International Childbirth Initiative
12 Steps to Safe and Respectful MotherBaby-Family Maternity Care
What is the ICI?

At its core, ICI is an implementation and quality improvement process that strives to achieve the 12 Steps for Safe and Respectful MotherBaby-Family Maternity Care through self-evaluation and reflection at the facility level. ICI is also a global resource network of facilities striving to share learning and improve the provision of care.

- ICI was created by the joint effort of the International Federation of Gynecology and Obstetrics and the International MotherBaby Childbirth Organization.
- ICI includes 30 partner organizations and is growing.
- ICI is open to all birthing facilities who are willing to commit to delivering safe and respectful MotherBaby-Family Maternity Care.
To call global attention to the importance of the quality of the mother’s birth experience and its impact on the outcome, while drawing attention to the scientific evidence showing the benefits of MotherBaby-centered care.
International Confederation of Midwives

ICM envisions a world where every childbearing woman has access to a midwife's care for herself and her newborn.
STORK HOME CLINIC

Year 1948

Year 1992

Year 2003

Year 2018

FERNANDEZ Maternity Hospital Pvt. Ltd.

Health Care for Women & Newborn

FERNANDEZ HOSPITAL

Health Care for Women & Newborn

FERNANDEZ HOSPITAL FOUNDATION
Dr. Evita Fernandez, FRCOG
Chairperson, Fernandez Foundation

Dr. Evita Fernandez (FRCOG) is a renowned obstetrician and the chairperson of Fernandez Foundation, Hyderabad. She is a Fellow of the Royal College of Obstetricians and Gynaecologists, London. She strongly believes in the need to empower women to make choices, especially with regard to issues surrounding birth.

Dr. Evita is a champion of natural birthing and midwifery in India. She has spearheaded the country’s first Professional Midwifery Education and Training (PMET) Programme. Her PROfessional MIdwifery SErvices (PROMISE) campaign is committed to create a national cadre of professional midwives, who are vital to the care of low-risk pregnant women.

In a career spanning three decades, Dr. Evita has been at the forefront of maternal and newborn care in India.
Inderjeet Kaur or ‘Indie’ as she is popularly known is the Director of Midwifery at Fernandez Hospitals. Indie has held several strategic roles in her career at the NHS, UK. She is passionate about reducing health inequalities of vulnerable women. Indie successfully launched the world’s first maternity clinic in the Royal London Hospital to support women who have experienced sexual violence. Her initiative for developing seamless pathways of care for women with complex social needs won her the British Medical Journal award. She is also the recipient of 2019 Chief Midwifery Officer Gold Award NHS, UK for outstanding contribution to the midwifery. Indie has several publications and presentations to her credit.
Step 3: Routinely provide MotherBaby-Family Maternity Care

Presented By:
Ann Yates, Soo Downe, Evita Fernandez, Indie Kaur

With thanks to Ibu Robin Lim: Bumi Sehat Foundation for the image
Underlying philosophy
Value-based family centred care

Inspired by and adapted from the Canadian Family-Centred Maternity and Newborn Care National Guidelines (2017, 2021)
Key documents

- *Family Centered Care*: The Institute for Patient-and Family-Centered Care
- *Person-Centered Care Framework for Reproductive Health Equity*
- *Philosophy and Model of Midwifery Care*: International Confederation of Midwives
- *Scope of Midwifery Practice and Quality Maternal and Newborn Health (QMNH) Framework*
MotherBaby-Family
Core focus

The ICI has chosen to place the MotherBaby-Family unit as the...centre of care provision

With thanks to Ibu Robin Lim: Bumi Sehat Foundation for the image
MotherBaby-Family Model

Complex, multidimensional and dynamic providing individualized care responsive to the physical, emotional, psychosocial and spiritual needs of women, newborns and families
Step 3
Routinely provide MotherBaby-Family maternity care

With thanks to zebra midwives for the image
Step 3
Integration of two key elements

MotherBaby-Family centred value-based care

Midwifery philosophy and scope of practice
Step 3 components

- Incorporation of value- and partnership-based care
- Grounded in evidence-based practice
- Driven by health needs and expectations as well as health outcomes/cost effectiveness
Step 3

• Base care provision on what women want for their newborns and families during the childbirth continuum.

• Optimize the normal bio-psycho-social processes of childbirth by promoting the midwifery philosophy and scope of practice for most women.
Step 3

• **Within a system that ensures multi-disciplinary collaboration, communication and care for women and newborns**

• **Including those with obstetric-neonatal risk and/or complications.**

With thanks to Ibu Robin Lim: Bumi Sehat Foundation for the image
Step 3

• Ensure that MotherBaby-Family care is available at all levels of care and in any setting...

• ...and is provided by individual skilled health workers with the full scope of competencies, or within a team with combined competencies.
Philosophy and model of midwifery care (2014)

midwifery competencies (2019)

• rooted in partnership with women and birthing people, recognizing their rights to self-determination

• pregnancy, labour and birth as fundamentally physiological processes, that sometimes need interventions
Midwifery philosophy
BOTH safety AND positive wellbeing

- optimizing normal physiological and psychological reproduction and the early life
- identifying where additional input is needed/wanted
- strengthening women’s/parents’ capabilities to care for themselves and their families

"Midwifery is a vital solution to the challenges of providing high-quality maternal and newborn care for all women and newborn infants, in all countries"
All maternity care providers, all settings, contexts and levels

• Maternity care must be supportive, individualized and based on the values of the service user

• It must be undertaken in partnership between health care providers and the MotherBaby-Family unit

• Each health care provider should listen to what woman and their families say and communicate knowledge and information in a culturally safe and sensitive manner using language that is easily understood
All maternity care providers, all settings, contexts and levels

- Decision-making should be a collaborative effort between the woman, her family and the healthcare providers.

- The final decision-maker should always be the woman/childbearing person, unless there is an overwhelming legal or medical reason why this cannot be the case.
### Fit with other models (example 1)

**QMNC (2014)**

<table>
<thead>
<tr>
<th>Practice categories</th>
<th>Organisation of care</th>
<th>Values</th>
<th>Philosophy</th>
<th>Care providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Available, accessible, acceptable, good-quality services—adequate resources, competent workforce Continuity, services integrated across community and facilities</td>
<td>Respect, communication, community knowledge, and understanding Care tailored to women’s circumstances and needs</td>
<td>Optimising biological, psychological, social, and cultural processes; strengthening woman’s capabilities Expectant management, using interventions only when indicated</td>
<td>Practitioners who combine clinical knowledge and skills with interpersonal and cultural competence Division of roles and responsibilities based on need, competencies, and resources</td>
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<tr>
<td>Information</td>
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<td>Health promotion</td>
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<td>Assessment</td>
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<td>Screening</td>
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<tr>
<td>Care planning</td>
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<tr>
<td>Promotion of normal processes, prevention of complications</td>
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<tr>
<td>First-line management of complications</td>
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<tr>
<td>Medical obstetric neonatal services</td>
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</tbody>
</table>

For all childbearing women and infants

For childbearing women and infants with complications
Fit with other models (example 2)

WHO (2015)

Recogomises that rights to, and expectations for, equitable, safe and respectful care is a global health priority.
Feedback
Maternal Satisfaction Grades

<table>
<thead>
<tr>
<th>Year</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
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<tbody>
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<td>2015</td>
<td>81.8</td>
<td>16.1</td>
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<tr>
<td>2016</td>
<td>85.7</td>
<td>12.9</td>
<td>0.6</td>
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<tr>
<td>2017</td>
<td>89.5</td>
<td>8.5</td>
<td>1.3</td>
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<tr>
<td>2018</td>
<td>90.8</td>
<td>5.1</td>
<td>0.2</td>
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</tr>
<tr>
<td>2019</td>
<td>92.5</td>
<td>6.8</td>
<td>0.3</td>
<td></td>
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<tr>
<td>2020</td>
<td>99.87</td>
<td>0.2</td>
<td>0.2</td>
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</tbody>
</table>

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Water Births
Step 3 Indicators

• Facility provides training opportunities for and/or knowledge about this approach to maternity care

• Women and families report on ICI questionnaires that they were provided with adequate information to make decisions, and that their decisions were respected.
Take home messages
Step 3:

• integrates a MotherBaby-Family centred values-based approach with the midwifery philosophy and competencies, in a multidisciplinary context

• values skills and behaviours that both optimize physiological processes and wellbeing, and that recognize and respond appropriately to pathology

• ensures that women and birthing people, babies and families are authentically at the centre of all discussions and decisions
Acknowledgements

With thanks to:

• All those who worked on the original IMBCO and FIGO models, and on the MotherBaby-Family maternity care 12 steps
• Kathy Herschderfer for the original organization of the slides
• The presenters for this webinar
• The owners of the images used in the presentation
• The sites that continue to test and develop the implementation of the 12 steps
• The women, birthing people, partners and families that teach us how to get this better, day after day
Resources

- ICM: https://www.internationalmidwives.org/about-us/
- Lancet Midwifery Series: https://www.thelancet.com/series/midwifery
- Midwifery at the Fernandez Foundation: https://myfernandezmidwifery.in/