

Creating a Global Initiative

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ABSTRACT

In this guest editorial, the author describes the burgeoning efforts of an international collaboration to create the MotherBaby-Friendly Initiative. The initiative will work to improve maternity care for the women, babies, and families of the world.

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The Mother-Friendly Childbirth Initiative is available for download at the following link on the CIMS Web site: www.motherfriendly.org/MFCI/

The MotherBaby-Friendly Initiative (MBFI) is being born out of a desire to modify The Mother-Friendly Childbirth Initiative for international use (Coalition for Improving Maternity Services, 1996). The MBFI acknowledges that women's rights are human rights, and women have a right to informed decision-making and to receive evidence-based care for themselves and their babies. The MBFI recognizes the effect of birth practices on maternal self-confidence and on breastfeeding and identifies the importance of culturally competent care and continuity of care. These core principles, along with the 10 steps of the MBFI, have the ability to transform birth and breastfeeding practices around the world. With infant and maternal mortality and morbidity at distressing rates, the MBFI is a call to action that will help achieve the United Nations (2005) Millennium Development Goals to improve the quality of care for mothers and babies of the world.

Creating a global initiative requires the recognition and use of certain core elements for success. A MotherBaby-Friendly Initiative crosses national and cultural barriers and must reflect key human needs for optimal birth and breastfeeding. Then,

those needs must be presented in a fashion that is understandable in any country. To achieve such an epic goal, I can see now how crucial certain core elements are for success. Those core elements are:

- Understanding what has come before
- Collaboration
- Consensus building
- Dedication
- Synergy
- Friendship

Although on some level I knew these skills were necessary, only now, in hindsight, can I see just how important they all are and how these core elements brought us here.

UNDERSTANDING WHAT HAS COME BEFORE

The MotherBaby-Friendly Initiative is a direct descendant of The Mother-Friendly Childbirth Initiative (MFCI), first published in 1996. A large group of visionaries worked nearly 3 years to create and come to consensus about this powerful document. The group formed the Coalition for Improving Maternity Services (CIMS) to promote the



For more information on CIMS and its International Committee, call toll-free at 888-282-2467 or log on to the organization's Web site (www.motherfriendly.org) and visit the following link: www.motherfriendly.org/MFCI/cimsinternational/

document and its mission for normal birth. The document lists 10 steps for hospitals, birth centers, and home birth services to use to compare their services to those that are mother-friendly.

What a powerful document of 10 steps to support, protect, and promote mother-friendly maternity services! Although the MFCI was intended for a U.S. population, it soon found its way around the world. Many coalition members began sharing the MFCI when they spoke at international meetings and conferences. Mary Kroeger, a midwife and breastfeeding specialist, had a special passion for spreading the MFCI and creating a global initiative. In 2002, Mary informally began to gather people to work on a CIMS international committee. With CIMS leadership approval and encouragement, the MFCI was adapted for international use and included in the World Alliance for Breastfeeding Action's 2002 World Breastfeeding Week Action Folder.

In 2003, the book *Impact of Birthing Practices on Breastfeeding: Protecting the Mother and Baby Continuum*, by Mary Kroeger (with Linda Smith), was published. The book solidified the bridge-building between the birth and breastfeeding communities. The foundation for a MotherBaby-Friendly Initiative grew out of the MFCI, as it was the first initiative to include both mother-friendly and baby-friendly practices.

COLLABORATION

At the CIMS annual meeting in February 2004, an informal CIMS International Committee—including several international attendees—met in a hotel bedroom.

Mary Kroeger shared her thoughts and vision for working together to change birth and breastfeeding practices around the world. She created a Power-Point presentation identifying all the grassroots movements working to humanize birth and breastfeeding. Although we were a small group, I can still feel today the power in the room and the intensity with which we all knew we would be dedicating ourselves to work together and develop a global network.

In the fall of 2004, a very ill Mary shared her dream with me of inviting representatives from around the world to form the first formal International Committee of CIMS at the 2005 CIMS annual meeting. How would we bring representatives from around the world to Virginia? The New Hampshire Charitable Foundation truly answered

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our prayers by offering scholarship money to assist several representatives to attend. With 22 people representing 11 countries, the CIMS International Committee met formally for the first time on February 26 and 27, 2005.

At this incredible meeting, our only sadness was that Mary Kroeger was not able to be with us because she had passed on. We thought of her often, and her spirit remains with us even today.

CONSENSUS BUILDING

Consensus has always been a key element of CIMS. Although a person who is new to consensus-building may find it a difficult and, at times, tedious process, it is fundamental to assuring that everyone's voice is heard and to addressing everyone's concerns in order to move together as a unified group. I feel that our ability to work in this way is at the root of why so many people have joined us and dedicated so much volunteer time. At the CIMS 2005 annual meeting, consensus came easy. Our vision was strong, and together we developed our next ambitious goals:

1. to convene a global survey to examine the support for and barriers to the global use of the MFCI's 10 steps;
2. through CIMS's new regional representatives in Europe, Asia-Pacific, Africa, and the Americas, to recruit country contacts to develop a database of international maternity and breastfeeding organizations, including grassroots consumer groups, health-care professionals, government organizations, and nongovernmental agencies;
3. to form a technical advisory group (TAG) that met in June 2006 in Geneva, Switzerland, to provide input for the development of the MotherBaby-Friendly Initiative; and
4. to plan a MotherBaby-Friendly Summit in 2008 or beyond.

DEDICATION

Still flying high from the inspiring 2005 meeting, I returned home with the group's list of tasks and began to take it all in. First came a long talk with my husband and family about what it would mean for

The book, Impact of Birthing Practices on Breastfeeding: Protecting the Mother and Baby Continuum, by Mary Kroeger (with Linda Smith), and many other valuable media resources for child-birth educators and parents are available at the Lamaze Bookstore and Media Center. To place an order, call toll-free at 877-952-6293 or click on the "Bookstore and Media Center" link on Lamaze International's Web site (www.lamaze.org).

Our country representatives were at work, and the largest global database on maternity and breastfeeding organizations was developing. Currently, organizations from 163 countries are contributing. Never doubt what a small group of volunteers can do.

all of us if I were to proceed as one of the chairpersons of this committee and initiative. With their full support, I formed the CIMS International Committee Yahoo Group to keep our communications moving and to add additional representatives who were interested in helping but had not been able to join us in Virginia.

Jane Arnold, CNM, Director of Midwifery at the University of North Carolina at Chapel Hill, attended her first CIMS meeting in Virginia when she joined the International Committee. Jane suggested that she could visit the Center for Women's Health Research at her university to see if staff members would be willing to donate their time to develop, administer, evaluate, and publish a global survey. Several days later and with only two phone calls, the following agreed to undertake our request: Katherine E. Hartmann, MD, PhD, founder and current director of the center; Ruth Petersen, MD, MPH, Director of Women's Preventive Health Research Center; Nikki McKoy, a social research associate; and other staff members. This was incredible! I was awestruck that this world-renowned team would volunteer its time and talent.

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SYNERGY

The 2006 CIMS International meeting in Boston brought together 50 people from 22 countries. The New Hampshire Charitable Foundation offered scholarships that enabled us to bring in representatives from Africa, the Philippines, South America, and Europe. The energy was palpable. The report of the survey in progress showed support of over 80% for every step, including a new step on informed decision-making. With the preliminary survey results and input from our global meeting, the first draft of the 10 steps of a MotherBaby-Friendly Initiative was created. Our steering committee was

finalized, and plans for our TAG meeting in Geneva, Switzerland, crystallized.

FRIENDSHIP

When you have to work weekends and evenings—taking time away from family, friends, and your own personal needs—it has to be because you believe in the cause with a passion that creates a fire in your soul and because the people you work with become your dear friends and, in some ways, your extended family. Whatever you call it, I call it “divine intervention,” and I see Mary Kroeger smiling down upon us as we work to make her vision a reality.


THE MOTHERBABY-FRIENDLY INITIATIVE


As I write this, I am preparing to attend the TAG meeting in Geneva, Switzerland. Representatives from 19 national and international organizations will come together to offer their advice and expertise to help launch a MotherBaby-Friendly Initiative to improve care for the women, babies, and families of the world. I know that, together, we can create change. In her guest editorial in the Winter 2006 issue of *The Journal of Perinatal Education*, Anne Boyd writes, “I believe it is time to stop talking about change and start achieving it” (p. 10). We are!

The organizations that will comprise the TAG in Geneva, Switzerland, in early June are: The Academy of Breastfeeding Medicine, Childbirth Connection, CIMS, DONA International, the International Confederation of Midwives, the International Council of Nurses, the International Pediatric Association, the International Lactation Consultant Association, JHPIEGO, La Leche League International, Lamaze International, the Partnership for Maternal, Newborn and Child Health, UNICEF, the United Nations Population Fund, the University of North Carolina at Chapel Hill, UNC's Center for Women's Health Research, Wellstart International, the World Alliance for Breastfeeding Action, and the World Health Organization.

IMPLICATIONS FOR CHILDBIRTH EDUCATORS

Childbirth educators play a vital role in helping women and their partners know about and receive care that is mother- and baby-friendly. I encourage educators to get involved in the current atmosphere of collaboration to support, protect, and promote mother-friendly maternity services. You can begin by using the CIMS self-assessment tool—“Are Your Birth Classes Mother-Friendly?”—to evaluate

 Genesis, Lamaze International's quarterly newsletter, will feature a summary of the TAG meeting in an upcoming issue. Genesis is available to Lamaze International members at www.lamaze.org

 The self-assessment tool, “Are Your Birth Classes Mother Friendly?” is available from CIMS by calling toll-free at 877-952-6293 or downloading a copy from <http://www.motherfriendly.org/Downloads/birthClasses.pdf>

whether your efforts are mother-friendly (Hotelling & CIMS, 2001).

ACKNOWLEDGMENTS

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