



Monterey County

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Board Order

Resolution No.: 15-021

Upon motion of Supervisor Parker, seconded by Supervisor Armenta and carried by those members present, the Board of Supervisors hereby:

Adopted Resolution in support of the Mother Friendly Childbirth Initiative, urge hospitals and birth centers to fully implement the 10 steps of the Mother Friendly Childbirth Initiative, and encourage consumers to actively seek evidence based maternity care. (Supervisor Parker)

PASSED AND ADOPTED on this 10th day of February 2015, by the following vote, to wit:

AYES: Supervisors Armenta, Phillips, Salinas, Potter and Parker

NOES: None

ABSENT: None

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 77 for the meeting on February 10, 2015.

Dated: February 11, 2015
File Number: CR 15-011

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By Denise Hancock
Deputy

**Before the Board of Supervisors in and for the
County of Monterey, State of California**

Resolution No.: 15-021

Resolution in support of the **Mother Friendly Childbirth Initiative**, urge hospitals and birth centers to fully implement the 10 steps of the **Mother Friendly Childbirth Initiative**, and encourage consumers to actively seek evidence based maternity care.....)

Whereas, in spite of spending far more money per capita on maternity and newborn care than any other country, the United States falls behind most industrialized countries in perinatal morbidity and mortality, and maternal mortality is four times greater for African-American women than for Caucasian-American women; and

Whereas, midwives attend the vast majority of births in those industrialized countries with the best perinatal outcomes, yet in the United States, midwives are the principal attendants at only a small percentage of births; and

Whereas, current maternity and newborn practices that contribute to high costs and inferior outcomes include the inappropriate application of technology and routine procedures that are not based on scientific evidence; and

Whereas, increased dependence on technology has diminished confidence in women's innate ability to give birth without intervention; and

Whereas, the integrity of the mother-child relationship, which begins in pregnancy, is compromised by the obstetrical treatment of mother and baby as if they were separate units with conflicting needs; and

Whereas, although breastfeeding has been scientifically shown to provide optimum health, nutritional, and developmental benefits to newborns and their mothers, only a fraction of U.S. mothers are fully breastfeeding their babies by the age of six weeks; and

Whereas, the current maternity care system in the United States does not provide equal access to health care resources for women from disadvantaged population groups, women without insurance, and women whose insurance dictates caregivers or place of birth; and

Whereas, a mother-friendly hospital, birth center, or home birth service:

- 1) Offers all birthing mothers:
 - a. Unrestricted access to the birth companions of her choice, including fathers, partners, children, family members, and friends;
 - b. Unrestricted access to continuous emotional and physical support from a skilled woman—for example, a doula, or labor-support professional;
 - c. Access to professional midwifery care.
- 2) Provides accurate descriptive and statistical information to the public about its practices and procedures for birth care, including measures of interventions and outcomes.
- 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.
- 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

- 5) elevated) position.
- 6) Has clearly defined policies and procedures for:
 - a. 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;
 - b. linking the mother and baby to appropriate community resources, including prenatal and post-discharge follow-up and breastfeeding support.
- 7) Does not routinely employ practices and procedures that are unsupported by scientific evidence, including but not limited to the following:
 - a. shaving;
 - b. enemas;
 - c. IVs (intravenous drip);
 - d. withholding nourishment or water;
 - e. early rupture of membranes;
 - f. electronic fetal monitoring;
 - g. other interventions are limited as follows:
 - i. Has an induction rate of 10% or less;
 - ii. Has an episiotomy rate of 20% or less, with a goal of 5% or less;
 - iii. Has a total cesarean rate of 10% or less in community hospitals, and 15% or less in tertiary care (high-risk) hospitals;
 - iv. Has a VBAC (vaginal birth after cesarean) rate of 60% or more with a goal of 75% or more.
- 8) 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.
- 9) 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.
- 10) Discourages non-religious circumcision of the newborn.
- 11) Strives to achieve the World Health Organization-United Nations Children's Fund (WHO-UNICEF) "Ten Steps of the Baby-Friendly Hospital Initiative" to promote successful breastfeeding:

Whereas, Natividad Medical Center already practices the majority of the **Mother Friendly Childbirth Initiative** steps and strives to become among the first hospitals in the County to fully implement all 10 steps.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Monterey does hereby support and endorse the **Mother Friendly Childbirth Initiative**, urge hospitals and birth centers to fully implement the 10 steps of the Mother Friendly Childbirth Initiative, and encourage consumers to actively seek evidence based maternity care.

PASSED AND ADOPTED upon motion of Supervisor Parker, seconded by Supervisor Armenta and carried this 10th day of February 2015, by the following vote, to wit:

AYES: Supervisors Armenta, Phillips, Salinas, Potter and Parker
NOES: None
ABSENT: None

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 77 for the meeting on February 10, 2015

Dated: February 12, 2015
File Number: CR 15-011

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By Donise Hancock
Deputy

