



**MOTHER-FRIENDLY CHILDBIRTH INITIATIVE  
SELF-ASSESSMENT TOOL**

**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 philosophical principles by fulfilling the Ten Steps of Mother-Friendly Care:*

A mother-friendly hospital, birth center, or home birth service:  
*(the term Service will apply to all categories of birth services)*

**STEP 1: Offers all birthing mothers:**

- **Unrestricted access to the birth companions of her choice, including father, 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.**

1.1 Does the Service have an explicit written policy stating that the mother has control of the number and specific companions accompanying her?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.2 Does the service make provisions for the comfort and convenience of birth companions including children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.3 Does the Service have a written policy stating that all mothers may have access to one-to-one continuous support from a skilled woman? (e.g. doula, nurse)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.4 Do the clients of your service have access to professional midwifery care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**STEP 2: Provides accurate descriptive and statistical information to the public about its practices and procedures for birth care, including measure of interventions and outcomes.**

2.1 Does the service publish yearly information to the public about the practices and procedures for birth care, including all interventions and outcomes listed in this document, in a manner that is readily understandable to the general public?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.2 Are the information and statistics information provided in at least one of the following forms: (a) brochure that is provided to all inquiring individuals and clients at entry into care; (b) newspaper article; (c) sign posted in the facility; (d) free audio or videotape?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.3 Is this information available to all clients in the region (e.g. low or multi literacy clients, etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**STEP 3: Provides culturally competent care - that is, care that is sensitive and responsible to the specific beliefs, values, and customs of the mother's ethnicity and religion.**

3.1 Does the service periodically contact its clients to comprehensively evaluate the cultural competence of the care provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.2 Does the service modify (i.e., improve) care to all relevant populations in the region based on the evaluations received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.3 Does the staff continue to obtain, utilize and/or create materials or services to better meet the beliefs, values, language and customs of the mothers in the region?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.4 Are the practices adapted to the beliefs, values and customs of the mothers in the region?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**STEP 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 the back with legs elevated) position.**

4.1 Does the service prohibit restrictions on the mother's movements and positions during labor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2 Are all staff trained in upright and ambulatory labor support and birthing positions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3 Does the service have furnishings that promote upright and other birthing positions readily available to all maternity clients 24 hours a day? (e.g. birthing stools, birthing beds, birth balls, rocking or comfortable chairs, showers, squatting bars, warm water tubs, etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**STEP 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.**

5.1 Does the service have a systematic, comprehensive and collaborative approach to prenatal, birth, and postpartum services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.2 Does the service have a current comprehensive list of collaborative professionals who agreed to support/consult with the clients of that service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.3 Does the service provide all mothers with a current list of independent educational or other support services? [e.g. example: educational services, prenatal, postpartum/post-discharge follow-up and breastfeeding support services, childbirth educators, physicians and other primary care providers, independent breastfeeding care providers, mental health providers, social service providers, and other therapists and health care providers]	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Step 6: Does not routinely employ practices and procedures that are unsupported by scientific evidence, including but not limited to the following: shaving, enemas, IV's, withholding nourishment, early rupture of membranes, electronic fetal monitoring. Other interventions are limited as follows: Has an induction rate of 10% or less; episiotomy rate of 20% or less, with a goal of 5% or less; total cesarean rate of 10% or less in community hospitals and 15% or less in tertiary care hospitals; and VBAC rate of 60% or more with a goal of 75% or more.**

6.1 Has the service eliminated policies and protocols requiring routine use of the following: a. withholding of nourishment b. perineal shaving c. enemas d. early rupture of membranes e. continuous electronic monitoring	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.2 Does the service obtain specific informed consent for each (all) obstetric practices and procedures, including instrument delivery (forceps and vacuum extraction)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.3 Has the service implemented a plan to reduce the rate of: a. induction of labor b. episiotomy c. instrumental vaginal delivery d. cesarean section	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.4 Has the service implemented a plan to increase VBAC rate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Step 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.**

7.1 Does all staff attend at least yearly in-service education on labor support skills, comfort measures and non-pharmacological pain relief?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.2 Does the service have a policy prohibiting routine use of analgesic or anesthetic drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.3 Does the service provide informed consent for all pharmacological and/or alternative remedies? [including the risks of the drugs or substances to the labor, the mother, her baby, breastfeeding, and other perinatal outcomes]	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Step 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.**

8.1 Does the service have a written policy that keeps mothers and babies together from birth until discharge, 24-hours a day? [unless there are specific (i.e. life-threatening) situations when co-care would compromise the safety of the mother or child]	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.2 Are all staff and collaborative professionals associated with the service trained in co-care of the mother-baby dyad?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.3 Does the service obtain informed consent from the mother for all non-emergency separation(s) of her and her baby?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Step 8 continued**

8.4 Does the service obtain informed consent for all of the following? a. anyone other than the mother feeding her baby b. anything other than mother's own milk for feeding her baby c. any other device for infant feeding other than mother's breast	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Step 9: Discourages non-religious circumcision of the newborn.**

9.1 Does the service provide all parents with education on risks / consequences of circumcision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.2 Does the service provide information on the care of normal intact genitalia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Step 10: Strives to achieve the WHO-UNICEF "Ten Steps to Successful Breastfeeding" to promote successful breastfeeding.**

10.1 Has the service applied for a Certificate of Intent to Become Baby Friendly© or been awarded designation as a Baby Friendly© facility from Baby Friendly USA (formerly the US Committee for UNICEF)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**For a complete Designation Package contact:**

**Coalition for Improving Maternity Services  
P.O. Box 2346  
Ponte Vedra Beach, FL 32004  
904-285-1613 or toll free 888-282-CIMS  
Fax: 904-285-2120 Email: [info@motherfriendlyorg](mailto:info@motherfriendlyorg)  
[www.motherfriendly.org](http://www.motherfriendly.org)**