



THE MOTHER-FRIENDLY CHILDBIRTH INITIATIVE

Consensus Initiative from the Coalition for Improving Maternity Services

MISSION

The Coalition for Improving Maternity Services (CIMS) is a coalition of individuals and national organizations with concern for the care and wellbeing of mothers, babies and families. Our members consist of the broader community of childbirth organizations, birth professionals, stakeholders, birth advocates and consumers. CIMS' mission is to work with the birth and breastfeeding community and our members by encouraging and promoting evidence-based, Mother-and-Baby-Friendly maternity care, as outlined within this initiative.

PREAMBLE

Whereas:

- 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 substantially higher for African-American women than for Euro-American women;
- Midwives attend the vast majority of births in industrialized countries with the best perinatal outcomes, yet in the United States, midwives are the principal attendants at only a small percentage of births;
- 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;
- Increased dependence on technology has diminished confidence in women's innate ability to give birth without intervention;
- The integrity of the mother-child relationship, which begins in pregnancy, is compromised by the obstetrical treatment of the mother and baby as if they were separate units with conflicting needs;
- Although breastfeeding has been scientifically shown to provide optimum health, nutritional, and developmental benefits to newborns and their mothers, only a fraction of U.S. mothers are fully breastfeeding their babies by the age of six weeks;
- 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.

Therefore,

We, the undersigned members of CIMS, hereby resolve to define and promote Mother-Friendly maternity services in accordance with the following principles:

PRINCIPLES

We believe the philosophical cornerstones of Mother-Friendly Care to be as follows:

Normalcy of the Birthing Process

- Birth is a normal, natural and healthy process.
- Women and babies have the inherent wisdom necessary for birth.
- Birth can safely take place in hospitals, birth centers and homes.
- 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.
- Babies are aware, sensitive human beings at the time of birth, and should be acknowledged and treated as such.
- Breastfeeding provides the optimum nourishment for newborns and infants.

EMPOWERMENT

- A woman's confidence and ability to give birth and to care for her baby are enhanced or diminished by every person who cares for her and by the environment in which she gives birth.
- A mother and baby are distinct yet interdependent during pregnancy, birth and infancy. Their interconnectedness is vital and must be respected.
- 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.

AUTONOMY

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;
- 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;
- 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;
- Receive accurate and up-to-date information about the benefits and risks of all procedures, drugs and tests suggested for use during pregnancy, birth and the postpartum period, with the rights to informed consent and informed refusal;
- Receive support for making choices about what is best for her and her baby based on her individual values and beliefs.

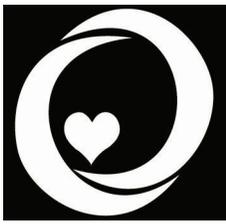
DO NO HARM

- Interventions should not be applied routinely during pregnancy, birth or the postpartum period. Many standard medical tests, procedures, technologies and drugs carry risks to both the mother and baby and should be avoided in the absence of specific scientific or medical indications for their use.
- If complications arise during pregnancy, birth or postpartum period, medical treatments should be evidence-based.

RESPONSIBILITY

- Each caregiver is responsible for the quality of care she or he provides.
- Maternity care practice should be based not on the needs of the caregiver or provider, but solely on the needs of the mother and child.
- Each hospital and birth center is responsible for periodic review and evaluation according to scientific evidence of the effectiveness, risks and rates of use of its medical procedures for mothers and babies.
- Society, through both its government and public health establishment, is responsible for ensuring access to maternity services for all women and for monitoring the quality of those services.
- Individuals are ultimately responsible for making informed choices about the health care they and their babies receive.

These principles give rise to the following steps (*see next page*), which support, protect and promote Mother-Friendly maternity services and care:



Coalition for Improving Maternity Services (CIMS)
**TEN STEPS OF THE
MOTHER-FRIENDLY CHILDBIRTH INITIATIVE**
For Mother-Friendly Hospitals, Birth Centers, and Home Birth Services

To execute CIMS' vision of "Mother-Friendly" maternity care, a hospital, birth center or home birth service must fulfill the Ten Steps of Mother-Friendly Care.

A Mother-Friendly hospital, birth center or home birth service:

1. Offers all birthing women:
 - Unrestricted access to the birth companions of her choice, including fathers, partners, children, family members and friends;
 - Unrestricted access to continuous emotional and physical support from a skilled person—for example, a doula or labor support professional;
 - Access to professional midwifery care.
2. Provides accurate descriptive and statistical information to the public about its practices and procedures for birth care, including measures of interventions and outcomes.
3. Provides culturally competent care: care that is sensitive and responsive to the specific beliefs, values and customs of each birthing woman's ethnicity and religion.
4. Provides each birthing woman with the freedom to walk, move about and assume the positions of her choice during labor and birth—unless the restriction is specifically required to correct a complication—and discourages the use of lithotomy (flat on the back with legs elevated) as a birthing position.
5. Has clearly defined policies and procedures for:
 - Collaborating and consulting throughout the prenatal period with other maternity services, including communicating with the original caregiver when transfer from one birth site to another is necessary;
 - Linking the mother and baby to appropriate community resources, including prenatal and post-discharge follow-up and breastfeeding support.
6. Does not routinely employ policies, practices and procedures that are unsupported by scientific evidence, including but not limited to the following:
 - IVs (intravenous drip);
 - Withholding nourishment or water;
 - Artificial Rupture of Membranes (AROM);
 - Electronic Fetal Monitoring;

Other interventions are limited as follows:

- An induction rate of 10% or less;
 - An episiotomy rate of 20% or less, with a goal of 5% or less;
 - An overall cesarean rate of 10% or less in community hospitals, and 15% or less in tertiary care (high-risk) hospitals;
 - A VBAC (Vaginal Birth After Cesarean) rate of 60% or more, with a goal of 75% or more.
7. Educates staff in non-drug methods of pain relief and does not promote the use of analgesic or anesthetic drugs not specifically required to correct a complication.
 8. Encourages all mothers and birthing women 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.
 9. Discourages circumcision of the newborn.
 10. Strives to achieve the WHO-UNICEF "Ten Steps of the Baby-Friendly Hospital Initiative" to promote successful breastfeeding:
 1. *Have a written breastfeeding policy that is routinely communicated to all health care staff.*
 2. *Train all health care staff in the skills necessary to implement this policy.*
 3. *Inform all pregnant women about the benefits and management of breastfeeding.*
 4. *Help mothers initiate breastfeeding within half an hour of birth.*
 5. *Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.*
 6. *Give newborn infants no food or drink other than breast milk unless medically indicated.*
 7. *Practice rooming in: that is, allow mothers and infants to remain together 24 hours a day.*
 8. *Encourage breastfeeding on demand.*
 9. *Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.*
 10. *Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.*

The Mother-Friendly Designation

When the Mother-Friendly Childbirth Initiative (MFCI) was originally drafted, the authors envisioned hospitals, birth centers and home birth services as being able to fulfill all of the Ten Steps over time. Over the years, our nation's health care system became more complex and included a greater number of stakeholders. In turn, it became evident that providing optimal care for mothers and babies did not rest solely in the hands of the dedicated professionals and administrators. CIMS encourages hospitals, birth centers and home birth services to work towards implementing as many of the Ten Steps of the Mother-Friendly Childbirth Initiative as they are able to improve maternity care in their region.

Endorse the Mother-Friendly Childbirth Initiative

Since the original document's ratification in 1996, the principles and Ten Steps of the Mother-Friendly Childbirth Initiative have been endorsed by hundreds of individuals and organizations. For a complete list of endorsers or to add your name or your organization's name, please visit our web site at www.motherfriendly.org/endorse.

Glossary

Artificial Rupture of Membranes (AROM) or Amniotomy: The membranes or "bag of waters" surrounding the baby is artificially punctured to induce or accelerate labor.

Augmentation: Artificially enhancing or speeding up labor.

Birth Center: A free-standing maternity center or facility that is staffed by midwives and/or obstetricians and offers family-centered care for low-risk pregnancy, labor and birth.

Doula: A professional support person that provides continuous physical, emotional and informational support during labor and birth--may also provide postpartum care in the home.

Episiotomy: A surgical incision or cut made to widen the vaginal opening for birth.

Induction: Artificially using drugs or medical techniques to initiate labor instead of waiting for labor to start naturally.

Morbidity: Disease or injury.

Pitocin: A synthetic form of oxytocin (a naturally occurring hormone), which is given intravenously to start or speed up labor.

Perinatal: Around the time of birth.

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