Mother and Newborn Friendly Birthing Facility

Whereas:

- Every woman has the right to be treated with dignity and respect by facility staff regardless of background, health or social status, **this includes, but is not limited** to, women who are young, older, single, poor, uneducated, HIV+, or a minority in her community.
- The gap between rates of maternal and newborn mortality of women with access to quality care and those without access to quality care is unacceptable
- Every woman has the right to a positive birth experience and to dignified, compassionate care during childbirth, even in the event of complications.
- Every woman and every newly born baby should be protected from unnecessary interventions, practices and procedures that are not evidence-based, and any practices that are not respectful their culture, bodily integrity, and dignity;
- A woman's ability to have a health delivery outcome and to care for her newborn is significantly influenced by a positive birthing environment

The Charter on the Universal Rights of Childbearing Women (**http://whiteribbonalliance.org.s112547.gridserver.com/wp-content/uploads/2013/05/Final_RMC_Charter.pd** aims to promote respectful and dignified care during labour in line with best clinical practices, to address the issue of disrespect and abuse among women seeking maternity care, and to provide a platform for improvement by:

- Raising awareness of childbearing women's inclusion in the guarantees of human rights recognized in internationally adopted United Nations and other multinational declarations, conventions, and covenants;
- Highlighting the connection between human rights language and key program issues relevant to maternity care;
- Increasing the capacity of maternal and newborn health advocates to participate in human rights processes;

- Aligning childbearing women's sense of entitlement to high-quality maternity and newborn care with international human rights community standards; and
- Providing a basis for holding the maternal and newborn care system and communities accountable to these rights.

Criteria:

WHO, FIGO, WRA, ICM, IPA and partner organisations have signed the Charter on the Universal Rights of Childbearing Women. Under that framework we have proposed the following criteria for establishing women friendly birthing facilities:

A FIGO/WHO/WRA/ICM/IPA Mother/Baby -Friendly Birthing Facility:

1. Offers all birthing women the opportunity to eat, drink, walk, stand, and move about during first stage of labour and to assume the position of her choice/comfort during the second and third stages, unless medically contraindicated.
2. Have clear, non-discriminatory policies and guidelines for the treatment and care of HIV+ mothers and their newborns, as well as policies for counselling and provision of post-partum family planning, and youth friendly services.
3. Provides all mothers with privacy during labour and birth.
4. Allows all birthing women the comfort of at least one person of her choice (e.g., fathers, partners, family members, friends, and TBAs, as culturally appropriate) to be with her throughout labour and birth.
5. Provides culturally competent care that respects the individual's customs, non-harmful practices, and values around birth, including those women who experience perinatal loss
6. Does not allow physical, verbal, emotional, or financial abuse of labouring, birthing, and postpartum women and their families.
7. Provides care at affordable costs in line with national guidelines and assures financial accountability and transparency. Families will be informed about what charges can be anticipated and how they might plan

to pay for services. Families must be informed if any additional charges apply for complications. Health facilities should have a process for payment that does not include detention of the woman or baby. Refusal of care for the mother or the baby because of inability to pay should not be permitted.

8. Does not routinely employ practices or procedures that are not evidence-based, such as routine episiotomy, induction of labour, or separating mother and baby care etc., consistent with international guidelines and action plans. Each birthing facility should have the capacity, staff, policy and equipment to provide neonatal and maternal resuscitation, minimize the risk of infection, provide prompt recognition and prevention/treatment of emergent maternal and neonatal needs, have established links for consultation and prospectively planned arrangements for stabilization and/or transport sick mothers or sick/premature infants.

9. Educates, counsels and encourages staff to provide both non-pharmacological and pharmacological pain relief as necessary.

10. Promotes immediate skin-to-skin mother/baby contact and actively support all mothers to hold and exclusively breastfeed their babies as often as possible and provides combined care for mother baby as appropriate. (See Appendix A on 10 Steps to Promote Breast Feeding.)

Facilities that adhere to these criteria, as evidenced by meeting the indicators listed on page listed below, will be awarded a WHO/FIGO/WRA/ICM/IPA Women Friendly Birthing Facility certificate. The certificate will be posted on the WHO/FIGO/WRA/ICM/IPA web sites and the web sites of other organisations who support this project.

Process:

WHO/ FIGO/WRA/ICM/IPA/UNICEF will work with other international and national agencies to develop a cadre of individuals to conduct site visits to certify and monitor this process. ICM/FIGO with the collaboration of WHO/UNICEF at the country level will work with governments to spearhead the process. Indicators and methods of documenting adherence to these guidelines will be developed.

Indicators for WHO/ FIGO/WRA/ICM/IPA/UNICEF Mother Friendly Birthing Facilities

Facilities will demonstrate their adherence to the above criteria by demonstrating to the assessors via these methodologies (observation of written policies, interviews with staff, direct observation of care delivery) the following indicators:

INDICATOR 1.

The health facility has a written policy in place allowing free movement and eating/drinking in first stage of labour and free choice of position during labour. This policy will be available for review by the assessors. Women and families are informed about this policy by posters, information material, community engagement, etc. The materials should be visible to the assessors who should be able to confirm that these policies are in practice during observational assessments of labour/delivery.

INDICATOR 2.

Hospital or birthing units follow national guidelines on prevention and treatment of HIV in pregnancy, including prevention of transmission and early treatment of HIV positive newborns. The facility has clear written policies in place that ensure respectful treatment of all women, regardless of HIV status. All testing of women/newborn for HIV status must be voluntary. These policies are available for review by the assessors. Women and their families will be informed about these policies via posters with information that graphically depicts these polices, which should be posted where women and their families can see them.

Likewise, written policies are available that show evidence that postpartum family planning and youth friendly services are offered by the facility.

INDICATOR 3.

The facility provides privacy during childbirth, as evidenced by privacy walls or curtains, if not separate/individual labour and birthing rooms, and all efforts are made to keep newborns and mothers together at all times

INDICATOR 4.

The health facility has a written policy in place that encourages women to have at least one person of their choice, as culturally appropriate, with them during labour. This policy will be available for review by the assessors and women are informed about this right by posters, information material, community engagement, etc. It should be clearly written and posted that TBAs are welcome into the facility to accompany women in labour.

INDICATOR 5.

The birth facility should have a written policy in place to assure the incorporation of social and cultural values and a rights-based approach, preventing exclusion of the marginalized and socio-economically disadvantaged, including a protection of HIV-positive women and women who experience peri-natal loss. The facility can demonstrate the policy that covers these topics. The policy should be available for review by the assessors. Women are informed about the policy by poster, information material, community engagement, etc. The information/education posters should have culturally appropriate graphics, illustrating mother and newborn care, and assessors should be able to make direct observations of care, which adhere to the rights-based approach.

INDICATOR 6.

The facility has a written policy in place guaranteeing that women will be treated with dignity and respect without physical, verbal, emotional, or financial abuse. Women are informed of the policy by posters, information materials, community engagement) and mechanisms of handling

complaints are in place (complaint box, etc.). The charter on the Universal Rights of Childbearing women should be on display, and the facility should have client information visible for grievance process.

INDICATOR 7.

Costs for delivery and care of the newborn, which are in line with national guidelines, are made visible and transparent, and include risk pooling for complications (no additional charge for CS or other complications). Under-the-table payments are forbidden and the application of this is routinely enforced. Informational posters or signs must be visible and comprehensible to families in the labor and delivery area, on entrance to the units, and, perhaps, at discharge/cashier, about what the costs for delivery services are. Signs must also include how patients/families can report non-adherence to the policies and/or requests for bribes.

INDICATOR 8.

All obstetric and newborn interventions are evidence-based and essential. Written policies are available for review and are current with FIGO/WHO/IPA recommendations for maternal care and newborn care are consistent with international guidelines. Policies for the newborn include having at least one person trained in neonatal resuscitation present at all times, having the capacity, staff, and equipment to stabilize sick and premature infants by providing warmth, oxygen etc. If unable to provide on-going care, the ability to transport the infant to another facility safely should be available at all times

Rates of procedures are within acceptable national and international ranges Facility-based procedure rates must be made available to the assessors. Rates could be compared to the district or state level; different levels will be expected for referral and referring facilities.

INDICATOR 9.

Staff is trained on non-pharmacological and pharmacological pain relief.

Written protocols about pain relief, i**ncluding the need for increased monitoring of mother and newborn if pharmacological pain relief is used,** are in place and made available to the assessors. Questions can be asked of staff on location about the existence of the protocols, content of protocols, and time of last training in pain relief methods. Direct observations can also be made if pain relief is being offered and if monitoring is being done. Random record review may be a possibility in some facilities.

INDICATOR 10.

Staffs encourages skin-to-skin contact, mothers should be able to hold newborns immediately after birth and breastfeed their babies as soon as possible after birth. The facility provides combined care for mother baby and space should accommodate mother/newborn pairs postpartum. All staff are trained regularly on newborn resuscitation. Signs for mothers/newborns are in local language and heavily graphic. Observers will be able to directly assess delivery, post-partum care and newborn care to validate that skin-to-skin contact and early initiation of breastfeeding occurs.

Enabling Measures:

1. The facility has a supportive human resource policy in place for recruitment and retention of all staff, ensures staff are safe and secure, enabled to provide quality of care. This includes an exemption policy that protects dedicated and experienced labour ward staff (midwives, nurses and doctors) from being transferred to other departments. Evidence of the policy is that it is available on request; further, staff can be questioned about length of time on the labour ward and timing of most recent transfers.
2. Women are supported and encouraged to have as normal a pregnancy and birth as possible, with evidenced-based interventions recommended to them only if they benefit the woman or her baby and, midwifery and/or obstetric care are based on providing good clinical and physiological outcomes.

3. Environment and Facilities

Care is provided in a comfortable, clean, safe setting that promotes the wellbeing of women, newborns, families and facility staff, respecting women's needs, preferences and privacy; with a physical environment (including safe water and clean sanitation) that supports normal birth outcomes for the woman and baby.

CERTIFICATION

This certificate is available for all birthing centers in all countries. Provisional certification (1 year) can be given when the facility has reached most of the goals and agrees to implement the recommendations of the assessing team during the year. Reevaluation is made after the 1-year period.

Appendix A:

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 one half-hour of birth.

5. Show mothers how to breastfeed 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.