



**USING BIRTHNETWORK NATIONAL,  
THE *MOTHER-FRIENDLY CHILDBIRTH INITIATIVE* AND THE  
*10 QUESTIONS TO ASK*  
TO GET THE CARE YOU DESERVE**

The two most important decisions that expectant parents make early in a pregnancy are where to give birth, and whom to use as a care provider during birth. These two choices have the biggest impact in the experience and outcomes of labor and delivery. Research shows that the maternity care women receive in the United States leads to worse outcomes and is more costly than maternity care in many other industrialized countries. A 2013 survey called, “Listening to Mothers III” showed that while many women who had recently given birth ranked the quality of their care as high, authors of the study cite 21 areas of concern where women commonly receive care that is not supported by best evidence or best practice, and women have gaps in knowledge regarding common interventions. Quality of care varies widely from facility to facility, and from provider to provider. For these reasons, it is important that expectant parents know what high-quality, high value maternity care looks like, and they actively seek it out before pregnancy or early in pregnancy, before making the critical decisions about where and with whom to give birth. BirthNetwork National, *The Mother-Friendly Childbirth Initiative* and *10 Questions to Ask* can help you make those decisions.

BirthNetwork National is a non-profit organization with chapters around the country with the mission of raising the awareness and availability of Mother-Friendly maternity care, as described in the Mother-Friendly Childbirth Initiative. BirthNetwork National members are birth advocates who are working to improve pregnancy, birth and breastfeeding locally and nationally. Expectant parents can utilize BirthNetwork National’s online provider guide of Mother-Friendly maternity care providers found at [www.BirthNetwork.org](http://www.BirthNetwork.org), attend BirthNetwork National meetings and events to learn about many aspects of childbearing, and connect with others who are knowledgeable and concerned about maternity care in their community.

The evidence basis of BirthNetwork National’s work is *The Mother-Friendly Childbirth Initiative* (MFCI). The MFCI is a set of “Best Practices” for maternity care. It is a consensus document ratified in 1996 by a number of organizations and individuals who were concerned about the state of maternity care in the United States. The Preamble of the MFCI lists the problems with maternity care in our country as the reason for the need for an agreement as to what constitutes Mother-Friendly care, and establishes the following philosophical principles as cornerstones of Mother-Friendly care:

- Normalcy of the Birthing Process
- Empowerment
- Autonomy
- Do No Harm
- Responsibility

These principles give rise to the 10 Steps of Mother-Friendly care, which support, protect, and promote Mother-Friendly maternity services. A Mother-Friendly hospital, birth center, or home birth service is one that:

*Lets birthing women decide who will be with them during the birth, including their partner, children, family members, and friends.*

*Allows women to have physical and emotional support from a doula or labor support professional throughout their labor and birth.*

*Provides accurate information to people about what they do and how they care for women during birth, including interventions and outcomes.*

*Provides care that is respectful of the mother's beliefs, values, and customs of her race and religion.*

*Has plans for how caregivers will work together even when mother must transfer from one birth site to another.*

*Lets the birthing woman walk, move around, and choose which positions are best for her during labor and birth, unless there is a problem that needs to be fixed by being in a certain position.*

*Does not routinely do things to women that are not supported by scientific evidence.*

*Staff encourages family members to hold, touch, and care for their baby, including premature or sick infants.*

*Teaches nurses, midwives, and doctors ways to relieve pain without using drugs.*

*Discourages non-religious circumcision.*

*Gives mothers information and support for breastfeeding, and lets mothers and babies stay together all the time, unless a specific medical problem prevents it.*

The full text of the MFCI document includes complete descriptions of these steps, specific practices and procedures that are unsupported by evidence and should be avoided, and the “Ten Steps of the Baby-Friendly Hospital Initiative” to promote successful breastfeeding.

We suggest that you research and learn more about the subjects that are raised in the MFCI, what controversies surround them, and how they correlate with current practice. This will give you a fuller picture of what to look for when seeking out a facility and provider for your birth care. BirthNetwork National meetings and events are great places to learn about the subjects that many expectant parents are confronted with during pregnancy, birth and breastfeeding and which are discussed in the MFCI. Connecting with others in your community can help you navigate the challenges of the maternity care system. In addition, two other well-respected and trusted online resources for high-quality information regarding Mother-Friendly birth are:

Childbirth Connection [www.childbirthconnection.org](http://www.childbirthconnection.org)

Lamaze International [www.lamaze.org](http://www.lamaze.org)

Once you have an understanding of what practices and procedures constitute good maternity care, you can use the *10 Questions to Ask* to interview facilities and care providers. *The 10 Questions to Ask* are based on the 10 Steps of the Mother-Friendly Childbirth Initiative, and they provide a “script” to use while exploring your options for care, and also offer suggestions of what to look for in the answers you receive.

## **FIND YOUR FACILITY FIRST, THEN FIND YOUR CARE PROVIDER**

Doctors and midwives usually have admitting privileges at only one facility. If you choose to give birth in a hospital, remember that the nurse and hospital staff will be spending much more time with you during your labor than your doctor will, and hospital policies strongly influence how doctors and nurses make decisions about your care. It is easier to find a hospital you like and *then* find a doctor or midwife you like who has privileges there, than to fight against the culture of a facility that is a poor fit for you but stay there because that is the only place the provider you chose does deliveries. For these reasons, it makes sense to choose the facility first, and then the care provider. There are only a few birth facilities in a community, but dozens of doctors and midwives to choose from so it is very likely you will be able to find a care provider whose birth philosophy matches yours that works at the facility you have chosen.

Since there is such variety of philosophy, culture, and quality of Mother-Friendly care between facilities and providers, it is important to research all of the options that are available to you in your community before making a final choice. By exploring several locations, you will get a better sense of the differences between facilities and will be better able to choose which one will be the best fit for you. Keep in mind that the philosophy of care and the birth facility culture will have a much greater impact on your birth outcome than what the birthing rooms look like. For example, if you give birth in a hospital with a high rate of cesarean surgeries, you are statistically more likely to have a cesarean birth there.

Because early prenatal care is important, we suggest that before pregnancy or early in your pregnancy you tour several birth facilities before you make a decision as to where you would like to have your birth. If there is more than one hospital available to you, tour two or three. Also tour birth centers and, if you are interested, speak to a homebirth midwife to learn about the option of giving birth at home. Use the *10 Questions to Ask* to learn about the policies, procedures, philosophy, and culture of each facility you tour. Keep notes of each tour so that you can compare them. Make your choice based on the one that will provide you with the most evidence-based, Mother-Friendly care that matches with your individual needs and desires.

Once you have chosen a place to give birth, interview care providers. Sometimes this is hard to do because doctors and midwives are busy and may not be willing to do a consultation that they cannot bill for, but many will take five or ten minutes to speak with a prospective client. This, in itself, may be an indication of the priorities of the practice. If you can't speak with the doctor or midwife, speak with an office manager, physician's assistant, or advanced practice nurse who can tell you about the practice. By participating in BirthNetwork National programs, you will most likely meet birth workers and other parents who are familiar with the Mother-Friendly care providers in your community. While BirthNetwork National does not provide referrals and we strongly suggest that you interview care providers before hiring them, many people find it helpful to hear about other people's experiences with facilities and care providers to aid them in their decision-making.

The choice of a location and a care provider for birth are the two most influential decisions expectant parents make that effect their experiences during birth. Using the tools at your disposal through BirthNetwork National, the *Mother-Friendly Childbirth Initiative*, and the *10 Questions to Ask* can help you find important information about maternity care in your community. By making informed choices and having confidence in the process, families can experience safe and satisfying childbirth.



# THE MOTHER-FRIENDLY CHILDBIRTH INITIATIVE

*The First Consensus Initiative of 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 mission is to promote a wellness model of maternity care that will improve birth outcomes and substantially reduce costs. 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.

## 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 four times greater for African-American women than for Euro-American women;
- 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;
- 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 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.
- 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.
- 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.

*\* see glossary, next page*



**CIMS**  
COALITION FOR IMPROVING  
MATERNITY SERVICES

MAKING MOTHER-FRIENDLY CARE A REALITY

## EMPOWERMENT

- 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.
- 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 informed 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 mother and baby, and should be avoided in the absence of specific scientific indications for their use.
- If complications arise during pregnancy, birth, or the 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 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.
- 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.
- 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:**

### Glossary

**Augmentation:** Speeding up labor.

**Birth Center:** Free-standing maternity center.

**Doula:** A woman who gives continuous physical, emotional, and informational support during labor and birth—may also provide postpartum care in the home.

**Episiotomy:** Surgically cutting to widen the vaginal opening for birth.

**Induction:** Artificially starting labor.

**Morbidity:** Disease or injury.

**Oxytocin:** Synthetic form of oxytocin (a naturally occurring hormone) given intravenously to start or speed up labor.

**Perinatal:** Around the time of birth.

**Rupture of Membranes:** Breaking the “bag of waters.”

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# TEN STEPS OF THE MOTHER-FRIENDLY CHILDBIRTH INITIATIVE

## For Mother-Friendly Hospitals, Birth Centers,\* and Home Birth Services

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.

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

- 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.
  - Provides accurate descriptive and statistical information to the public about its practices and procedures for birth care, including measures of interventions and outcomes.
  - 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.
  - 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.
  - 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.
  - 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 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 tertiary care (high-risk) hospitals;
  - Has a VBAC (vaginal birth after cesarean) rate of 60% or more with a goal of 75% or more.
- 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.
  - 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.
  - Discourages non-religious circumcision of the newborn.
  - Strives to achieve the WHO-UNICEF “Ten Steps of the Baby-Friendly Hospital Initiative” to promote successful breastfeeding:
    - Have a written breastfeeding policy that is routinely communicated to all health care staff;
    - Train all health care staff in skills necessary to implement this policy;
    - Inform all pregnant women about the benefits and management of breastfeeding;
    - Help mothers initiate breastfeeding within a half-hour of birth;
    - Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants;
    - Give newborn infants no food or drink other than breast milk unless medically indicated;
    - Practice rooming in: allow mothers and infants to remain together 24 hours a day;
    - Encourage breastfeeding on demand;
    - Give no artificial teat or pacifiers (also called dummies or soothers) to breastfeeding infants;
    - Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospitals or clinics.

† This criterion is presently under review.

## THE MOTHER-FRIENDLY DESIGNATION

When The Mother-Friendly Childbirth Initiative (MFCI) was 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 the Ten Steps of the MFCI as they are able to for improved childbirth outcomes.



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## ENDORSE THE MOTHER-FRIENDLY CHILDBIRTH INITIATIVE

Since 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](http://www.motherfriendly.org).

## HELP CIRCULATE THE MOTHER-FRIENDLY CHILDBIRTH INITIATIVE

Free copies of this document, as well as the consumer version, "Having a Baby? Ten Questions to Ask," can be downloaded from the CIMS Web site at [www.motherfriendly.org](http://www.motherfriendly.org). Bulk quantities are available for purchase. Visit our Web site, or contact us, for pricing and ordering information.

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# Have you decided how to have your baby? The choice is yours!

First, you should learn as much as you can about all your choices. There are many different ways of caring for a mother and her baby during labor and birth.

Birthing care that is better and healthier for mothers and babies is called “mother-friendly.” Some birth places or settings are more mother-friendly than others.

A group of experts in birthing care came up with this list of 10 things to look for and ask about. Medical research supports all of these things. These are also the best ways to be mother-friendly.

When you are deciding where to have your baby, you'll probably be choosing from different places such as:

- birth center,
- hospital, or
- home birth service.



Here's what you should expect, and ask for, in your birth experience. Be sure to find out how the people you talk with handle these 10 issues about caring for you and your baby. You may want to ask the questions below to help you learn more.

## 1. Ask, “Who can be with me during labor and birth?”

Mother-friendly birth centers, hospitals, and home birth services will let a birthing mother decide whom she wants to have with her during the birth. This includes fathers, partners, children, other family members, or friends.

They will also let a birthing mother have with her a person who has special training in helping

women cope with labor and birth. This person is called a doula or labor support person. She never leaves the birthing mother alone. She encourages her, comforts her, and helps her understand what's happening to her.

They will have midwives as part of their staff so that a birthing mother can have a midwife with her if she wants to.

## 2. Ask, “What happens during a normal labor and birth in your setting?”

If they give mother-friendly care, they will tell you how they handle every part of the birthing process. For example, how often do they give the mother a drug to speed up the birth? Or do they let labor and birth usually happen on its own timing?

They will also tell you how often they do certain procedures. For example, they will have a record of the percentage of C-sections (Cesarean births) they do every year. If the number is too high, you'll want to consider having your baby in another place or with another doctor or midwife.

Here are numbers we recommend you ask about.

- They should *not* use oxytocin (a drug) to start labor for more than 1 in 10 women (10%).\*
- They should *not* do an episiotomy (ee-pee-zee-AH-tummy) on more than 1 in 5 women (20%). They should be trying to bring that number down. (An episiotomy is a cut in the opening to the vagina to make it larger for birth. It is *not* necessary most of the time.)
- They should *not* do C-sections on more than 1 in 10 women (10%) if it's a community hospital. The rate should be 15% or less in hospitals which care for many high-risk mothers and babies.

A C-section is a major operation in which a doctor cuts through the mother's stomach into her womb and removes the baby through the opening. Mother-

\* This number is currently being reconsidered.

ers who have had a C-section can often have future babies normally. Look for a birth place in which 6 out of 10 women (60%) or more of the mothers who have had C-sections go on to have their other babies through the birth canal.

## 3. Ask, “How do you allow for differences in culture and beliefs?”

Mother-friendly birth centers, hospitals, and home birth services are sensitive to the mother's culture. They know that mothers and families have differing beliefs, values, and customs.

For example, you may have a custom that only women may be with you during labor and birth. Or perhaps your beliefs include a religious ritual to be done after birth. There are many other examples that may be very important to you. If the place and the people are mother-friendly, they will support you in doing what you want to do. Before labor starts tell your doctor or midwife special things you want.

## 4. Ask, “Can I walk and move around during labor? What position do you suggest for birth?”

In mother-friendly settings, you can walk around and move about as you choose during labor. You can choose the positions that are most comfortable and work best for you during labor and birth. (There may be a medical reason for you to be in a certain position.) Mother-friendly settings almost never put a woman flat on her back with her legs up in stirrups for the birth.

## 5. Ask, “How do you make sure everything goes smoothly when my nurse, doctor, midwife, or agency need to work with each other?”

Ask, “Can my doctor or midwife come with me if I have to be moved to another place during labor? Can you help me find people or agencies in my com-

munity who can help me before and after the baby is born?”

Mother-friendly places and people will have a specific plan for keeping in touch with the other people who are caring for you. They will talk to others who give you birth care. They will help you find people or agencies in your community to help you. For example, they may put you in touch with someone who can help you with breastfeeding.

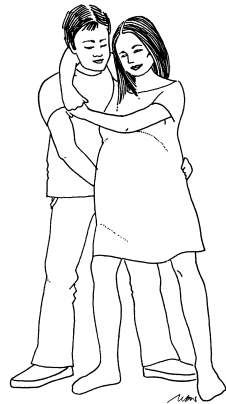
## 6. Ask, “What things do you normally do to a woman in labor?”

Experts say some methods of care during labor and birth are better and healthier for mothers and babies. Medical research shows us which methods of care are better and healthier. Mother-friendly settings only use methods that have been proven to be best by scientific evidence.

Sometimes birth centers, hospitals, and home birth services use methods that are not proven to be best for the mother or the baby. For example, research has shown it's usually not helpful to break the bag of waters.

Here is a list of things we recommend you ask about. They do not help and may hurt healthy mothers and babies. They are not proven to be best for the mother or baby and are not mother-friendly.

- They should *not* keep track of the baby's heart rate all the time with a machine (called an electronic fetal monitor). Instead it is best to have your nurse or midwife listen to the baby's heart from time to time.
- They should *not* break your bag of waters early in labor.





- They should *not* use an IV (a needle put into your vein to give you fluids).
- They should *not* tell you that you can't eat or drink during labor.
- They should *not* shave you.
- They should *not* give you an enema.

A birth center, hospital, or home birth service that does these things for most of the mothers is not mother-friendly. Remember, these should not be used without a special medical reason.

**7. Ask, "How do you help mothers stay as comfortable as they can be? Besides drugs, how do you help mothers relieve the pain of labor?"**

The people who care for you should know how to help you cope with labor. They should know about ways of dealing with your pain that don't use drugs. They should suggest such things as changing your position, relaxing in a warm bath, having a massage and using music. These are called comfort measures.

Comfort measures help you handle your labor more easily and help you feel more in control. The people who care for you will not try to persuade you to use a drug for pain unless you need it to take care of a special medical problem. All drugs affect the baby.

**8. Ask, "What if my baby is born early or has special problems?"**

Mother-friendly places and people will encourage mothers and families to touch, hold, breastfeed, and care for their babies as much as they can. They will encourage this even if your baby is born early or has a medical problem at birth. (However, there may be a special medical reason you shouldn't hold and care for your baby.)

**9. Ask, "Do you circumcise babies?"**

Medical research does not show a need to circumcise baby boys. It is painful and risky. Mother-friendly birth places discourage circumcision unless it is for religious reasons.

**10. Ask, "How do you help mothers who want to breastfeed?"**

The World Health Organization made this list of ways birth services support breastfeeding.

- They tell all pregnant mothers why and how to breastfeed.
- They help you start breastfeeding within one hour after your baby is born.
- They show you how to breast-feed. And they show you how to keep your milk coming in even if you have to be away from your baby for work or other reasons.
- Newborns should have only breast milk. (However, there may be a medical reason they cannot have it right away.)
- They encourage you and the baby to stay together all day and all night. This is called "rooming-in."
- They encourage you to feed your baby whenever he or she wants to nurse, rather than at certain times.
- They should not give pacifiers ("dummies" or "soothers") to breastfed babies.
- They encourage you to join a group of mothers who breastfeed. They tell you how to contact a group near you.
- They have a written policy on breastfeeding. All the employees know about and use the ideas in the policy.
- They teach employees the skills they need to carry out these steps.



**Would you like to give this information to your doctor, midwife, or nurse?**

This information taken from the *Mother-Friendly Childbirth Initiative* written for health care providers. You can get a copy of the Initiative for your doctor, midwife, or nurse by mail, e-mail, or on the World Wide Web.

**To Get a Copy by Mail**

Write to: CIMS National Office  
 PO Box 2346  
 Ponte Vedra Beach, FL 32004  
 888-282-CIMS  
 904-285-1613  
 Fax 904-285-2120  
 <info@motherfriendly.org>

For a copy of both this brochure and the *Mother-Friendly Childbirth Initiative* by mail, send a stamped self-addressed envelope with \$3 (US) to help cover the costs (\$4 Canada or Mexico, \$5 all others). Bulk prices available.

**To Get a Copy on the Web**

Please go to [www.motherfriendly.org](http://www.motherfriendly.org)

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# Having a Baby?

## Ten Questions to Ask



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BASED ON THE MOTHER-FRIENDLY CHILDBIRTH INITIATIVE