

**Ten Steps of the Mother-Friendly Childbirth Initiative for Mother-Friendly Hospitals, Birth Centers,
and Home Birth Services -- The Gold Standard of care**

A mother-friendly hospital, birth center, or home birth service:

1. 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.
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 -- that is, care that is sensitive and responsive to the specific beliefs, values, and customs of the mother's ethnicity and religion.
4. 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.
5. Has clearly defined policies and 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.
6. Does not routinely employ practices and procedures that are unsupported by scientific evidence, including but not limited to the following:
 - shaving;
 - enemas;
 - IVs (intravenous drip);
 - withholding nourishment;
 - 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 tertiary care (high-risk) hospitals;
- Has 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 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 non-religious 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 skills necessary to implement this policy;*
 3. *Inform all pregnant women about the benefits and management of breastfeeding;*
 4. *Help mothers initiate breastfeeding within a half-hour of birth;*
 5. *Show mothers how to breast feed 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: allow mothers and infants to remain together 24 hours a day;*
 8. *Encourage breastfeeding on demand;*
 9. *Give no artificial teat 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 hospitals or clinics.*

References can be found at: <http://www.motherfriendly.org/MFCI/steps.html>

The Six Care Practices that Support Normal Birth

Founded upon six care practices that support normal birth, the Lamaze Institute for Normal Birth is an evidence-based resource for new and expectant parents and childbirth professionals.

1. Labor Should Begin on Its Own
2. Laboring Women Should Be Free to Move Throughout Labor
3. Laboring Women Should Have Continuous Support From Others Throughout Labor
4. There Should Be No Routine Interventions During Labor and Birth
5. Women Should Not Give Birth on Their Backs
6. Mothers and Babies Should Not Be Separated After Birth and Should Have Unlimited Opportunity for Breastfeeding

These care practices (adapted from the World Health Organization), promote, support and protect normal birth. When adopted, these care practices can have profound effect---instilling confidence in mothers, and facilitation a process that results in active, healthy babies.

Revised in 2007. References can be found at:

<http://www.lamaze.org/ChildbirthEducators/ResourcesforEducators/CarePracticePapers/tabid/90/Default.aspx>

World Health Organization International Code of Marketing of Breastmilk Substitutes

Summary of the International Code and Relevant Subsequent Resolutions of the World Health Assembly:

- No promotion through health care facilities. The health care system may not be used to provide free samples to mothers or the promotion of products, such as product displays, posters, and distribution of promotional booklets, flyers or the use of product logos. Company/sales employees may not use the health care system for product promotion.
- No gifts or samples to health care workers. Product information to health care workers must be factual and scientific.
- No free or low-cost supplies of infant formulas, bottles or nipples to maternity wards, hospitals or any part of the health care system.
- No advertising of artificial infant feeding products to the general public.
- No free product samples to pregnant women, new mothers or their families.
- Information and educational materials must explain the benefits of breastfeeding, the health hazards associated with bottle-feeding, and the costs of using infant formula.
- Labeling of products must clearly state: the superiority of breastfeeding; that products should be used only on the advice of a health care worker; the instructions for appropriate preparation; and warn about the hazards of inappropriate preparation. No nutrition and health claims may be used, nor pictures or text which idealize artificial feeding.
- Exclusive breastfeeding for six months as a global public health recommendation with continued breastfeeding for up to two years of age or beyond and the addition of complementary foods from the age of six months.
- Complementary foods may not be marketed in ways that undermine exclusive and sustained breastfeeding.
- Financial sponsorship from infant formula and infant foods companies creates conflict of interest for professionals working in infant and young child nutrition, especially with regard to the Baby-Friendly Hospital Initiative.

References can be found at: http://www.who.int/nutrition/publications/code_English.pdf
<http://www.breastfeedingtaskforla.org/WHOcode.htm>