



THE INTERNATIONAL MOTHERBABY CHILDBIRTH INITIATIVE (IMBCI):

10 STEPS TO OPTIMAL MOTHERBABY* MATERNITY SERVICES

AN INITIATIVE OF THE INTERNATIONAL MOTHERBABY CHILD BIRTH
ORGANIZATION (IMBCO)
WWW.IMBCI.ORG

A SUMMARY OF THE 10 STEPS OF THE IMBCI

An optimal MotherBaby maternity service has written policies, implemented in education and practice, requiring that its health care providers:

STEP 1 Treat every woman with respect and dignity.

STEP 2 Possess and routinely apply midwifery knowledge and skills that optimize the normal physiology of birth and breastfeeding.

STEP 3 Inform the mother of the benefits of continuous support during labour and birth, and affirm her right to receive such support from companions of her choice.

STEP 4 Provide drug-free comfort and pain relief methods during labour, explaining their benefits for facilitating normal birth.

STEP 5 Provide evidence-based practices proven to be beneficial.

STEP 6 Avoid potentially harmful procedures and practices.

STEP 7 Implement measures that enhance wellness and prevent illness and emergencies.

STEP 8 Provide access to evidence-based skilled emergency treatment.

STEP 9 Provide a continuum of collaborative care with all relevant health care providers, institutions, and organizations.

STEP 10 Strive to achieve the BFHI 10 Steps to Successful Breastfeeding.

*The mother and baby constitute an integral unit during pregnancy, birth, and infancy, herein referred to as the MotherBaby.

BASIC PRINCIPLES OF THE INTERNATIONAL MOTHERBABY CHILDBIRTH INITIATIVE¹

- Women's and children's rights are human rights.
- Access to humane and effective health care is a basic human right.
- The mother and baby constitute an integral unit during pregnancy, birth, and infancy (referred to herein as the "MotherBaby") and should be treated as such, as the care of one significantly impacts the care of the other.
- Maternity services are essential aspects of health care and should be fully funded, staffed, supplied, and freely available to every woman regardless of citizenship or social status.
- Consideration and respect for every woman should be the foundation of all maternity care.
- Pregnancy, birth, and postpartum/newborn care should be individualized. The needs of the MotherBaby should take precedence over the needs of caregivers, institutions, and the medical industry.
- Pregnancy, labour, birth, and breastfeeding are normal and healthy processes that in most cases need only attention and support from caregivers. Current evidence demonstrates the safety and superior outcomes of this approach.
- Women should receive full, accurate, and unbiased information based on best available evidence about harms, benefits, and alternatives so that they can make informed decisions about their care and their babies' care.
- Birth practices affect the MotherBaby physiologically and psychologically. A woman's confidence and ability to give birth, care for, and breastfeed her baby and the baby's ability to feed effectively can be enhanced or diminished by every person who gives them care and by the birth environment.
- Each caregiver is individually responsible to the mother, family, community, and health care system for the quality of care he or she provides.
- Establishing a caring atmosphere, listening to the mother, encouraging her self-expression, and respecting her privacy are essential aspects of optimal maternity care.
- Midwives, who are the primary care providers for millions of birthing women in most countries, have developed a model of care based on the normal physiology, sociology, and psychology of pregnancy, labour, birth, and the postpartum period. The International MotherBaby Childbirth Initiative draws on the midwifery model of care and affirms that midwifery knowledge, skills, and behavior are essential for optimal MotherBaby care.
- Continuity of care and sensitivity to the mother's cultural, religious, and individual beliefs and values reduce the risk of psychological trauma and enhance women's trust in their caregivers, their experience of childbearing, and their willingness to accept care and to seek care in the future.
- When culturally appropriate, the father's presence at birth can have positive effects on the family, his parenting, and his respect for the mother.
- Many women can safely give birth outside of hospitals in clinics, birth centers, and homes when skilled care and effective referral are available. Women, including those with prior caesareans, babies in breech positions, and twins, should be accurately informed about the harms and benefits of vaginal and caesarean birth in all available settings and with available providers.
- All maternity services should comply with the International Code of Marketing of Breast-milk Substitutes.
- Emergency care, while essential, is not the sole solution to reducing maternal and neonatal morbidity and mortality. These problems must also be addressed at their sources through measures designed to prevent illness and promote wellness, and to empower women.

This MotherBaby Model of Care promotes the health and wellbeing of all women and babies during pregnancy, birth, and breastfeeding, setting the gold standard for excellence and superior outcomes in maternity care. All maternity service providers should be educated in, provide, and support this MotherBaby Model of Care.

10 STEPS OF THE INTERNATIONAL MOTHERBABY CHILDBIRTH INITIATIVE (IMBCI)²

The 10 Steps of the MotherBaby Childbirth Initiative are based on the results of best available evidence about the safety and effectiveness of specific tests, treatments, and other interventions for mothers and babies. “Safe” means that care is provided through evidence-based practices that minimize the risk of error and harm and support the normal physiology of labour and birth. “Effective” means that the care provided achieves expected benefits and is appropriate to the needs of the pregnant woman and her baby based on sound evidence. Safe and effective care of the MotherBaby provides the best possible health outcomes and benefits with the most appropriate and conservative use of resources and technology.

Optimal MotherBaby maternity services have written policies, implemented in education and practice, requiring that its health care providers:

STEP 1 Treat every woman with respect and dignity, fully informing and involving her in decision making about care for herself and her baby in language that she understands, and providing her the right to informed consent and refusal.

STEP 2 Possess and routinely apply midwifery knowledge and skills that enhance and optimize the normal physiology of pregnancy, labour, birth, breastfeeding, and the postpartum period.³

STEP 3 Inform the mother of the benefits of continuous support during labour and birth, and affirm her right to receive such support from companions of her choice, such as fathers, partners, family members, doulas⁴, or others. Continuous support has been shown to reduce the need for intrapartum analgesia, decrease the rate of operative births and increase mothers’ satisfaction with their birthing experience.

STEP 4 Provide drug-free comfort and pain-relief methods during labour, explaining their benefits for facilitating normal birth and avoiding unnecessary harm, and showing women (and their companions) how to use these methods, including touch, holding, massage, labouring in water, and coping/relaxation techniques. Respect women’s preferences and choices.

STEP 5 Provide specific evidence-based practices proven to be beneficial in supporting the normal physiology of labour, birth, and the postpartum period, including:

- Allowing labour to unfold at its own pace, while refraining from interventions based on fixed time limits and utilizing the partogram to keep track of labour progress⁵;
- Offering the mother unrestricted access to food and drink as she wishes during labour;
- Supporting her to walk and move about freely and assisting her to assume the positions of her choice, including squatting, sitting, and hands-and-knees, and providing tools supportive of upright positions⁶;
- Techniques for turning the baby in utero and for vaginal breech delivery;
- Facilitating immediate and sustained skin-to-skin MotherBaby contact for warmth, attachment, breastfeeding initiation, and developmental stimulation, and ensuring that MotherBaby stay together;
- Allowing adequate time for the cord blood to transfer to the baby for the blood volume, oxygen, and nutrients it provides⁷;
- Ensuring the mother’s full access to her ill or premature infant, including kangaroo care, and supporting the mother to provide her own milk (or other human milk) to her baby when breastfeeding is not possible.

STEP 6 Avoid potentially harmful procedures and practices that have no scientific support for routine or frequent use in normal labour and birth. When considered for a specific situation, their use should be supported by best available evidence that the benefits are likely to outweigh the potential harms and should be fully discussed with the mother to ensure her informed consent. These include:

- shaving
- enema
- sweeping of the membranes
- artificial rupture of membranes
- medical induction and/or augmentation of labour
- repetitive vaginal exams
- withholding food and water
- keeping the mother in bed
- intravenous fluids (IV)
- continuous electronic fetal monitoring (cardiotocography)
- pharmacological pain control
- insertion of a bladder catheter
- supine or lithotomy (legs-in-stirrups) position
- caregiver-directed pushing
- fundal pressure (Kristeller)
- episiotomy
- forceps and vacuum extraction
- manual exploration of the uterus
- primary and repeat caesarean section
- suctioning of the newborn
- immediate cord clamping (see note 7)
- separation of mother and baby

STEP 7 Implement measures that enhance wellness and prevent emergencies, illness, and death of MotherBaby:

- Provide education about and foster access to good nutrition, clean water, and a clean and safe environment;
- Provide education in and access to methods of disease prevention, including malaria and HIV / AIDS prevention and treatment, and tetanus toxoid immunization;
- Provide education in responsible sexuality, family planning, and women’s reproductive rights, and provide access to family planning options;
- Provide supportive prenatal, intrapartum, postpartum, and newborn care that addresses the physical and emotional health of the MotherBaby within the context of family relationships and community environment.

STEP 8 Provide access to evidence-based skilled emergency treatment for life-threatening complications. Ensure that all maternal and newborn healthcare providers have adequate and ongoing training in emergency skills for appropriate and timely treatment of mothers and their newborns.

STEP 9 Provide a continuum of collaborative maternal and newborn care with all relevant health care providers, institutions and organizations. Include traditional birth attendants and others who attend births out of hospital in this continuum of care. Specifically, individuals within institutions, agencies and organizations offering maternity-related services should:

- Collaborate across disciplinary, cultural, and institutional boundaries to provide the MotherBaby with the best possible care, recognizing each other’s particular competencies and respecting each other’s points of view;
- Foster continuity of care during labour and birth for the MotherBaby from a small number of caregivers;
- Provide consultations and transfers of care in a timely manner to appropriate institutions and specialists;
- Ensure that the mother is aware of and can access available community services specific to her needs and those of her newborn.

STEP 10 Strive to achieve the 10 Steps to Successful Breastfeeding as described in the WHO/UNICEF Baby-friendly Hospital Initiative:

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 the policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth. Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed.
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 breastmilk, 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 teats 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 the hospital or clinic.

The International MotherBaby Childbirth Organization, in collaboration with other organizations, is developing a companion document detailing the extensive scientific evidence supporting the 10 Steps of the IMBCI, and will update both documents over time as needed to reflect the best available research.

THE INTERNATIONAL MOTHERBABY CHILDBIRTH INITIATIVE IN GLOBAL CONTEXT⁸

Significant progress has been made in maternal and infant health over recent decades, yet major problems remain in both developed and developing countries. More than half a million women die each year from problems in pregnancy and childbirth, mostly in developing regions, and many more suffer from complications of pregnancy and childbirth. The leading causes of maternal mortality include haemorrhage, sepsis, eclampsia, obstructed labour, unsafe abortion, and infectious diseases such as HIV / AIDS and malaria. The global infant mortality rate remains close to 1 in 10. Leading causes of neonatal and infant mortality include prematurity, low birthweight, birth asphyxia and injuries, infection, congenital birth defects, sudden infant death, respiratory distress, and gastro-intestinal diseases. However, most maternal and infant deaths are preventable through a combination of strategies that includes skilled attendance during childbirth from caregivers trained in facilitating the normal physiology of birth and breastfeeding, and access to emergency obstetric care.

The use of medical interventions in pregnancy, labour, and birth can be lifesaving. But when used inappropriately, medical interventions lead to avoidable complications, and cause harm and even death.

Unnecessary overuse has resulted in a massive increase in health care costs, straining resources without improving birth outcomes. For example, caesarean rates in many countries far surpass the recommended upper limit of 15%. Lack of availability of caesarean section when needed costs lives, but its



overuse carries serious potential short and long term harms for both mothers and infants.⁹ In addition, where intervention has become the norm, care providers are rarely trained in and/or able to retain and use the skills and knowledge required to support the normal physiology of labour and birth.

Optimal feeding practices—early and exclusive breastfeeding with appropriate complementary feeding—would prevent about 2 million infant deaths annually. Breastfeeding confers optimum nutrition, immune protection, development, and health for children and many health benefits to mothers.¹⁰ Improved breastfeeding alone could save the lives of more than 3500 children every day, more than any other preventive intervention. Medical interventions that disturb the normal physiology of labour, birth, and the immediate postpartum and newborn period can negatively affect the initiation, exclusivity and duration of breastfeeding, with direct impacts on survival and health.

The IMBCI acknowledges the great variation in resources and access to care around the world. The challenge for the 21st century is to increase access to skilled caregivers and emergency care where these are lacking while decreasing the overuse of unnecessary medical interventions, increasing understanding of normal birth and breastfeeding, and improving quality of care in all countries.

International initiatives that seek to remedy global problems in maternal and child health include the Safe Motherhood Initiative, Making Pregnancy Safer, the International Initiative for Maternal Mortality and Human Rights, and the Global Strategy for Infant and Young Child Feeding. They also include the Baby-friendly Hospital Initiative (BFHI) and the International Code of Marketing of Breast-milk Substitutes, both of which were reaffirmed by the 2005 Innocenti Declaration on the Protection, Promotion, and Support of Breastfeeding and endorsed by the 2006 World Health Assembly.

To these efforts, the International MotherBaby Childbirth Initiative (IMBCI) adds a vital emphasis on the quality of the mother's birth experience and its impact on the short- and long-term health of the mother, baby, and family. The IMBCI focuses on the scientific evidence showing the benefits of MotherBaby-centered care based on the normal physiology of pregnancy, birth, and breastfeeding and the risks of inappropriate medical interventions, and on the importance of attention to women's individual needs.

The IMBCI complements pre-existing maternal and infant survival and breastfeeding support efforts (including recent Mother-friendly additions to the BFHI), emphasizing the need for the continuum of humanistic care proven necessary for the best outcomes. The IMBCI originated from the work of the International Committee of the Coalition for Improving Maternity Services (CIMS) and continues at a global level the work begun in 1996 by the CIMS Mother-Friendly Childbirth Initiative in the United States, which focuses on facilitating normal birth, avoiding unnecessary interventions, and supporting breastfeeding.

The IMBCI also contributes to achieving at least five of the eight UN Millennium Development Goals targeted for 2015:

Goal 1: Eradicate extreme poverty and hunger. The IMBCI promotes optimal maternal nutrition and infant feeding.

Goal 3: Promote gender equality and empower women. The IMBCI calls for empowering women through education and respectful, caring treatment during pregnancy, birth, and the postpartum period.

Goal 4: Reduce child mortality, and Goal 5: Improve maternal health and reduce the maternal mortality ratio by ¾. The IMBCI calls for skilled birth attendance, effective emergency care, and reserving medical intervention for cases where potential benefits outweigh potential harms to reduce infant and maternal morbidity and mortality, and emphasizes wellness and prevention measures before, during, and after birth to increase maternal and infant survival and health.

Goal 6: Combat HIV/AIDS, malaria, and other diseases. The IMBCI calls for education and prevention measures, and for informed birth and feeding practices that reduce the transmission of HIV from mother to baby.

NOTES AND REFERENCES

1. Parts of this section are derived from the CIMS Mother-Friendly Childbirth Initiative (www.motherfriendly.org), The Rights of Childbearing Women (www.childbirthconnection.org/article.asp?ck=10084&ClickedLink=0&area=27), Harms of Caesarean Versus Vaginal Birth (www.childbirthconnection.org/article.asp?ck=10271), What Every Pregnant Woman Needs to Know About Caesarean Section (www.childbirthconnection.org/article.asp?ck=10164) and “Caesarean Delivery Rates and Pregnancy Outcomes” (J. Villar et al., *The Lancet* 2006;367 (9525):1819-1829, www.thelancet.com/journals/lancet/article/PIIS0140673606687047/fulltext)
2. Steps 2-9 are included in full or in part in the some or all of the following: the CIMS Mother-Friendly Childbirth Initiative (www.motherfriendly.org), the Baby-friendly Hospital Initiative Revised Self-Appraisal and Monitoring tool (www.unicef.org/nutrition/index_24850.html), the WHO Managing Complications in Pregnancy and Childbirth (www.who.int/reproductive-health/impac/index.html), the Royal College of Midwives(RCM) Evidence Based Guidelines for Midwifery-Led Care in Labour. (www.rcm.org.uk/professional/docs/guidelines_formatted_070105v2.doc), and the Better Births Initiative (www.liv.ac.uk/evidence/BBI/home.htm).
3. Such skills are most commonly the specialty of midwives. Core midwifery competencies are defined in ICM Essential Competencies for Basic Midwifery Practice (www.internationalmidwives.org) and in Making Pregnancy Safer: The Critical Role of the Skilled Birth Attendant—A Joint Statement by WHO, ICM, and FIGO (www.who.int/reproductive-health/publications/2004/skilled_attendant.pdf).
4. Doulas are birth companions trained in the provision of continuous labour support whose care is shown to increase satisfaction with the birth experience and to reduce women’s use of analgesia, anesthesia and interventions such as caesareans, forceps, and vacuum extraction.
5. The use of a partogram is recommended by WHO/UNFPA as part of basic, safe obstetric/midwifery practice in all labours, especially in settings with high maternal mortality. (See Integrated Management of Pregnancy and Childbirth: Pregnancy, childbirth, postpartum and newborn care: A guide for essential practice,” 2nd ed, 2006.) There are two kinds of partograms. The one used primarily in Europe tracks maternal heart rate; blood pressure; length, frequency and strength of contractions; rupture of membranes; cervical dilation; drugs administered; and the baby’s heart rate. The Latin American partogram developed by CLAP also takes into consideration maternal parity and position during labour and thus is more tailored to the individual woman. PAHO/CLAP recommend use of the latter. (www.colmed5.org.ar/Tramites/HCGOpartograma.pdf, www.clap.ops-oms.org/web_2005/TECNOLOGIAS/tecnologias%20perinatales.htm#partograma, <http://medicina.udea.edu.co/nacer/PDF/BIA.pdf>).
6. Tools supportive of upright positions during labour and birth include birthing balls, birthing chairs, floor mats, wall ladders, and ropes.
7. While a package of interventions called “active management of the third stage of labour” is currently recommended in the belief that it may reduce the incidence of life-threatening postpartum haemorrhage, immediate cord clamping has been dropped from the package since accumulating research has shown its harmful effects on the baby
8. Parts of this section are derived from the CIMS Mother-Friendly Childbirth Initiative (www.motherfriendly.org), Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF, and UNFPA (<http://childinfo.org/areas/maternalmortality/>), the Innocenti Declaration (www.unicef.org/programme/breastfeeding/innocenti.htm), the Lancet Series on Child Survival (www.who.int/chld_adolescent_health/documents/lancet_child_survival/en/index.html), and the UN Millennium Development Goals for 2015 (www.un.org/millenniumgoals).
9. Risks of caesarean include but are not limited to infection, chronic pain, difficulty with bonding and breastfeeding, maternal and neonatal injury and death, newborn respiratory problems, and problems during future pregnancies including higher risk of uterine rupture, ectopic pregnancy, preterm delivery, placenta accreta, and placental abruption that may necessitate hysterectomies or result in maternal death.
10. Benefits of breastfeeding to children include, among many others, prevention of life-threatening diseases such as gastro-intestinal disorders that result in diarrhea and acute respiratory infections such as pneumonia, and reduced incidence of allergies, asthma, ear infections, and eczema during childhood and rheumatoid arthritis, obesity, and diabetes in later life. Benefits to mothers include reduced risk of osteoporosis, diabetes, and reproductive cancers.



For more information on
the International MotherBaby Childbirth Initiative,
please visit our website at:

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