HOSTED BY
THE ASSOCIATION FOR WHOLISTIC MATERNAL AND NEWBORN HEALTH AND
CALIFORNIA NURSE-MIDWIVES ASSOCIATION – L.A. CHAPTER
THE MOTHER-FRIENDLY CHILDBIRTH INITIATIVE OF LOS ANGELES COUNTY
Promoting Evidence-Based Maternity Care in the Hospital, Clinic and Community Setting

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2015 Mother-Friendly Childbirth Initiative Symposium
Protecting the MotherBaby-Dyad: Innovation in Maternity Care

California Endowment Center for Healthy Communities
Wed., October 14 2015– 8:00 am-8:45 am
OVERVIEW

I. ABOUT OUR ORGANIZATION
II. CIMS & THE MFCI
III. BENEFITS OF THE MFCI
IV. PRINCIPLES OF THE MFCI
V. STEPS OF THE MFCI
VI. CIMS MOTHER-FRIENDLY NURSE-RECOGNITION PROGRAM
VII. MFCI-LA PROJECT
VIII. MFCI & HEALTHCARE REFORM
WHO WE ARE

http://wholisticmaternalnewbornhealth.org

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

Mother-Friendly Childbirth Initiative of Los Angeles

2011-2013 two-year grant for Hospital Improvements and Nursing Education
“Nothing is so powerful as an idea whose time has come”
HISTORY OF CIMS AND THE MFCI
RATIONALE FOR THE MFCI

- Overuse of technology
- Non evidence-based care
- Lack of access to midwifery care (midwives have better or same health outcomes with fewer interventions)
- High cesarean & induction rates
- Restricted access to VBAC
- Low breastfeeding rates
- Unequal access to care
- Despite high cost of care, U.S. higher maternal & infant mortality rate than at least 30 other developed countries
**WHO IS CIMS AND WHAT IS THE MFCI?**

<table>
<thead>
<tr>
<th><strong>CIMS</strong></th>
<th><strong>MFCI</strong></th>
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| • 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. | • 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.  
ABOUT THE MOTHER-FRIENDLY CHILDBIRTH INITIATIVE (MFCI)

• A 10 Step, evidence-based mother-, baby-, and family-friendly model of care, focuses on prevention and wellness as the alternatives to high-cost screening, diagnosis, and treatment programs.

• [Website URL]

Photos used with permission from Roberta Scaer and Rae Davies
Endorsed: by 31 individuals and 26 organizations.

Voluntary: Hospitals, maternity centers and clinics can implement any one or all of the 10 evidence-based steps.

DEVELOPMENT OF THE CIMS DOCUMENT – THE MFCI

- Two years of meetings to gain consensus on a statement on normal childbirth
THE JOURNEY . . . THE BIRTH OF A COALITION

- Anyone welcome
- Individual agendas left at the door
- Consensus model used

Lamaze, ICEA, DONA, AWHONN, Bradley, ACNM, etc.
RATIFICATION OF THE MOTHER-FRIENDLY CHILDBIRTH INITIATIVE

- Mt. Madonna: The gathering of organizations with no history of cooperating with each other.
- Ratification: July 1, 1996
BENEFITS OF THE MFCI
Providers and Hospitals

• 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. ¹

Benefits of Mother-Friendly Care
Mothers and Babies

- 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
BENEFITS OF THE MFCI
Addresses Perinatal Health Disparities

- High US infant mortality rate;
- Disparities in Maternal Mortality;
- Lack of access to midwifery care (associated with decreased c-section rate, decreased rates of prematurity, etc.);
- Overuse of (non-evidence-based) technology;
- Low breastfeeding rates;
- Unequal access to care.
Evidence Basis for the Ten Steps of Mother-Friendly Care, as a Supplement in *Journal of Perinatal Education*, Winter 2007.
FIVE PRINCIPALS OF THE MFCI

- **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*).
Step 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.

Examples:
• Hospital-clinic-based Doula Program
• Privileges for Nurse-Midwives at Hospitals
Step 2

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

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

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/Telemetry/Intermittent monitoring, doppler auscillation
Step 5

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:
• Home Visitation & Social Support Programs (i.e., Perinatal Mental Health Providers, “Welcome Baby”, Breastfeeding Peer Counselors)
Refrain from procedures or restrictions that are unsupported by scientific evidence.

Examples:
- Uses intermittent electronic fetal monitoring, ultrasound doppler ausciltation, telemetry
- Avoids elective inductions before 39 weeks & does EFW and Bishop Score Prior to Scheduling Induction
- Prenatal education promotes evidence-based options
- Encourages Vaginal Birth After Cesarean (VBAC)
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.

Examples:
- Allow water immersion in birth tubs or in showers (intermittent auscultation with dopplers or continuous EFM while immersed in water).
- Train nurses in massage techniques. Teach clients benefits and techniques of non-drug methods of pain management in birth preparation classes or hypnobirthing sessions. Or prenatal yoga classes.
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.

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

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 or Lactation Educators.
- Provides postpartum breastfeeding support:
  - Provides breastfeeding peer counselors or postpartum doulas for home visitation
  - Establishes breastfeeding support centers.
MFCI AND HEALTH CARE REFORM
PROFESSIONAL ORGANIZATIONS AGREE: BIRTH IS NORMAL

- *Quality Patient Care in Labor and Delivery: A Call To Action*. Consensus document, Endorsed by ACOG, AAP, AAFP, ACNM, AWHONN, & SMFM:

  - Pregnancy and birth are physiologic processes that usually proceed normally.
  - Most births are normal and require minimal intervention.
  - Optimal maternal health outcomes are best achieved with effective communication, shared decision-making, teamwork, and data-driven quality improvement initiatives.
MFCI Reflects Current Initiatives to Improve Maternity Care

- MFCI aligned with:
  - National health goals
  - State quality improvement initiatives
  - Hospital system initiatives
  - Professional association recommendations
  - Joint Commission recommendations
# MFCI Benefits & Health Care Reform

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<tr>
<th>MFCI Benefit</th>
<th>Health Care Reform Priority</th>
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<tr>
<td>Increases patient satisfaction resulting in better compliance to medical recommendations and improved outcomes.</td>
<td>Patient-Centered</td>
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<td>Increases job knowledge, satisfaction &amp; retention among physicians &amp; nurses.</td>
<td>Workforce Development</td>
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<td>Promotes evidence-based practices resulting in better outcomes for mothers &amp; infants.</td>
<td>Care Quality Improvement</td>
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<td>Increases cost-savings to hospitals because of shorter labors and less medical interventions.</td>
<td>Cost-Savings, Operational Efficiency</td>
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<tr>
<td>Increases repeat business for doctors, clinics and hospitals.</td>
<td>Cost-Benefit</td>
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<td>Increases community engagement w/mothers as Lay Health Advisors/Promotoras/“Maternal Buddies”® w/ perinatal institutions.</td>
<td>Workplace Development</td>
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<td>Aligned with key goals and elements of Patient Protection &amp; Affordable Care Act (ACA).</td>
<td>Patient Navigation, Cross-Sector Continuity of Care.</td>
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MFCI STEPS & HEALTH CARE REFORM

• **MFCI STEP**
  - **Step 1:** Support
  - **Step 2:** Information
  - **Step 3:** Cultural Competency
  - **Step 4:** Freedom of Movement
  - **Step 5:** Collaboration
  - **Step 6:** Evidence-based intervention
  - **Step 7:** Non-Drug Intervention
  - **Step 8:** Touch-Hold-Breastfeed
  - **Step 9:** Discourage non-religious Circumcision
  - **Step 10:** Baby-Friendly breastfeeding promotion

• **ACA PRIORITY**
  - **Steps 1-4 & 7, 8 and 10:** Patient Centered, Safe, Effective, Evidence-based, Efficient, Cost-savings, Equitable
  - **Step 5:** Workforce Development, Multi-disciplinary Care Teams, Timeliness, Coordinated Care, Patient Navigation
  - **Step 6:** Evidence-based, Effective, Efficiency, Rigorous, Accountability, Measured
  - **Step 9:** n/c, under review
• Costs of vaginal birth vs. cesarean births
• Cost of spontaneous birth vs. induction
• Nurse retention costs
• Marketing costs

NURSES ROLE IN CHANGE AND CIMS NURSE-RECOGNITION PROGRAM
“Nurses should be full partners, with physicians and other healthcare professionals in redesigning health care in the United States.”

NURSES PLAY A VITAL ROLE IN CHANGE

- Adopt best practices
- Deliver high-quality care
- Attain competencies that include:
  - Leadership
  - Health policy
  - System improvement
  - Research
  - Evidence-based practice and collaboration.

To receive CIMS Mother-Friendly Nurse Recognition:

- A "mother-friendly" nurse must carry out the philosophical principles by fulfilling the Ten Steps of Mother-Friendly Care in her practice.

http://motherfriendly.org/mfnr
HOW TO BE RECOGNIZED AS A CIMS MOTHER-FRIENDLY NURSE

• Fill out survey monkey on CIMS website: www.motherfriendly.org
• Send in two letters of recommendation
• Phone interview with CIMS Mother-Friendly Nurse Recognition Committee
• Pay application fee

http://motherfriendly.org/mfnr
MOTHER-FRIENDLY CHILDBIRTH INITIATIVE OF L.A. COUNTY
PURPOSE OF MFCI-LA PROJECT

- To raise awareness of CIMS and the MFCI;
- To bring together disparate maternity care stakeholders to engage in a conversation about quality improvement utilizing the MFCI as a planning and policy tool;
- To enable maternity care stakeholders to shift the thinking in their organizations towards Mother-Friendly care;
- To provide organizations with training and technical support to implement programs and policies based on the MFCI in their practice settings.
OUR EVENTS AND PROJECTS

History of Events

- MFCI Symposium: Opportunities and Challenges (2012)
- MFCI Consortium of LA County: Promoting Mother-Friendly Childbirth in Hospital, Clinic and Community
- MFCI Symposium: Medicine and Midwifery: Bridging the Gap (2014)
• **Goal:**
  - To engage Los Angeles maternity care stakeholders in a conversation for action to implement evidence-based maternity care in their practice settings, using the Mother-Friendly Childbirth Initiative (MFCI) as a planning and policy tool.

• **Objectives:**
  - Discuss the benefits of the MFCI for hospitals, clinics, mothers, infants, and clinicians.
  - Support perinatal institutions in developing plans of action to shift the thinking in their organizations towards Mother-Friendly care.
  - Provide a forum for knowledge sharing among perinatal providers & advocates on opportunities & challenges of implementing the MFCI.
  - Provide a forum for dissemination of evidence-based best practices for maternity care.
• Presentation: Cedars Sinai Medical Center, "Nulliparous, Term, Singleton, Vertex, Low-Risk Cesarean Delivery Reduction Taskforce"–Jan 10, 2013
• Presentation: Cedars Sinai Medical Center, Performance Improvement Committee Meeting – April 12, 2013
• Presentation: Cedars Sinai Medical Center, Grand Rounds – May 1, 2013
• Award: “Advocate Award”, presented by CIMS at Annual Forum, Kansas City Mo, for work to improve awareness of MFCI locally and nationally – March 1, 2013 (N. Jukelevics, C. Hanna-Cheruiyot & M.Moini)
YOUR ROLE IN MFCI IMPLEMENTATION

Lead by Example w/ Value Placed on Comprehensive, Continuous, Coordinated, Mother-Centered Care
Embrace the Joy of Normal Birth – Endorse the MFCI

Promote a wellness model of maternity care

www.motherfriendly.org
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