

« RESPECTED CHILDBIRTH » DESIGNATION

...ASSESSMENT GRID

The TEN STEPS for receiving a DESIGNATION

for Maternity Facilities, Birth Centers and Home Care Facilities

The purpose of this assessment is to promote birth sites where women, men and their babies are respected, as are their physiological and emotional needs as well as their philosophical convictions.

Emphasizing positive aspects means : recognizing the valued attitudes and behavior of caregiving teams in these birth sites and promoting their good practices through objective information that is as widely publicized as possible. It also means supporting them in their work and undertaking their defence.

To receive the “Respected Childbirth” designation, the sites and persons ensuring childbirth care must respect the civil and deontological principles expressed in the 11 steps of the CIANE Chapter and commit themselves to promote them.

A set of 96 questions is used for the assessment. To begin with, a “yes/no” answer to each question is required. It may be completed by a score of 0 to 3 and visualized by means of a color code :

- Yes, with a score of 3 = green,
- No , with a score of 2 = yellow, for : under way with implementation within a year,
- No, with a score of 1 = purple, for : under way but without delay,
- No, with 0 = red, for : not respected,
- -/- = grey, for : does not apply

THE 96 CRITERIA ARE THEN RATED FROM 1 TO 4 ACCORDING TO THEIR IMPORTANCE.

To receive this designation, the birth sites and facilities must :

Step no 1 : Offer and allow any pregnant woman :

- . **To be accompanied during labor and birth by all the persons she chooses, without restrictions (husband, companion, children, family members and friends).**
- . **unrestricted access to continuous psychological, emotional and physical support from a person of her choice (a trustworthy person or a doula),**
- . **possibility to be taken in charge during labor and birth by a midwife of her choice who is guaranteed access to the establishment's facilities.**

Criteria :

Score : Weight :

Yes No

- 1.1 Does the birth site provide a written and explicit document specifying that the future mother has absolute control over the number and the choice of persons who may accompany her?
- 1.2 Has the birth site taken measures to ensure that the persons accompanying her, including children, are welcome and comfortably accommodated?
- 1.3 Does the birth site provide a written and explicit document specifying that the future mother can receive emotional and psychological support from a person of her choice other than her companion (a trustworthy person)?
- 1.4 Does the birth site provide a written and explicit document specifying that any midwife chosen by the future mother has access to and use of the services of the establishment?

Step no 2 : Provide accurate descriptive and statistical information to the public about the practices and protocols implemented as well as coded data on the interventions and their outcomes.

Criteria : Score : Weight :

Yes No

2.1 Does the birth site prepare annually an easily understood public document giving information on its current practices and protocols, including all types of interventions and their outcomes ?

2.2 Is this general and statistical information furnished under the form of at least one of the following : (a) a brochure at the disposal of the public when entering the establishment; (b) articles in local newspapers; (c) a document posted in the public entrance hall; (d) audiovisual material given out on request?

2.3 Is a person charged with giving explanations on this information to strangers, persons with eyesight problems and illiterate persons?

2.4 Is the establishment in which the birth site is situated certified by the *Haute Autorité de la Santé (HAS) (ex-Agence Nationale d'Accréditation et d'Évaluation en Santé (ANAES))*?

2.5 Regarding safety, hygiene, equipment and staffing, can the birth site furnish the attestations, certificates and reports proving that it respects the existing legislation in these matters?

2.6 Step no 3 : Respect diversity and cultural, ethnic and religious differences.

Criteria : Score : Weight :

Yes No

- 3.1 Does the birth site periodically (at least once a year) or on a continuous basis, carry out a study to evaluate the satisfaction of consumers regarding respect of cultural, ethnic and religious customs and traditions?
- 3.2 Does the birth site take these studies into account to improve its practices regarding the persons concerned?
- 3.3 Following awareness of these cultural findings, was a document prepared giving formal instructions on ways to deal with them?
- 3.4 Are attitudes and practices adapted to the local populations' diversity?

Step no 4 : *Respect the woman's will to change places and move about, to choose her position during labor and expulsion (except in case of complications) and not impose the non physiological lithotomic position (flat on back).*

Criteria : Score : Weight :

Yes No

- 4.1 Does the birth site allow mobility and freedom of movement during labor (instructions, documents, protocols, continuous monitoring...)?
- 4.2 Does the birth site accept positions other than lithotomy during expulsion and delivery?
- 4.3 If the birth takes place on a delivery table does the birth site accept that restraint of movements and stirrups be avoided?
- 4.4 Is the staff trained and proactive in view of favoring free choice of ambulation and positions during birth and is this policy posted and accessible at all times for everybody?
- 4.5 Is the birth site furnished with alternative equipment in sufficient quantities (birth balls, bars, rugs, chairs, bathtubs, showers...)?

4.6 Is epidural anesthesia that permits ambulation accessible and offered?

Point no 5 : Have a clearly defined policy and procedures for :

. working in collaboration with a network of other perinatal services - from perinatal consultations with a professional chosen by the pregnant woman to a superior level establishment if a transfer for medical reasons should be necessary,

. information concerning the sites, resources and professionals available for the mother and her baby relative to pre- and postnatal follow-up and breastfeeding support.

Criteria :

Score : Weight :

Yes No

5.1 Has the birth site concluded understandings and agreements with other birth sites or perinatal caregivers within the framework of a network of facilities for ensuring perinatal follow-up, obstetrical emergencies, post-partum follow-up and social services?

5.2 Is this network clearly identified (with statutes) and does it dispose of financial resources?

5.3 Does the birth site have at the disposal of women a complete and up-to-date list of professionals and perinatal medical services available in the region, and does this list permit choices?

5.4 Does the birth site have at the disposal of women a complete and up-to-date list of paramedical, social and educational services and support organizations available in the region?

Point no 6 : Respect the WHO recommendations and not routinely employ practices and procedures not supported by scientific evidence, including, among others, the following : shaving of vulva and/or perineum, enemas, insertion of IV

lines, withholding food and drink during labor, artificial rupture of membranes when labor starts, continuous electronic fetal heart monitoring, use of oxytocics, repetitive vaginal examinations done by different caregivers, fundal pressure, episiotomy, bladder catheter, lithotomic position, restraint of movements in case of cesarean delivery...

and limit the following interventions to the rates indicated : induction of labor to a rate of 10% or less, episiotomy to 13% or less, (goal : 6% or less), cesarean rate to 10% or less in level I birth sites, and to 17% or less in level II and III birth sites, VBACs (vaginal births after cesarean) to 60% or more (goal : 75% or more).

Criteria :

Score : Weight :

Yes No

- 6.1 Has the birth site given instructions and/or implemented protocols for abolishing routinely applied acts listed in the WHO recommendations?
- 6.2 Is every act, practice or procedure preceded by pertinent information and is consent obtained, particularly in the case of invasive acts (vaginal examinations, amniotomy, extractions, episiotomy, manual exploration of the uterus, directed delivery of the placenta, medication not accepted by the *Autorisation de Mise en Marché (AMM)*?
- 6.3 For a level 1 birth site is the rate of inductions inferior to 10%?
- 6.4 Is misoprostol used for inductions?
- 6.5 Is the rate of episiotomies less than 13%? Is refusal accepted?
- 6.6 Is median episiotomy recommended?

- 6.7 Are instructions given for diminishing the number of episiotomies and reducing the heterogeneity of this practice from one caregiver to another (performance of this act depends on the caregiver's opinion)?
- 6.8 Is the rate of cesarean deliveries less than 10% (for level 1 birth sites) or less than 17% (for levels II and III birth sites)?
- 6.9 Is the rate of fetal extractions (forceps, vacuum) less than 6%?
- 6.10 Is the rate of VBACs above 60%?
- 6.11 Is the number of epidurals decreasing?
- 6.12 Is fundal pressure avoided in the birth site?
- 6.13 Is pubic shaving avoided in the birth site?
- 6.14 Is insertion of IV lines not systematically done?
- 6.15 Is insertion of perfusion lines not systematically done? Is refusal accepted?
- 6.16 Under normal conditions, is the woman allowed to eat and drink?
- 6.17 Except for specific medical reasons, is artificial rupture of the membranes at the beginning of labor avoided?
- 6.18 Except in case of specific risks, is continuous electronic fetal heart monitoring not systematically done?
- 6.19 In case of epidural anesthesia, does monitoring allow ambulation and freedom of movement (wireless transmission of data)?
- 6.20 Is the use of synthetic ocytocics limited to non physiological conditions (and to those accepted by the *Autorisation de Mise sur le Marché*)?

- 6.21 Is the number of vaginal examinations limited, and are they done by the same person? Is refusal accepted?
- 6.22 Is insertion of a bladder catheter limited to non physiological conditions? Is refusal accepted?
- 6.23 For a physiological birth without complications, is the medical staff limited to a midwife?
- 6.24 In case of cesarean birth, is one person allowed to accompany the woman, provided hygiene regulations are respected?
- 6.25 For a cesarean birth, is restraint imposed on the woman's movements?
- 6.26 Is the number of women with an intact perineum (including 1st and 2nd degree lacerations) when discharged from the birth site above 85%?
- 6.27 Has the birth site determined goals in view of improving the above findings?
- 6.28 Are the medicinal products employed in the birth site accepted by the *Autorisation de Mise sur le Marché (AMM)*?

Step no 7 : Educate and train health care staff in non pharmaceutical pain-relieving techniques and have recourse to analgesics and anesthetics only in case of need to treat a complication or at the woman's request.

Criteria : Score : Weight :

Yes No

- 7.1 Does the health care staff receive, at least once a year, training on alternative non pharmaceutical analgesic techniques?
- 7.2 Has the birth site a formalized policy that prohibits the routine use of anesthetic or analgesic agents?

- 7.3 Are alternative non medicated techniques proposed (acupuncture, baths, massages, movements...)?
- 7.4 Is objective information communicated to the health care staff on the benefits and risks of each method, be it pharmaceutical or not?
- 7.5 Are minimized doses of epidural analgesia allowing ambulation and perception of sensations accessible and offered?

Step no 8 : Promote the mother-child relationship and respect the baby as a person.

Criteria : Score : Weight :

Yes No

- 8.1 Except in emergencies, is it an established practice to leave the newborn baby with his/her mother after birth, and to avoid separating them for routinely performed examinations that can wait?
- 8.2 Except in case of vital necessity or at the parents' request, is it customary to wait until the blood stops pulsating in the umbilical cord before clamping and cutting the latter?
- 8.3 Is the mother's or the father's consent requested before giving glucose or artificial milk?
- 8.4 Except in case of emergency, are the mother and her baby together (rooming-in) for the first night, except if the mother prefers another arrangement?
- 8.5 Is a written protocol established concerning prevention and relief of pain resulting from examinations or care given to babies (analgesic cream, glucose...)?
- 8.6 Is there a protocol in place stipulating that acts and examinations given to babies are limited to those that are medically necessary and does this protocol prohibit

routinely applied and systematic care (dextrose, choanes and digestive tract, silver nitrate in the eyes...)?

8.7 Does this protocol include instructions for avoiding redundant acts, successive and untimely interventions (respect of sleep and of duration of feedings...)?

8.8 Does this protocol stipulate that care and examinations should not be given without the knowledge of the parents but with their explicit consent?

Step no 9 : *Promote the family unit's harmony and manage risk situations by means of appropriate measures and procedures.*

Criteria :

Score : Weight :

Yes No

9.1 Has the birth site a written charter or protocol that promotes the mother/father-child relationship and allows permanent rooming-in from birth to discharge?

9.2 Is the health care staff educated in giving support to mothers and fathers for establishing their relationship with their child (training courses, symposiums, in-service training) and is it sensitive to the importance of giving such support?

9.3 Except in emergencies, is the separation of the mother from her child a decision freely chosen by her and done with her consent?

9.4 When a perinatal loss occurs, is a referral made to a person or persons specially designated for taking these cases in charge? Is a written protocol established?

9.5 In case of perinatal loss, is there a procedure in place for obtaining help and is there access to a list of community health workers who can assist the parents in administrative tasks?

9.6 In situations of social or psychological distress, are there caregivers to take charge of them and have help and advice procedures been put in place for referral to competent social services?

- 9.7 Is there a written procedure established for supporting parents of premature babies or babies presenting pathologies?
- 9.8 Is there a multidisciplinary team (or teams) of health care workers in place who are educated in supporting parents of premature babies or babies presenting pathologies?
- 9.9 Have a policy and a written procedure for management of early discharges, with systematic registrations in a neighboring perinatal center or appointment with a midwife within a 48-hour period, been established?

Step no 10 : *Apply the ten WHO and UNICEF recommendations for successful breastfeeding.*

Criteria : Score : Weight :

Yes No

- 10.1 Has the birth site obtained the Baby-Friendly designation supported by WHO?

Step no 11 : *Respect the fundamental human rights : right to obtain transparent, complete and objective information; right to informed consent for any medical act; right to participate in decisions concerning therapeutic acts and/or diagnoses; respect of the conscience clause and right to refuse care; right to benefit from care of quality which respects privacy and dignity; right of access to sufficient resources.*

Criteria: Score : Weight :

Yes No

- 11.1 Has the staff received training concerning the relationships and rights of patients in compliance with the provisions of the *Nouveau Code de la Santé publique* enacted on March 4th, 2002?

- 11.2 Does the establishment or the birth site provide a welcome brochure for hospitalized patients?>>
- 11.3 Have the regulations, protocols, instructions and functioning of the birth site been put down in writing? Are they easily understood by the patients and do the latter have free access to them?
- 11.4 Are there written instructions concerning the obligation to give clear and unbiased information and to obtain informed consent prior to performing any medical act involving risks?
- 11.5 Except in emergency situations, are the birth plans prepared by the parents accepted and respected?
- 11.6 Are the birth plans prepared by the parents inserted in the medical record?
- 11.7 Are the wishes and requirements verbally expressed by the childbearing woman taken into consideration and noted in the medical record?
- 11.8 Has a written procedure been established for managing and respecting care refusal?
- 11.9 Have the provisions of the Resolution on a Charter on the Rights of Women in Childbirth voted in 1988 by the European Parliament been taken into consideration and applied?
- 11.10 Is there a quality insurance system in the birth site (booklet, attestation, analysis, debriefing, corrective measures)?
- 11.11 Are there written instructions concerning attitudes, behavior, expressions and remarks that are prohibited?
- 11.12 Are there written instructions for reducing and dealing with the stress and anxiety experienced by women giving birth?

- 11.13 Are disputes directly settled by the birth site and does the latter keep copies of the complaints and subjects of dissatisfaction?
- 11.14 Is a reflection in process and are corrective measures envisaged concerning the iatrogenic and anxiogenic factors linked to the design, organization and medical practices of the birth site?
- 11.15 Does the birth site possess its own charter relative to quality of care?
- 11.16 Is a subdued light environment offered in the labor and birth rooms?
- 11.17 Are these rooms soundproof?
- 11.18 Is access to the birth rooms controlled and are undesirable persons and parasites forbidden to enter?
- 11.19 When not in use, is the medical material and equipment dissimulated?
- 11.20 Are the delivery tables placed in such a way that the privacy of women is preserved when people enter the room?
- 11.21 Are the labor and birth rooms comfortable, spacious, decorated and painted in appeasing colors?
- 11.22 Can the birth site assure a woman that it will be possible for her to be accompanied by the same midwife and that she will benefit from personalized care?
- 11.23 Is the birth site organized in such a way that a midwife has to attend to more than two women at the same time?
- 11.24 Is there a written procedure established regarding the presence of students or trainee midwives? Is consent of the woman, with sufficient explanations on the consequences for educational purposes (more frequent vaginal examinations, more monitoring and episiotomies...), always obtained?

Total score on... :

For more information, please contact

CIANE...

<<Respected Childbirth >> Designation

...INFORMATION ON THE ADMINISTRATION OF THE BIRTH SITE

I - Juridical and legal information :

Corporate name :