widely used because it speeds up the birth process. {photo by Kip Kozlowski}

108. *[midwife's hands providing perineal support]* Here we see a midwife supporting a woman's perineum to ease the baby's head out slowly and help prevent tears. Scientific evidence shows that episiotomies are not necessary in the vast majority of births. Tears seldom result when the head is allowed to crown slowly, the birth is not rushed, and the mother is in an upright position. {photo by Tender Touch Doula Services}

109. *[head crowning as mother holds her thighs]* Here the mother assists herself to push the baby out. Again, there is no tear. In fact, tearing is much more common when episiotomies are performed, as the skin, once cut, tears more easily than when it is left intact. {photo by Mayri Sagady}

110. *[word slide]* **Step 7:** "Mother-friendly services should make sure to educate their staff members in non-drug methods of pain relief, and should not promote the use of analgesic or anesthetic drugs not specifically required to correct a complication."

111. *[white woman in red shirt sitting on bed supported by doula and friend]* Doulas are professional labor assistants who are trained in many non-drug methods of pain relief. The support provided by doulas has been scientifically shown to improve both the physiological and the psychological outcomes of birth. {photo by Rae Davies}

112. *[doula and mother gazing into each other's eyes]* (Silence)

113. *[word slide]* **Step 8**: "Mother-friendly birth services should encourage all mothers and families, including those with sick or premature newborns or infants with congenital problems, to touch, hold, breastfeed, and care for their babies to the extent compatible with their conditions."

114. *[white mom holding baby against skin]* (Silence) {photo by Mayri Sagady}

115. *[word slide]* **Step 9:** Mother-friendly birth services should "discourage non-religious circumcision of the newborn."

116. *[newborn boy with one leg over genitals]* Medical research does not show a need to circumcise baby boys. Circumcision is painful and risky. In 1999, the American Academy of Pediatrics came out with a statement that there is no medical benefit to circumcision. {photo by Mayri Sagady}

117. *[word slide]* **Step 10** incorporates the Baby-Friendly program of the World Health Organization and UNICEF. It states that "mother-friendly hospitals, birth centers, and home birth services should strive to achieve the WHO-UNICEF 'Ten Steps of the Baby-Friendly Hospital Initiative' to promote successful breastfeeding."

118. [*white woman grinning at midwife as the baby latches on]* (Silence) {photo by Rae Davies}

119. *[word slide]* The ten steps of the **Baby Friendly Hospital Initiative state that baby-friendly services** should "have a written breastfeeding policy communicated to all health care staff, and should train all health care staff in skills necessary to implement this policy."

120. *[two midwives look on as baby starts to nurse]* (Silence) {photo by Harriet Hartigan}

121. *[word slide]* "Baby-friendly birth services should inform all pregnant women about the benefits and management of breastfeeding, and should help mothers initiate breastfeeding within an hour of birth."

122. *[black mom with big smile nursing twins]* (Silence) {photo by Harriet Hartigan}

123. *[word slide]* "Baby-friendly services should show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants; and should give newborn infants no food or drink other than breast milk unless medically indicated."

124. *[woman pumping breast in bathroom]* This mother travels as part of her job, but was taught by her care providers to use this breast pump on the road. Regular pumping enables her to maintain a steady milk supply, and to ensure her baby of an adequate supply of refrigerated breast milk
{photo by Robbie Davis-Floyd}

125. *[word slide]* "Baby-friendly services should practice rooming in, allowing mothers and infants to remain together 24 hours a day, and should encourage breastfeeding on demand."

126. *[young Hispanic woman breastfeeding newborn]* (Silence)

127. *[word slide]* "Baby-friendly services should give no artificial teats or pacifiers to breastfeeding infants, and should foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospitals or clinics."

128. *[women in breastfeeding support group]* (Silence) {photo by Roberta Scaer}

129. *[word slide]* The MFCI has been ratified or endorsed by these and other organizations: The American Academy of Husband-Coached Childbirth (AAAHCC), the American College of Nurse-Midwifery (ACNM), the Association of Labor Assistants and Childbirth Educators (ALACE), the Association for Pre- and Perinatal Psychology and Health (APPPAH), Attachment Parenting International (API), the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN), the Boston Women's Health Book Collective, Doulas of North America (DONA), the International Alliance for Improving Maternity Services (IAIMS), the International Cesarean Awareness Network (ICAN), the International Childbirth Education Association (ICEA), the Farm, Lamaze International, La Leche League International (LLLI), the Midwives' Alliance of North America (MANA), Midwifery Today, the National Association of Childbearing Centers (NACC), and the North American Registry of Midwives (NARM). It has also been endorsed by Physicians for Midwifery and by Citizens for Midwifery, a consumer organization.

All together, the MFCI has been ratified or endorsed by 27 organizations representing over 90,000 members.

130. *[word slide]* The MFCI has also been ratified or endorsed by these and many other individuals: Suzanne Arms, Elisabeth Bing, Mary Brucker, Henci Goer, Robbie Davis-Floyd, Larry Dossey, Murray Enkin, Kitty Ernst, Laura Huxley, John Kennell, Marshall Klaus, Phyllis Klaus, George Leonard, Jean Liedloff, Judith Lothian, Ashley Montagu, Michel Odent, Jane Pincus, Polly Perez, Judith Rooks, Joseph Chilton Pearce, Roberta Scaer, Penny Simkin, Marsden Wagner, Diony Young.

131. *[word slide]* For copies of the MFCI in English and Spanish, visit the CIMS website: <www.motherfriendly.org>. There you will also find a consumer version of the MFCI.

132. *[word slide]* You can also obtain copies or more information by writing to CIMS, Rae Davies, PO Box 2346, Ponte Vedra Beach, Florida 32004, 904-285-1613 Fax: 904-285-2120 Email: cimshome@mediaone.net.

133. *[two white women holding a placque]* Writing the document itself was only the first step in the CIMS process, for the writing was the group action that had to take place before an organizational structure could be identified to carry forth the larger effort. This organizational

work was one of the principal reasons for subsequent CIMS meetings. Roberta Scaer, coauthor of A Good Birth, A Safe Birth and board member of Lamaze International, served as CIMS' first coordinator and fearless leader during this transitional period. Here she is on the left receiving an award for her services. {photo by Robbie Davis-Floyd}

134. *[large group clustered at end of meeting room]* In the Spring 1997 issue of Birth Gazette, editor Ina May Gaskin wrote: "Some of you may wonder why yet another childbirth organization is needed in this country. The point of CIMS is that it is an umbrella organization that brings together all the organizations willing to participate in a common effort that pushes forward the work of all. The fact that so many longstanding as well as recently established organizations have seen the need to combine their efforts is a needed breakthrough. The CIMS meetings are particularly heartening because they offer the opportunity to see members of organizations that have sometimes worked at cross purposes with each other lay their differences aside and work together to create a larger context in which efforts combine." {photo by Robbie Davis-Floyd}

135. *[slide of CIMS logo]* This inclusive and loving ethos is designed into the CIMS logo.

136. *[three people by screen]* Several working committees are in place. One is developing a public education campaign, another is compiling a workbook of the scientific evidence behind the MFCI, and another is developing the designation process to determine whether or not the birthing practices of a particular service meet the CIMS mother-friendly requirements. {photo by Roberta Scaer}

137. *[glass door with white frame]* CIMS has a national office in Ponte Vedra Beach, Florida— {photo by Rae Davies}

138. *[Rae Davies, blonde white woman in white blouse]*—in the home of CIMS Executive Director Rae Davies. {photo by Rae Davies}.

139. *[black woman, Karen Salt, and white woman in an embrace]* Mothering magazine publisher and editor Peggy O' Mara, on the right in this photo, calls the CIMS initiative "the third wave of childbirth reform" in the U.S. She states: {photo by Robbie Davis-Floyd}

140. "We need courage to face birth with both eyes open, knowing that it will not be more than we can handle even though it will not be what we expect. We need to look the fear of the unknown in the eyes and embrace it." {photo by Faith Gibson}

141. *[white woman with black hair giving birth—head crowning]* "And we need determination to see birth as normal in the light of special interests intent on selling pregnancy and birth as disease. Birth is a transformative experience. For this we need courage, determination, and an acceptance of the fear of the unknown, and we need to tell the truth." {photo by Harriet Hartigan}

142. *[same woman pulling baby up toward her]* "In order to truly transform childbirth, we must transform ourselves. In order to transform ourselves, we have to summon a deep faith in the natural order of things and in our personal resiliency." {photo by Harriet Hartigan}

143. *[same woman holding baby and looking radiantly happy]* "We have to realize that we are much more powerful than we ever imagined." *(pause)* Thank you! {photo by Harriet Hartigan}

****
***

PLEASE PUT THE SLIDES BACK IN THE PLASTIC JACKETS RIGHT SIDE UP, WITH THE NUMBER IN THE UPPER LEFT-HAND CORNER.

This slide show was prepared by Robbie Davis-Floyd, with help from Mayri Sagady, Roberta Scaer, Jan Tritten, Henci Goer, Peggy O'Mara, and Suzanne Arms. Slides were donated by all of the above, as well as by Harriet Hartigan, Rae Davies, Barbara Hotelling, Sondra Bardsley, Kip Kozlowski, Linda Smith, and Tender Touch Doula Services.