

# THE MOTHER-FRIENDLY CHILDBIRTH INITIATIVE

Promoting Evidence-Based Maternity Care in the Hospital, Clinic and Community Setting

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PREPARED BY



*The Association for Wholistic Maternal and Newborn Health  
Promoting Mother-Baby Friendly Maternity Care*

Maternal-Child Health Education, Training, Consultation and Support

# WHO WE ARE

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The Association for  
*Wholistic Maternal and Newborn Health*  
Promoting Mother-Baby Friendly Maternity Care

Maternal child health education, consultation, training and support



**[http:// wholisticmaternalnewbornhealth.org](http://wholisticmaternalnewbornhealth.org)**

a DBA of Wholistic Midwifery School of Southern CA  
A 501c3 Non-Profit California Corporation

# WHO IS CIMS AND WHAT IS THE MFCI?

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## CIMS

- Coalition of individuals and national organizations with concern for the care and wellbeing of mothers, babies and families.
- Developed MFCI (1996); ratified by 31 individuals and 26 organizations.
- Today, endorsed by national organizations.



## MFCI

- Wellness model of maternity care that can improve birth outcomes and substantially reduce costs.
- Ten step, evidence-based model of maternity care that supports normal (physiologic) birth.
- Hospitals, clinics, birth centers can adopt any or all of the 10 steps.
- CIMS systematic reviews, confirmed validity of Ten Steps, published results, **Evidence Basis for the Ten Steps of Mother-Friendly Care**, as a Supplement in *Journal of Perinatal Education*, Winter 2007.

# BENEFITS OF THE MFCI

## Providers and Hospitals

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- Increases patient satisfaction resulting in better compliance to medical recommendations and improved outcomes.
- Increases job knowledge, satisfaction & retention among physicians & nurses.
- Promotes evidence-based practices resulting in better outcomes for mothers & infants.
- Increases cost-savings to hospitals because of shorter labors and less medical interventions.
- Increases repeat business for doctors, clinics and hospitals. <sup>1</sup>



Jeanette Schwartz, MSN, Woodwinds Hospital, Minneapolis, MN ( February 23, 2011) Implementing Mother-Friendly Care: Is It Cost-Effective? Presentation at Heart & Hands: The Art and Science of Mother-Baby Friendly Nursing, A Proposal for High Quality Maternity Care, Los Angeles, CA. Sponsored by the Association for Wholistic Maternal and Newborn Health at the California Endowment.

# Benefits of Mother-Friendly Care Mothers and Babies

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- Fewer maternal and newborn complications
- Fewer maternal and neonatal deaths
- Increased maternal-infant attachment
- Increased breastfeeding rates
- Improved mental well-being for mothers
- Fewer re-hospitalizations
- Safer subsequent pregnancy





# Five Principles of the MFCI

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- **Normalcy of Birth** (*respect for physiologic process*)
- **Empowerment** (*of patient*).
- **Autonomy** (*Right of patient to make informed choices*).
- **Do No Harm** (*Physician reduces unnecessary medical interventions*).
- **Responsibility** (*Shared between physician and patient*).



# The Ten Steps of the MFCI

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Evidence Basis for the Ten Steps of Mother-Friendly Care, as a Supplement in *Journal of Perinatal Education*, Winter 2007.

# Step 1

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## Offers all birthing mothers:

- **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 woman – for example, a doula,\* or labor-support professional;**
- **Access to professional midwifery care.**



### Examples:

- Hospital-clinic-based Doula Program
- Privileges for Nurse-Midwives at Hospitals



## Step 2

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**Provides accurate descriptive and statistical information to the public about its practices and procedures for birth care, including measures of interventions and outcomes.**



Example:

- Publish intervention rates on company website

## Step 3

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**Provides culturally competent care—that is, care that is sensitive and responsive to the specific beliefs, values, and customs of the mother’s ethnicity and religion.**



Examples:

- Mother-Mentor/Community Doula program
- Client education materials represent ethnicity & languages of clientele served

# Step 4

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**Provides the birthing woman with the freedom to walk, move about, and assume the positions of her choice during labor and birth (unless restriction is specifically required to correct a complication), and discourages the use of the lithotomy (flat on back with legs elevated) position.**



Examples:

- Birth Balls, Squatting Bars, Birth Stools
- Walking in labor

# Step 5

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**Has clearly defined policies & procedures for:**

- **collaborating and consulting throughout the perinatal 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.**



Examples:

- Referrals to Social Support Groups
- Home Visitation Programs (i.e., Prenatal Doula Program, “Welcome Baby”, Black Infant Health)

## Step 6

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**Does not routinely employ practices or procedures that are unsupported by scientific evidence, including but not limited to the following:**

- **Shaving, enemas, IVs (intravenous drip), withholding nourishment or water, early rupture of membranes, electronic fetal monitoring;**
- **Other interventions are limited as follows:**
  - Has an induction rate of 10% or less;
  - Has an episiotomy rate of 20% or less, with a goal of 5% or less;
  - Has a total cesarean rate of 10% or less in community hospitals, and 15% or less in high-risk hospitals;
  - Has a VBAC rate of 60% or more with a goal of 75% or more

# Step 6 (continued)

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**Refrain from procedures or restrictions that are unsupported by scientific evidence.**



Examples:

- Uses intermittent electronic fetal monitoring, ultrasound doppler auscultation
- Avoids elective inductions before 39 weeks
- Prenatal education promotes evidence-based options
- Encourages Vaginal Birth After Cesarean (VBAC)



# Step 7

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**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.**



Examples:

- Allow water immersion in birth tubs or in showers
- Train nurses in massage techniques
- Teach clients benefits and techniques of non-drug methods of pain management in birth preparation classes or hypnobirthing sessions

# Step 8

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**Encourages 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.**



Examples:

- Babies placed Immediately Skin-to-Skin after C-Section
- Kangaroo Mother Care (KMC) for premature babies

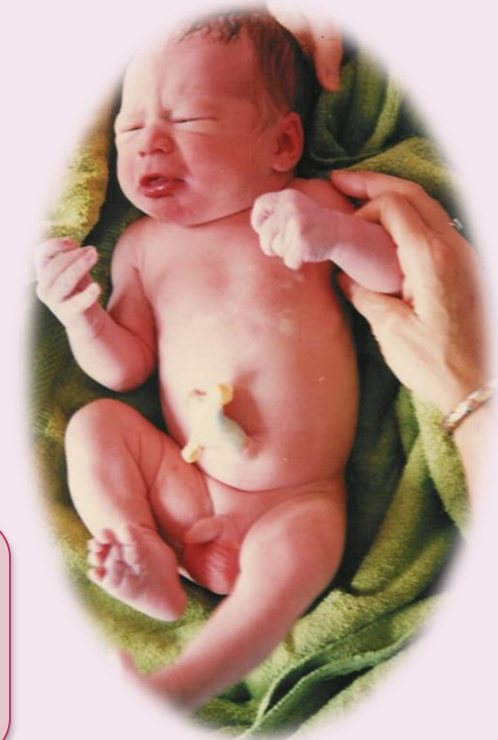
# Step 9

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## Discourage non-religious circumcision of the newborn\*.

Example:

- Educate prenatal educators and parents on risks and benefits of circumcision.



\* This recommendation is currently under review

# Step 10

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**Strives to achieve the WHO-UNICEF "Ten Steps of the Baby-Friendly Hospital Initiative" (BFHI) to promote successful breastfeeding.**



## Examples:

- All staff trained as Breastfeeding Peer Counselors.
- Provides postpartum breastfeeding support:
  - Provides peer counselors for home visitation
  - Establishes breastfeeding support centers.

# For More Information and Support

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## **The Association for Wholistic Maternal and Newborn Health**

Telephone: 626.388.2191

Web:

<http://wholisticmaternalnewbornhealth.org>

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[Inquiry@wholisticmaternalnewbornhealth.org](mailto:Inquiry@wholisticmaternalnewbornhealth.org)

## **The Coalition for Improving Maternity Services**

<http://motherfriendly.org>