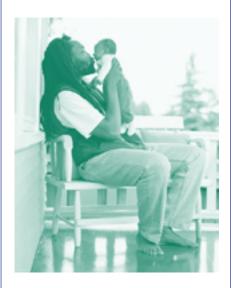
Citizens for Midwifery\

news

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You Are Invited! Activist Workshops

MANA 2002 Conference Wakefield, Massachusetts October 24-27, 2002

Next October, the Midwives Alliance of North America will hold its annual conference outside of Boston, Massachusetts. This conference will break new ground by including an entire line of workshops focusing on activism and advocacy for midwifery, as well as the Citizens for Midwifery Annual Meeting, making this a "don't miss" event for everyone who wants to promote midwifery and the Midwives Model of Care.

You and your state midwifery advocacy organization(s) are encouraged to send one or more representative to attend this conference and bring back the information, resources and energy to your local group!

With MANA's support and input from many midwifery activists, CfM and Massachusetts Friends of Midwives (MFOM) have lined up five workshops especially focused on activism and advocacy for midwifery. We are hoping (and expecting) that many midwives, midwifery students and others will also find these workshops of great value, but they are intended especially for "consumer activists" from across the country.

CfM and MFOM are excited to bring you the following workshops:

- Concepts and Strategies in Midwifery Advocacy with Susan Hodges, CfM's President. What is advocacy? How do you do it? Learn theory and practical techniques for effective advocacy, including dealing with the media.
- Planting Seeds/Pulling Weeds: Community Based Education and Advocacy with the Co-founders of BirthNet (Albany, NY). Learn how they have developed public education programs and how to organize advocacy strategies to build community-based education and birth activist organizations.

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First Two Facilities Designated as *Mother-Friendly*™!

The Coalition for Improving Maternity Services (CIMS) recently announced the designation of two birthing services as "Mother-Friendly" – the first such designations in the country. The Three Rivers Community Hospital Family Birth Center in Grants Pass, Oregon, and the Northern New Mexico Women's Health and Birth Center (NNMWHBC) in Taos, New Mexico, are the first birth places in the nation to be awarded Mother-Friendly status. The historic designations were announced with celebration at the CIMS Annual Meeting in San Jose, California, on February 23.

Read more about CIMS and Mother-Friendly Childbrith Initiative on page 4!

The designation process is based on the Mother-Friendly Childbirth Initiative, a consensus document providing evidence-based guidelines to assist US hospitals, birth centers, or home birth services to provide culturally competent, evidence-based maternity care. The two facilities were part of the pilot program to establish the designation process. They had to meticulously document how they meet the Mother-Friendly standards, both on paper and with site visits.

Achieving Mother-Friendly status is the culmination of perseverance and hard work. The Northern New Mexico facility had evolved out of a home birth practice and already embraced a philosophy that was very compatible with Mother-Friendly, but still had to produce written policies and other documentation. At Three Rivers, labor and delivery nurse Sharon Vitlak had been

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Who Are We?

CITIZENS FOR MIDWIFERY, INC. is a non-profit, grassroots organization of midwifery advocates in North America, founded by seven mothers in 1996. CfM's purposes are to:

- promote the Midwives Model of Care.
- provide information about midwifery, the Midwives Model of Care, and related issues
- encourage and provide practical guidance for effective grassroots actions for midwifery.
- represent consumer interests regarding midwifery and maternity care.

CfM facilitates networking and provides information and educational materials to midwifery advocates and groups. CfM supports the efforts of all who promote or put into practice this woman-centered, respectful way of being with women during childbirth, whatever their title.

CfM News welcomes submissions of articles, reviews, opinions and humor. Please contact us for editorial guidelines and deadlines. We plan to publish our newsletter quarterly.

If you have questions about the group, feel free to drop us a line: Citizens for Midwifery, Inc., PO Box 82227, Athens,GA 30608-2227. You can also reach us at (888) CfM-4880 (ET) (toll free), or e-mail <info@cfmidwifery.org>.

Be sure to check out our web site: http://www.cfmidwifery.org>.

As always, we want to hear your comments and suggestions!

CfM News Credits:

Editor: Susan Hodges Editorial Review: Susan Hodges and Paula Mandell State News Editor: Misty Richard Design & Composition: Paula Mandell

CfM Board of Directors (2001-2002) Susan Hodges, President Paula Mandell, Vice President Michelle Breen, Secretary Willa Powell, Treasurer

Citizens for Midwifery, Copyright April 2002

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- Midwifery Legislation: A Local and National Review. A diverse panel moderated by Jim Henderson of MFOM will include discussion of the Massachusetts midwifery bill, their experiences in drafting and lobbying new legislation, and new ideas and approaches to midwifery regulation.
- Coalition-Building. A panel of experienced advocates moderated by Pam
 Maurath will discuss successes and
 failures, methods of attracting traditional
 and nontraditional allies, ways to develop
 a viable decision-making structure, and
 how coalition-building can work for the
 midwifery community.
- Don't Just Talk! Listen! (Presenter to be announced) This will be a hands-on workshop with some surprising and useful techniques for effective advocacy and communications.

In addition to the workshops, the conference will also provide both new and experienced activists with opportunities to mingle with midwives, to be inspired by the special keynote speakers from New Zealand (see box), and to connect with their activist counterparts in other states. MFOM and CfM are planning several general gatherings especially for "consumer activists" (and potential activists!) for questions, ideas, and networking. One of these meetings will be CfM's Annual Membership Meeting.

We expect that advocates and midwives alike will learn and share, inspire and be inspired, and leave the conference with new friends, new energy, new skills and new resources.

My local state organization, Georgia Friends of Midwives, sent me (Susan Hodges) to my first MANA conference in the early 1990s. We raised money and asked supportive people in the community for donations. Even though at that conference all of the workshops were meant for midwives, I made friends and connections, learned a great deal, and returned home suffused with energy and motivation. The conference helped to transform how I saw my potential as a consumer to bring about change. I can only say from personal experience that it is worthwhile to do whatever it takes to send at least one activist (or potential activist!) from your state.

The conference registration materials will be posted on the MANA website <www.mana.org>.

See you there!

Send a Donation Today! New Zealand Midwives at MANA 2002!

One of the highpoints of MANA 2002 will be keynotes and presentations by three women: a midwife, a consumer activist and a Maori, from New Zealand, where midwives are autonomous and work in partnership with women. What a vision for all of us here in the United States! MANA, CfM and MFOM are raising the funds for the airfares, and we still have quite a ways to go. Whether or not you are coming to the conference, consider making a donation to support this wonderful opportunity to learn from New Zealanders who have achieved autonomy for midwives.

All donations are tax deductible. Write a check to Citizens for Midwifery (and note that it is for the MANA 2002 New Zealand fund) and mail it to us (see directory), or you can donate on-line through http://mfom.org/mana20002 (click on "New Zealand Fund").

We are also investigating the possibility of donating frequent flier miles; if this can be worked out, information will be posted at http://mfom.org/mana20002>.

Many donations, even of small amounts, will do the job. Please send your donation today. Together, we can do this!

MFCI Facilities continued from page 1

working to make the facility more "mother-friendly" since long before CIMS existed. Her work included outreach and education in the community, so that local women would understand and "buy into" the kind of care offered. The Birth Center has no newborn nursery (all babies stay with the mother), a 2% episiotomy rate, and 100% breastfeeding. This was the 23rd facility in the US to earn baby-friendly designation and the first to be both baby-friendly and mother-friendly.

In both of these facilities it took one or more dedicated individuals – "champions" – who really believed in the Mother-Friendly Initiative to bring the staff along, and hard work by many people to create and provide the required documentation.

Congratulations to NNMWHBC and Three Rivers, and also to the dedicated Designation Committee for achieving this milestone!

President's Letter

Dear Friends,

The last few months have been very busy, and I imagine this is true for most of you, too. Whether you are home with babies and young children, or juggling paid work and family, and maybe actively advocating for midwifery as well, we all still need to stop and breathe, take care of our selves, smell the spring flowers, and enjoy our families! CfM's "motto" is Family First. This helps to keep us reminded of the underlying reason for advocating for midwifery in the first place, and hopefully helps guide our decisions and choices when family needs and midwifery opportunities might conflict, as they sometimes do.

Family First also means that sometimes deadlines are not met, or projects or tasks are postponed till later. Your CfM Board members are regular people; we are coping with outside jobs, young children, active teenagers, and/or aging parents with health challenges. Sometimes it is hard to juggle everything ... to find balance. Sometimes it means letting go of something we had planned to do, or getting it done later (like this newsletter). In spite of

everything, however, we keep moving forward, proving again that getting something done is definitely better than giving up and doing nothing!

Accomplishments

You'll read about some of CfM's accomplishments in this issue. Among other things, we initiated a multi-organization response to ACOG's press conference in December (page 7), CfM's Secretary Michelle Breen represented CfM with an information booth at a March of Dimes conference in Chicago (page 8), and I represented CfM at the annual conference of the Coalition for Improving Maternity Care (page 4).

Website Additions

Another big accomplishment is our website <www.cfmidwifery.org>. Since the new design of the site was posted in January, CfM's Vice President Paula Mandell and our web master Montané Hamilton have continued to put in many hours to further develop the site and add new features.

Several recent additions make the site more user-friendly. It is now possible to become a member of CfM (or renew your membership) on-line, using PayPal. Two search methods for our website's resources have been added: you can now type in a word or phrase for an automated search, or choose from a topic list, which also makes it easy to browse and discover what is on the site. Another new feature is our Calendar of Events page, with listings of conferences and other events that may be of interest.

Behind the scenes, Montané has worked his cyber-magic so that we can very easily and quickly add resource items, update state pages, and input new calendar listings. In the coming weeks and months we plan to "fill in the gaps" and add many new items. Please email or call if you have information or resources that you think should be part of our website, and, as always, keep visiting!



Guidelines for Quoting, Reprinting and Adapting CfM Literature

The Midwives Model of Care Definition

Any number of state midwifery and midwifery advocacy organizations include the Midwives Model of Care definition in their literature and newsletters, and on their websites, which is wonderful! However, in not all instances has this item been updated to reflect recent changes. The title has changed from "Midwifery ..." to "Midwives..." and it is important to include the copyright line correctly. Understandably, it is a challenge to stay on top of changes and keep things up-to-date. However, a key component of effective advocacy is to have a consistent message, so presenting the "Midwives Model of Care" correctly is important.

Please check your state's literature and website, and make sure the definition and copyright line are just as they appear in this *CfM News* (page 7) or on the CfM website: <www.cfmidwifery.org/mmoc/define.asp>. If you notice the definition presented or published incorrectly anywhere, please let CfM know, and if possible, communicate with whomever is responsible. We are interested in the definition being presented consistently and correctly.

For more information about publishing the Midwives Model of Care definition, and using the MMC logo, please refer to *CfM News*, Fall/Winter 2001-2002, or visit our website at http://www.cfmidwifery.org/mmoc/define.asp.

Reprinting and Quoting

People who wish to reprint an article or part of an article from the *CfM News* are welcome to, but please properly credit Citizens for Midwifery. This should include the title, the author and the source; URL and date for a web-published item; standard citation for published item; standard citation for published items including publication name, date and volume number. While not essential to obtain permission to reprint, we would like to know when CfM material is being reprinted. It is in your interests to contact CfM, since in most cases we can provide you with an electronic file of the item.

In some cases you may want to quote a phrase or sentence or more, or you may want to summarize or briefly state the essence of a longer piece. In those situations, you should

also specifically credit the source of the quotation or ideas. Not only is that the right thing to do, but it also means that interested readers will be able to find and read the original article.

Citizens for Midwifery is delighted for our literature to be quoted and reprinted.

After all, our goal is to "get the word out!" In addition, to grow and to be effective, Citizens for Midwifery needs to be known; using proper citations and giving credit appropriately also helps build CfM's name recognition and stature.

Coalition for Improving Maternity Services (CIMS) Annual Meeting

By Susan Hodges

I had the pleasure of representing Citizens for Midwifery at the annual meeting of the Coalition for Improving Maternity Services (San Jose, CA, February 22-24 2002). CIMS (pronounced "kims") is best known for producing the evidence-based document *The Mother-Friendly Childbirth Initiative*, which Citizens for Midwifery has endorsed. Previous annual meetings were working sessions that focused especially on the development of a

process by which birth services that meet the requirements can be designated "Mother-FriendlyTM." In contrast, this year's meeting included informative workshops and was highlighted by the official announcement of the first two birth services to be designated "Mother-Friendly" (see page 1).

The sixty participants included individuals well known in the midwifery world, as well as leaders in breastfeeding advocacy,

The following is from the brochure CIMS Coalition for Improving Maternity Services, published by CIMS. For information on obtaining copies, contact CIMS at 888-282-CIMS or <cimshome@mediaone.net>.

Principles of the Mother-Friendly Childbirth Initiative:

- Birth, a NORMAL, natural and healthy process
- EMPOWERMENT of the birthing woman and her family
- · AUTONOMY of every woman to access information and make decisions
- First DO NO HARM, the guiding principle for caregivers
- All individuals and institutions have RESPONSIBILITY for getting and giving evidence-based care

These principles of the MFCI incorporate the following guidelines that support, protect and promote Mother-Friendly maternity services.

Mother-Friendly Birth Centers, Hospitals and Home Birth Services:

- Offer women unrestricted access to their choice of birth companions, skilled labor support as well as access to professional midwifery care.
- 2. Disclose information about their practices and maternal and newborn outcomes.
- 3. Provide culturally sensitive and responsive care.
- 4. Encourage women to move freely and assume positions of their choice during labor and birth.
- Collaborate and consult with other care givers and agencies involved with mothers and babies.
- 6. Refrain from procedures or restrictions that are unsupported by scientific evidence.
- 7. Educate the staff in non-drug methods of pain relief and do not promote drugs and anesthesia for normal birth.
- 8. Encourage mothers and families to breastfeed, hold, touch and care for their babies to the extent their babies' condition permits, including sick or premature infants.
- 9. Discourage non-religious circumcision of the newborn.
- 10. Support the Baby-Friendly Hospital Initiative guidelines to promote successful breastfeeding.

Download the complete "Mother-Friendly Childbirth Initiative" and "Ten Steps of Mother-Friendly Care" in PDF format for FREE at <www.motherfriendly.org>. The complete document is available on paper, and also in a consumer-friendly version (Having a Baby? Ten Questions to Ask) and in Spanish. A packet describing the designation process is also available. Contact:

CIMS National Office, PO Box 2346, Ponte Vedra Beach, FL 32004 888-282-CIMS or 904-285-1613 or Fax 904-285-2120 www.motherfriendly.org or email cinfo@motherfriendly.org

professional doulas, and childbirth education, and others. What an honor to be in the company of people like filmmaker and author Suzanne Arms (Birthing the Future), Dr. Patricia Burch (*Physicians for Midwives*), anthropologist and author Robbie Davis-Floyd (Birth as an American Rite of Passage), midwife and author Ina May Gaskin (Spiritual Midwifery), author Henci Goer (The Thinking Woman's Guide to a Better Birth), Jay and Margie Hathaway (the Bradley Method), Jan Tritten (Midwifery Today) and Roberta Scaer (the visionary for CIMS). Other participants may not be as well known, but are wonderful women who have hugely contributed to the day-to-day work of CIMS as well as putting the designation process into action. These especially include CIMS Chair Barbara Hotelling, CIMS Co-Chair Deborah Wooley, the Designation Committee Chair Carol Davis, and CIMS Executive Director Rae Davies, each with credentials and accomplishments too numerous to include here.

The Council Meeting on Friday included reports from committees and a general review of CIMS work and progress during the last year. The news that two facilities in the pilot program had achieved Mother FriendlyTM designation was very exciting! As always, financial needs are ongoing; a goal was set and pledges came in during the weekend.

Saturday and Sunday sessions included sets of concurrent workshops. Choosing was a challenge! I learned lots of fascinating new information and ideas. I'll share some of the high points here.

While Henci Goer addressed induction and Ina May Gaskin discussed homebirth and the MFCI, I went to "Integrating Mother-Friendly/Baby Friendly Practices on a Global Scale" with CNM Mary Kroeger, International Committee Chair. Mary, who has international experience in every setting, made a good case for the globalization of the MFCI.

The US has exported our way of birth all over the world (C-section rates of nearly 40% in Brazil and Mexico, as high as 90% in urban hospitals, for example). With the MFCI maybe we can be part of the cure. A challenge will be to keep the concept intact while making appropriate adaptations to fit the huge variety of economic and cultural situations found around the world.

As part of breastfeeding advocacy, Mary is working to have the MFCI integrated into

UNICEF and WHO promotion of Baby-Friendly (one part of the MFCI). People who work with breastfeeding are very aware that childbirth practices and interventions, including drugs and technology, interfere with the ability of babies to suck, although this is one of least researched areas in perinatal care. Every August the World Alliance for Breastfeeding Action < www.WABA.org.br > holds World Breastfeeding Week (widely observed around the world, though not much in the US). This year's theme is *Breastfeeding*: Healthy Mothers and Healthy Babies, a theme that points out the need to address the care of mothers (including birth) when promoting breastfeeding. Mary reported on her work to get the Mother Friendly concept into the literature for Breastfeeding Week. As this newsletter goes to press, we have learned she was successful; read the brochure text including Best Practices for Normal Birth at <www.waba.org.br/wbw2002.htm>.

The next workshop was a combined session with Robbie Davis-Floyd on *The Role of CIMS in the Alternative Birth Movement:*Keeping Open the Spectrum of Choice and Suzanne Arms on Shifting the Paradigm for Birth. Robbie presented the idea that besides the Technocratic model of birth (on one end of the spectrum) and the Holistic model (on the other end), there is a third, middle, choice, the Humanistic model, essentially a humanization



CfM President Susan Hodges with Mary Kroeger, CNM, and CIMS Chair Barbara Hotelling, discussing the globalization of "Mother-Friendly." Photo compliments of Debra Pascali-Bonaro

of the technocratic model. Robbie argued that this Humanistic model has the best chance of succeeding, and that the MFCI holds a space for both the Humanistic and Holistic models. Suzanne followed, contending that transforming childbirth requires a paradigm shift, a paradigm being a set of beliefs or a way of perceiving the world and one's place in it. Suzanne contends our paradigm's core value

is safety with total comfort and ease. This has had enormous implications for childbirth and has lead to traumatic effects on babies, mothers and families for at least three generations. For example, an epidural does not just take away pain, it changes everything for the mother and baby, and negatively affects the

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CfM, CIMS and BirthNetworks

By Susan Hodges

CfM promotes the Midwives Model of Care (MMC), and CIMS promotes the Mother-Friendly Childbirth Initiative (MFCI). I have come to see these two documents as two manifestations or descriptions of essentially the same concept – a model of supportive, respectful, maternity care based on normal, natural childbirth. The MFCI is a more quantitative description, while the MMC captures qualitative aspects. It is hard to imagine achieving either description without pretty much fulfilling the other, and both really evolve from the model of natural childbirth at home with an educated and competent attendant - without that model neither document could have been articulated.

In a kind of parallel development, CfM has encouraged the development and activities of *friends of midwives* type organizations to advocate for the Midwives Model of Care,

while several birth network groups have sprung up around the MFCI concept. The BirthNet groups tend to be focused mostly on public education, and may bring together a whole range of maternity care providers (doulas, midwives, lactation, childbirth educators, massage therapists, etc.) to offer information to the public. Several of these groups also use the Midwives Model of Care. For example, the Albany, New York, based BirthNet has a brochure that states: "Motherfriendly care incorporates the Midwives Model of Care, which treats birth as a normal, natural event, provides personalized care, and sees women and their partners as individuals." BirthNet focuses on public education, but works closely with New York Friends of Midwives, a group that focuses more on improving the governance of direct entry midwives at the state level.

I want to encourage more friends of midwives type groups to promote Mother-Friendly along with the MMC, and the birth network groups to likewise include the Midwives Model of Care along with Mother-Friendly focus. Both Mother-Friendly and Midwives Model of Care have an important meaning, as well as being catchy "message" phrases that lend themselves to advocacy work. The measurable approach and designation process of the MFCI will catch the imagination of some people, while the MMC description will attract others – the two together are a winning combination!!

Birth networks as well as midwifery advocacy groups are welcome to share their experiences, resources and achievements in the *CfM News*!

(CIMS continued from page 5)

development of the human potential of that baby. What if the paradigm was to maximize human potential? The MFCI is a first step.

The last workshop I attended was about the Maternity Center Association (see their website at <www.maternitywise.org>). The presentation was made by CIMS Fundraising Chair Debra Pascali-Bonaro, a doula trainer from New Jersey, who organized free maternity care (including chiropractors, massage therapists, etc.), for pregnant women who had lost their husbands in the 9/11 disaster.

The MCA was established in 1918, was the first out-of-hospital birth center, and has focused on education, advocacy and natural childbirth, especially for low-income families. The MCA increasingly is focusing on closing the gap between evidence and actual patterns of care, reflected in their website as well as other projects. Good news: by mid-May the entire text of A Guide to Effective Care in Pregnancy and Childbirth by Keirse et al will be on the MaternityWise website. The MCA organized a Symposium on the Nature and Management of Labor Pain at the New York Academy of Medicine, and the commissioned papers will be published April 15 as a supplement to the American Journal of Obstetrics and Gynecology. Among other reports, it was found that confidence in ability to handle pain improves that ability, and that doula care reduces the length of labor (and has many other benefits).

Yet another MCA project is their *Listening to Mothers* survey, being conducted by Harris Polls. The survey items, devised by MCA, include questions about involvement in decision-making, prenatal tests, intranatal interventions, and more. This is the first national study of this kind, acknowledging the importance of the consumer perspective. The results will be presented in a special forum in New York on October 24, 2002. In addition, MCA is working with a PR firm to get great media coverage for these projects (keep your eye on 20/20 programming this spring!). In

the meantime, the development of the Maternity Wise website is ongoing.

Saturday evening began with Henci Goer, Ina May Gaskin and Robbie Davis-Floyd on The VBAC-lash: Lies, Damn Lies, and Statistics. Henci, the "Birth Guru" for ivillage.com's Parents' Place, thoroughly critiqued the infamous VBAC study published last summer by the New England Journal of Medicine (see CfM News, July 2001). She also brought up the considerable risks that accumulate and increase with each additional c-section, a factor that is rarely mentioned. Robbie Davis-Floyd explained the role of csections and other OB practices as ritual, which is patterned symbolic enactment of beliefs and values. Ina May pointed out how having a baby does not work well with lots of people looking on. She also had several examples of physician practices (in Europe and Australia) with outcomes and c-section rates similar to those of The Farm (around 1.5 % csection rate), proving that this can be done. And finally, she brought up the problem of sutures: the newly popular single layer sutures have five times the rate of uterine rupture as double layer sutures.

The evening ended with the awarding of Mother-Friendly™ designations to the Northern New Mexico Women's Health and Birth Center and the Three Forks Community Hospital Birth Center! (see page 1). This was a wonderful validation for the whole concept of Mother-Friendly Designation and the tremendous amount of work required to create and implement the process.

The Annual Meeting finished up on Sunday with more meetings. Committee work and planning accomplished in between the workshops was reported. Debra Pascali-Bonaro made an effective call for fundraising, with the *Ask* 25 campaign – each participant being asked to ask 25 people they know for a donation to CIMS. All donations are tax-deductible.

The CIMS annual meeting is held every year in February. Contact CIMS if you are interested in attending. №

Citizens for Midwifery has a vision:

The Midwives Model of Care is universally recognized as the optimal kind of care for pregnancy and birth, and is available to all childbearing women and their families. To achieve this vision, CfM promotes the Midwives Model of Care by providing public education about midwifery, the Midwives Model of Care and related childbirth issues, and by encouraging and supporting effective grassroots action.

Midwives in Court: Fighting Back

Besides midwifery-related cases brought by Yvonne Cryns, CPM and Valerie Runes, RN, against the state of Illinois (see previous issues of *CfM News*), two other midwives who have been investigated and prosecuted are fighting back.

Gloria Lemay, a long time and very experienced "traditional birth attendant" for home births in British Columbia, Canada, has steadfastly refused to join the B.C. College of Midwives. The College hired undercover agents and private investigators to first file for an injunction against her, and more recently to bring a case against her for contempt of court (for alleged violation of the injunction). On January 2, 2002, she was found guilty of contempt of court. Now Gloria's attorney is applying for a mistrial. Learn more about Gloria Lemay's reasons for not joining the College and the details of the court proceedings at: http://www.homebirthbc.com.

Debra O'Connor is a Washington State CNM with a private, independent home birth practice. Following a transport, the Washington State Department of Health Nursing Care Quality Assurance Commission investigated and made a restrictive order that essentially prevents Debra from practicing. The Commission concluded that Debra had "created an unreasonable risk of harm to two patients" (although no harm occurred) and practiced outside the midwifery standard of care. Debra and her attorney have filed a petition for judicial review on a number of grounds, including the disregard of patients' rights to make their own decisions about their health and the fact that the Commission did not include any out-of-hospital midwives. Read more about Debra's case and the interesting issues being raised in the Petition for Judicial Review at her website:

<www.informedbirthchoices.org>.

In addition to these cases, South Dakota midwife Judy Jones' case continues. Her attorney won some motions, so the Prosecution appealed to the State Supreme Court, which has stayed the trial until they make a ruling. As a result, the earliest the trial is likely to be rescheduled is spring or summer of 2003.

Finally, on March 1, an Ohio midwife was formally charged relating to her use of pitocin in a hospital-transport situation. Read more on page 10 of this issue.

Challenging ACOG

by Susan Hodges

Last December Marsden Wagner, MD and friend of midwifery, alerted CfM to a planned press conference being hosted the American College of Obstetricians and Gynecologists (ACOG) on December 12 in New York City. One of the planned "controversies" listed for this "special news briefing" was: Cesarean Delivery and Labor Induction: Saving babies? Or is natural better?

We knew that ACOG would likely to keep up their "elective c-sections are safe and give women a choice" propaganda, and we could not let this happen without a response. CfM President Susan Hodges initiated a coordinated response by contacting the Steering Committee (MANA, MEAC, NARM and CfM leaders and consultant Pam Maurath), other organizations (International Cesarean Awareness Network, Maternity Center Association, Coalition for Improving Maternity Services, BirthNet of Albany), and various individuals, with the idea of creating some kind of effective response.

Pam Maurath coordinated the effort of numerous people to put together a press kit presenting the "other side" of the story regarding labor induction and cesarean section.

This press kit was FedEx'd out to news contacts in New York and across the country. The press kit (fact sheets and statements) were quickly posted on the Midwifery Task Force (MTF) website <www.midwiferytaskforce. org>. Follow-up phone calls were made to key press contacts.

Pam Maurath attended the press conference and reported that ACOG spokespeople said about what we expected. (The text of the final press release can be read at http://www.acog.org/from_home/publications/ press_releases/nr12-12-01.htm>. Scroll down to find the sections on *Induction* and *When Planning for Vaginal Delivery May Not Be Appropriate*. ACOG defended the increases in inductions and c-sections by citing the flawed studies we already are familiar with.

Several of us worked together right after the ACOG event to craft a brief and succinct "press advisory" as a follow up . This press advisory has also been posted on the Midwifery Task Force website. In the end, there was very little national press coverage of the ACOG event, perhaps because there really was nothing "new." However, it afforded the midwifery community a chance to carry out a coordinated response, and we learned from the experience as well as made contact with the press on these issues.

The event pushed the Midwifery Task Force to quickly post a website. The Midwifery Task Force is the organization that originally copyrighted the Midwives Model of Care definition and has been recently reactivated. The Board now includes individuals who are active in a variety of national organizations relevant to midwifery (CfM, MANA, ACNM, APHA, etc.). While its overall goal is to promote midwifery and the Midwives Model of Care, the structure of this organization lends itself to quick and agile responses to situations like the ACOG press conference, and to coordinating broad-based multiorganizational responses.

The CfM Board is pleased to have played an important role in responding to the ACOG press conference. You can find a link to all the press kit materials on the CfM home page and also the MTF web site. These include several fact sheets and other information about inductions and c-sections that you will likely find useful when dealing with legislators and the press, and for writing letters to the editor, when these issues come up in your state or local newspaper.



The Midwives Model of Care is based on the fact that pregnancy and birth are normal life processes. The Midwives Model of Care includes:

- monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle;
- providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support;
- minimizing technological interventions;
 and
- identifying and referring women who require obstetrical attention.

The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma, and cesarean section.

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Even one person can make a difference.

If you have an idea and share it with others, pretty soon you're not just one person anymore, you're a group.

And together you can do things you never dreamed were possible.

— Sharon Rohrbach
Founder, Nurses for Newborns Foundation

StatebyState

COLORADO

On March 27, 2002, the Colorado Department of Regulatory Agencies, Midwives' Registration Program had a hearing to review, revise and approve the Rules and Regulations for direct-entry midwives. This came as a result of the renewal of the legislation legalizing direct-entry midwifery in Colorado last May.

The new rules effective on July 1, 2003, will make a change in the educational requirements for licensure. At that time those applying for registration in Colorado will have to have graduated from an accredited midwifery educational program approved by MEAC, or have obtained a "substantially equivalent" education approved by the Director of Registrations. "Substantially equivalent" education includes obtaining a CPM (including the PEP route), or other training or credentials plus a special review process.

VBACs Still Okay!

A proposed change to the rules was the restriction from attending VBAC mothers at home. This proposed change was the only rule discussed at the hearing. The Colorado Midwives Association, midwives from around the state, consumers and other professionals wrote letters, sent in statistics and appeared at the hearing to protest this change. After receiving mounds of written testimony, documentation and oral testimony, the Directory of Regulatory Agencies, Rosemary McCool, ruled to not make a change in the rules regarding VBAC. Colorado direct-entry midwives will continue to serve VBAC mothers who want to birth at home as long as they are within 30 minutes to a hospital that can perform a csection. Thanks to Susan Hodges for writing a letter on behalf of CFM and all the other midwifery advocates around the country that supported us!

Submitted by Jan Lapetino, Registered Midwife, Colorado Midwives Association, <jlmidwife@aol.com>.

ILLINOIS

In March Marsden Wagner came to Chicago to testify on behalf of Valerie Runes, RN, a former midwife, whom the state contends violated the scope of her nursing license by practicing as a Certified Professional Midwife. Dr. Wagner testified on the final day of the Illinois Department of Professional Regulation (IDPR) hearing. He explained the Mid-

wives Model of Care, and addressed whether or not Valerie's actions were indeed the practice of nursing.

Donations to offset the cost of Marsden's trip to Chicago can be sent to the office of Ken Runes. Donations should be made payable to Ken Runes, Esq., 800 W. Central Rd., Ste. 104, Mount Prospect, IL 60056, with a note on the memo line: Marsden Wagner's expenses.

Yvonne Cryns is also in need of financial assistance for her defense against a charge of involuntary manslaughter. Donations can be sent to: Yvonne Cryns Legal Defense Fund, 5703 Hillcrest, Richmond, IL 60071. Anonymous Donations for Yvonne Cryns can be sent to: State Financial Bank, PO Box 467, Hales Corners, Wisconsin 53130-0467.

The CPM licensing bill died in the rules committee this year. This means that it did not get assigned to a committee for a hearing. State Representative Mary Flowers has promised to get the bill out of the rules committee next year. Now is the time to educate your legislators about the benefits of the Midwives Model of Care and how Illinois families need state-regulated Certified Professional Midwives to assure access to this health promoting model of maternity care. For information on how to contact your legislators, call Colette Bernhard at (733) 278-8625 or <lnrplxus@ripco.com>. A CPM licensing bill definitely will be submitted again next year.

Illinois Families For Midwifery (IFFM) is hosting a midwifery rally in Springfield in the Rotunda on Wednesday, May 15, 9:00 to noon. The rally will be in celebration of International Day of the Midwife. Constituents are asked to bake M&M cookies (in honor of Mothers & Midwives) for their senator and representative. Constituents are also asked to make a five-minute appointment with their elected officials. Please try to attend. For more information, contact Pat Cole at (309) 722-3345, <colefam@bwsys.net>.

Submitted by Michelle Breen <coodaa@aol.com>.

March of Dimes in Illinois

by Michelle Breen

In February, Citizens for Midwifery (CfM) and Chicago Community Midwives (CCM) shared a booth at March of Dimes' 27th Annual Perinatal Nursing Conference,



Michelle Breen, CfM Secretary, and Sarah Simmons, CNM, Secretary, Chicago Community Midwives. The nursing toddler is Rose.

Chicago, Illinois. Michelle Breen and Sarah Simmons, CNM staffed the booth. Michelle is a Board Member of both CfM and CCM. Sarah serves as Secretary of CCM. Approximately 700 nurses, mostly from the Illinois area, attended the conference. Materials distributed included: Midwives Model of Care brochures, CfM brochures, CCM cards, CfM newsletters, Quilt Project brochures and Certified Professional Midwives brochures.

The booth was very well received by the March of Dimes staff, as well as by visitors! ❖

LOUISIANA

The Louisiana Midwives Association has submitted nominations for the Advisory Committee on Midwifery to the Governor for approval. If nominations are approved, a meeting will be called and proposed changes to the rules and regulations will be discussed. The main proposed rules changes include eliminating a physician visit during the third trimester (this is a step in the process of attempting to get rid of required physician backup) and including well-woman gynecological care in the

educational requirements for midwifery training. Well-woman gynecological care is to be included in the training, but not required for a midwife to continue practicing. The main purpose is to provide the midwife with the opportunity to have a source of income when births are low as they are now. This has been the only noteworthy activity occurring in Louisiana, but it is a very important step in regrouping and making changes to the current rules and regulation.

Submitted by Misty Richard, <rdrunr7@juno.com>, (225) 955-8262.

MINNESOTA

Legally there has been no change in the status of midwifery. Minnesota midwives can voluntarily apply for a license, but there is no penalty for practicing without a license. We know that legislation was written for the 2002 legislative session that would make licensing mandatory for practicing midwives. (The law already stipulates a CPM requirement to be licensed.) However, this year's legislative session was short, and there was no time for the bill, written by the Minnesota Board of Medical Practice, to be heard. A group of midwives is working on legislation to have the Minnesota Department of Health (MDH) regulate the practice of midwifery, a bill that would be presented in 2003. Unfortunately, the MDH does not regulate any professional occupations, and has refused to consider this when requested in other years.

A local midwife is very ill with cancer; a fundraiser in Jan Hofer's name to help pay for medical treatment has been initiated. We keep Jan in our thoughts and prayers. Minnesota Families for Midwifery and Minnesota Birth Network continue to provide consumers with information on midwifery-care. We appreciate the hardworking volunteers who donate time from their lives to promote the Midwives-Model of Care. Lastly, one of Minnesota's exemplary midwives, in terms of years of experience and quality of care, is leaving us. Laura has taken a job to teach students at Birthingway in Portland, Oregon. The birth community of Minnesota will miss her!

Submitted by Kerry Dixon, CPM, LM, <kdmidwife@aol.com>.

NEW JERSEY

Congratulations goes out to three powerful women in our fine state; First, to Linda McHale – for becoming our newly elected area MANA rep.; then to another Linda, Linda Perry Kerekes – on obtaining her Baccalaureate in Midwifery from the College of Midwifery; and last to Jessica Lawler – for graduating from Birthwise Midwifery School and passing the NARM exam to become a CPM.Both Linda P.K. and Jessica are now able to apply to New Jersey for licensure. Currently, there are no licensed DEMs in New Jersey.

Supposedly, New Jersey has recently decided to accept MEAC prepared CPMs. The revision of the CNM regulations, (which when approved by the Board of Medical Examiners [BOME] will also regulate MEAC prepared CPMs), is still in process. The revisions will be discussed on April 4 at Semmelweis in New Brunswick. We are looking forward to the 60-day period for public review.

Study group continues to meet on the last Tuesday of the month in Lakewood. NJFOM will be hosting a table with Birthwise Midwifery Care at the LLL conference (to promote midwifery) on April 6 in New Brunswick and will resume meeting on the third Wednesday of the month (April 17) in Redbank. For information on either group, please contact Joanne Gottschall at

Submitted by Joanne Gottschall.

NORTH CAROLINA

The sponsor of the House version of the CPM Bill requested it be sent to a study committee July 18, 2001. There has been no legislative action since. The legislature had an extremely tough year with the session lasting almost the entire year while they tried to redistrict the state and balance the budget. The 2002 session is a short one and our bill does qualify for discussion, but it isn't likely. Our legislators are part time, but they only had two months last year to work at their full time jobs. They probably won't discuss anything that doesn't have a huge impact on the budget.

Our primary goal for 2002 is to make friends in the Health Department and to keep the legislators aware of our existence. In January, we sent copies of an eight-page North Carolina home birth story published in *Mothering* magazine to all 170 senators and representatives with a cover letter. The letter explained how the current laws are increasing the risks to mothers because it is more difficult to find back up physicians. We plan to send a postcard every two months with a "Did you know...?" fact to all the legislators. For more information, visit <www.NCFOM.org> or email <evelyn@NCFOM.org>.

Submitted by Evelyn B. Walker, Charlotte, North Carolina.

OHIO

Midwifery issues in Ohio are making headlines on the local, state and national levels. January 22,2002 was a milestone day as midwives, clients and friends celebrated the 25th anniversary of the Center for Humane Options in Childbirth Experiences (CHOICE) in Columbus, Ohio. CHOICE midwives, monitrices and doulas have been serving families for over a quarter century!

A lovely wine and cheese reception was enjoyed by hundreds of supporters who honored the accomplishments of this highly respected direct-entry midwifery practice. Among the many speeches shared that evening, House Representative Diana Fessler surprised Abby J. Kinne, CPM and Executive Director of CHOICE, by presenting the nonprofit organization with a Certificate of Special Recognition from the Ohio House of Representatives. The award commended CHOICE for "providing, safe, family-centered, natural alternatives for childbirth" for the past 25 years. It was a night to remember for all in attendance! For more information about CHOICE see < www.CHOICE midwives.org>.

Synchronicity flowed on January 22, 2002, as the first Independent Direct-Entry Midwifery Bill was introduced into the House of Representatives of the State of Ohio that very same day. House Bill 477, sponsored by Diana Fessler (a former direct-entry midwife herself and now a legislator), attempts to establish a Midwifery Board to license independent direct-entry midwives in the State of Ohio. As written, HB 477 creates a Midwifery Board of direct-entry midwives and consumer representative to license direct-entry midwives in Ohio. HB 477 also recognizes and legitimizes non-licensed midwifery in the state.

HB 477 was assigned to the Commerce and Labor Committee on January 23, 2002 and further assigned to sub-committee on February 26, 2002. First proponent testimony of the bill was heard on March 13th in rooms that overflowed with midwifery and home birth supporters in the Statehouse in Columbus, Ohio. Further testimony will continue after the scheduled spring break of the House of Representatives. As expected, the Ohio Medical Board and the Ohio Nursing Association have issued opposition position statements to HB 477 citing that direct-entry midwives should meet the same educational criteria as Certified Nurse Midwives.

Midwife Charged

Another "first" in Ohio: On March 1, 2002 Mennonite direct-entry midwife, Freida Miller (Millersburg, Ohio) was formally charged for (1) practicing medicine without a license, (2) possession of dangerous drug for sale, and (3) sale of dangerous drug. The three felony charges evolved from a hospital transport for postpartum hemorrhage in which Freida informed the attending OB/GYN that she had administered pitocin and methergine as a course of postpartum care to control the bleeding. The mother was treated and released after a D&C was performed.

Charges were filed by the Holmes County Prosecuting Attorney at the conclusion of a grand jury investigation, which subpoenaed the birthing family to answer questions. After the formal charges were filed and Freida was "booked", she was released to continue her midwifery practice after agreeing not to use restricted pharmaceuticals in her practice.

At Freida's March 11th arraignment at the Holmes County Courthouse in the heart of Ohio's Amish country, over 300 supporters overflowed the courthouse in support of Freida and her past 17 years of midwifery service in attending almost 2,000 births. After pleading "not-guilty" to all three charges, Freida left the courtroom to be surrounded by the hundreds of supporters who filled the courthouse with 20 minutes of prayer and hymn singing in support of this highly respected midwife. Freida is scheduled for pretrial on June 4, 2002.

The pace for legislation and litigation is fast moving and ever changing. Updates on HB 477 and Freida Miller's legal battle can be obtained at the Ohio Friends of Midwives website at <www.OFOM.org> or at the Ohio Midwives Alliance website at <www.OhioMidwives.org>.

OKLAHOMA

Governor Frank Keating of Oklahoma signed a Proclamation establishing May 5 as Midwives Day. The Midwives in Oklahoma would like to invite ALL Midwives and Midwifery supporters to attend a luncheon celebrating Women!

We would hope to unite this day May 4, 2002 at Holdenville, Oklahoma. Traditional Midwives, Certified Nurse Midwives, Certified Professional Midwives, Lay Midwives, Church Midwives, Doulas, come celebrate our life's work as we gather together!

Submitted by Gail Brown, CPM, President of Oklahoma Midwives Alliance, <OKMidwife1@juno.com> or (405) 379-5918.

OREGON

LMs Can Use Certain Drugs

Oregon Midwives, during the last legislative session, passed Senate Bill 730, which authorizes midwives to purchase and administer specific regulated drugs. After passage of the bill the Board of Direct Entry Midwifery had to go through some Administrative Rule changes, which were recently passed and incorporated.

The new rules require an endorsement to the midwife's license after completing 40 hours of additional training. Initially this training and endorsement will be voluntary but as of April of 2004, the additional training will be mandatory for all licensed midwives.

Some of the drugs included in our endorsement are xylocaine, pitcocin, methergine, and erythromycin ointment and vitamin K. These are big changes for Oregon midwives, as previously midwives had to obtain a prescription from a physician who was overseeing the administration of the medication. Needless to say, this process was not working well. While the rules were open there were some other changes, which will also be a positive move for midwives in Oregon.

Oregon midwives are still in the process of a large-scale audit involving every licensed direct entry midwife in the state. Details are unavailable as the audit is still in process. We have been busy fundraising and one of our local midwives and her "mom's group," presented the *Vagina Monologues* and raised over \$9,000 for the Oregon Midwifery Council. Hooray to all involved.

That is the news from Oregon! Submitted by Abigail Hoffar.

TEXAS

Medical Association Problems

The Texas Midwifery Program is a part of the Professional Licensing and Certification Division of the Texas Department of Health (TDH). The Texas Midwifery Board appointed a Rules Revision Committee in April 2000 to review the "Midwifery Practice Standards and Principles." This committee met monthly and proposed new rules, which respect the Midwifery Model of Care as well as the consumers' rights to choose. These rules went through the publication process for public comment. During that time, comments were received from many members of the public in support of the proposed new rules. Comments were also received from medical organizations in opposition.

In June 2001, the Midwifery Board addressed the comments received, modified proposed new rules as they believed appropriate, and prepared to forward the rules to the Board of Health for final approval. However, various medical associations and one TDH employee complained that they had not been properly included in the process. The Midwifery Board made the decision to postpone final adoption of the rules and instead, receive additional input from these organizations.

A new Rules Revision Committee was convened, which included many of the members of the original committee, and public interest members, and representatives from five medical associations. The majority of the new committee desired to continue to work on the proposed new rules. The Texas Medical Association members strongly objected and wanted to begin with the current rules, rejecting the work done the previous year.

In a letter to the Midwifery Board dated November 9, the Texas Medical Association, along with all other medical associations involved in the rules revision process except for the Texas Nurses Association, withdrew from the Rules Revision Committee and stated that they intend to oppose the rules if they are presented to the Board of Health.

However, Ted Held, representing the Texas Medical Association, returned to the table for the most recent meeting in March. He abstained from every vote (still not giving any support of the proposed rules) and the rest of the committee approved the proposed rules. (Please see the full report on the ATM website for more details <www.texasmidwives.com>.

The Rules Committee will meet one more time in April before submitting the proposed rules to the Midwifery Board. Once the Midwifery Board has approved the proposed rules, they will be sent to the Board of Health for approval for publication and public comment.

Remember May 5 is Internatinal Midwives Day!

Texans for Midwifery has shown overwhelming support of the new proposed rules. We hope to go before the Board of Health and show even stronger consumer support. We encourage ALL midwifery supporters to visit the ATM website for continued updates and suggestions on how you can help us.

Submitted by Beth Overton, <beth@texas-midwife.com>.

VIRGINIA

Five Legislative Bills!

Virginia Birthing Freedom propagated five separate bills and one resolution for our General Assembly to consider this year. Had we gone crazy? ... pretty close! There was, however (at least in theory), a method to our madness.

Our previous sessions' midwifery bills had been criticized for the various structures for regulation that they would have created. We want to avoid giving regulatory authority to the Boards of Medicine or Nursing. We would prefer that, one way or another, the

Board of Health would continue the regulatory mandate that they have held since 1918. Last summer we solicited input from both the Department of Health (VDH) and the Department of Health Professions (DHP) to come up with an approach that would satisfy their collective bureaucratic priorities and preferences. Several meetings were held. The DHP declined to participate after the first round, and only VDH officials, who want any future mandate to be given to DHP, attended the rest of our meetings.

As the 2002 session neared with no specific administrative guidance in sight, our patron agreed that we should present more than one option. For the first time, we drafted a bill that would give the mandate to the Board of Medicine, but with strong language to safeguard professional autonomy for the midwives (CPMs). A second alternative similarly instructed the VDH to regulate CPMs, and the third simply exempted CPMs from the current prohibition. The committee defeated the first two on 12-10 votes – closer than ever, but no cigar. Option three died with only three yes votes.

On a temporarily brighter note, two weeks later the same committee voted 16-5 in favor of a resolution asking the Board of Health Professions to produce specific recommendations for (or against) the presumed need to regulate independent midwives. The measure sailed through the full House on an 86-11 vote, only to be slammed down by a curiously small quorum of the Senate Rules Committee. A thick odor of Virginia Medical Society lobbyists may have kept most of the senators out of the room. Several walked in and took their seats immediately after the issue had been laid to rest.

Meanwhile, after the procession of medical monopoly advocates who have lined up to lie against midwifery over the years, I wanted to see a bill that would balance the discussion. The urge to debate the relative safety of child-birth in the same room where we've heard so many trumped-up tales about the risks that midwifery poses to "safe childbirth" was too great to ignore for another year, and misoprostol (Cytotec) abuse was a worthy

vehicle for that debate. Then the question was whether to confront elective interventions in general, or stick with the plain and sharp questions surrounding Cytotec. I opted for the latter, hoping that it would naturally raise the broader questions, which it did. I personally lobbied the Cytotec bills for several weeks ... one bill having miraculously turned into two in the scuffle over Cytotec only vs. induction or drugs in general. The "re-merged" bill that was finally heard was a one-paragraph requirement to disclose to patients the warnings and contraindications for Cytotec induction. That bill was "carried over" to 2003 on a 21-1 vote.

The weeks leading up to that vote were more gratifying than any I've ever spent lobbying for midwifery. Many delegates and staffers were deeply concerned by the issue. In the end, the majority seemed convinced that the epidemic rate of induction was even more compelling than the utter lunacy of choosing Cytotec as the drug of choice. The OBs' claim that Cytotec was only rarely used for induction and augmentation was refuted by Ina May Gaskin and by a young RN who stood up and stated that Cytotec induction was not rare, but routine in the local hospital where she works.

Now we have a summer and fall to finish educating a few supportive and concerned legislators. I'm hopeful that we will have a comprehensive bill requiring informed consent for elective obstetrical interventions in 2003. We've opened up concerns about all 95,000 births that occur in Virginia every year, not just the 500 or so that occur out-of-hospital. Maybe these concerns will help to illustrate the appeal that midwifery holds for a small but ardent minority of home birthing women.

I'm running out of room to describe the way that the abortion factor played into this, or the effect that it has had on VBF's attempts to build alliances with various advocates of women's rights. I'll leave you to imagine how a similar scenario might play out in your state, and offer to correspond with anyone who's curious. I'd also like to share info about our other plans that include a benefit concert and a VBF Initiative. You can visit <a href="www.VBFree.org or contact me personally at <Steve@VBFree.org>.

Submitted by Steve Cochran, Virginia Birthing Freedom. www.VBFree.org>. **

What I Will Do to Have the Birth I Want

By Ginger Swazey

My family and I live a rural life in central New York, in the western part of the Adirondack Mountains. I am pregnant with my third baby, due next August. After an unpleasant hospital birth for the first, I found a midwife to help me with my second at home. Now I want to have another home birth with the same midwife, but she no longer practices in New York. In fact, direct entry midwives can no longer practice in New York State without facing prosecution, so there are almost no home birth midwives left here. Therefore, my family and I are planning to go all the way to Vermont a few days before my due date, so I can have a natural "home" birth with "my" midwife, who is now licensed and practicing legally in Vermont, just across the border from New York.

New York State has taken away from its citizens the ability to make choices for themselves and their families. In rural areas where there are not necessarily quality hospitals (some with C-section rates of 30% or more) or the availability of CNMs that will do homebirths, the loss of direct entry midwives has been profound. Direct-entry midwives continue to practice, but must do so in secrecy and often now without the assistance of a back-up physician. Most have simply stopped practicing their life calling, moved out of state, or become CNMs working in group practices under the employment of a physician, still restrained from practicing in the tradition of homebirth.

This leaves those women in New York state who want to give birth at home limited options. It is difficult to find one of the VERY few DEMs that are still practicing, because they can't exactly advertise in the local paper. Some women choose to birth unattended, an option I am sure the legislators would like to know they have actually encouraged.

Still others, myself included in this group, must actually look out of state for care. In this I am compromised, as I cannot be in the comfort of my own home. My family and I must take two weeks out of our lives to travel to Vermont and wait for the arrival of labor and the impending arrival of our newest family member. We must set aside money to pay for this, as we are anything but rich, not even middle class, and not even close. But I can be in the comfort of a rented cabin, with my loved ones around, and the knowledge that a midwife who believes in birth, not as a medical event, but as a family event – a belief that birth is safe, unless proven otherwise, not the medicalized belief that it is unsafe, is attending me. I will have a midwife that I can look to as a friend – a friend I lost due to my state's failure to value midwifery care, and a friend that Vermont now is privileged to have. I will travel to Vermont to know that hers will be the hands easing my crowning baby's head into the awaiting world.



... the beginning of a new and exciting organization... the long awaited —

Foundation for the Advancement of Midwifery

The Foundation is a new 501 (c)(3) non-profit organization dedicated to educating the general public and policy makers regarding the midwifery model of care as a quality health care option, increasing access to midwifery care and improving the quality of midwifery care. To achieve these goals, the Foundation hopes to support public education initiatives, statistics projects, leadership training, scholarships to aspiring and practicing midwives and/or comparative legislative studies. The Board of Directors is beginning the work of selecting strategic projects which will advance the Foundation's mission. We are thrilled the Foundation is now a reality and look forward to your support!

For more information, please contact:

Barbara Gentry (505) 992-1441

Foundation for the Advancement of Midwifery, Inc. 1779 Wells Branch Pkwy, #110B-284 Austin, Texas 78728

Board of Directors:

President, Ashley Kraft Vice President, Ann Sterling Secretary, Geradine Simkins Treasurer, Elizabeth Lee Barbara Gentry

Contributions to the Foundation for the Advancement of Midwifery, Inc. are tax-deductible.

Look for more information in future issues of *MANA News*!

Resources

Centers for Disease Control: National Vital Statistics Reports On-Line

Basic information and statistics about birth in the US can be useful to have on hand for fact sheets, letters to the editor, and other advocacy materials. The Centers for Disease Control website http://www.cdc.gov/nchs/nvss.htm is an important resource for birth statistics; many reports are available as PDF files on the website. The National Vital Statistics Reports (NVSR) use data reported on birth certificates, so do read carefully; some terms are defined differently than you may be accustomed to.

Here are some recent new reports you should know about:

Trends in the Attendant, Place, and Timing of Births, and in the Use of Obstetric Interventions: United States, 1989-97.

NVSR Vol. 47, No. 27. Dec. 2, 1999, 16 pp. (PHS) 2000-1120. View/download .pdf file (287 KB) at: http://www.cdc.gov/nchs/products/pubs/pubd/nvsr/47-pre/47-pre.htm.

This paper reports that 99% of births are still occurring in hospitals, that births occurring on weekdays have increased (relative to births occurring on weekends), and that induction rates have more than doubled (9% in 1989 vs. 18% induced in 1997). [Note: Volume 49 No. 1 (October 9, 2001) reports that the increase in induction has continued, up to 19.9% in 1999.]

Trends in Cesarean Birth and Vaginal Birth After Previous Cesarean, 1991-99.

NVSR Vol. 49, No. 13. December 27, 2001.
15 pp. (PHS) 2002-1120. View/download .pdf file (766 KB) at: http://www.cdc.gov/nchs/releases/01facts/cesarean.htm. From the CDC press release 12/27/01:

"A new report from the Centers for Disease Control and Prevention tracks trends in rates of cesarean delivery and vaginal births after previous cesarean (VBAC) delivery for 1991-99. The report shows that from 1991 to 1996 the cesarean rate declined while the VBAC rate steadily increased. Since 1996, trends have reversed with cesareans now on the rise and the rate of VBACs declining to early 1990 levels.

"The U.S. cesarean rate increased 6 percent between 1996 and 1999 (with preliminary 2000 data showing another 4 percent increase), after declining 8 percent between 1991 and 1996. Women in all racial and eth-

nic groups experienced the increase, however, the earlier decline was more pronounced among white non-Hispanic women.

"The VBAC rate increased 33 percent between 1991 and 1996, then dropped by 17 percent from 1996 to 1999. The dramatic increase in VBAC rates was experienced by women of all ages and for each major race/ ethnicity group."

And the latest on cesareans:

Births: Final Data for 2000. NVSR Vol. 50, No. 5. Feb. 12. 2002, 104 pp. (PHS) 2002-1120 View/download .pdf file (1.3 MB) at: http://www.cdc.gov/nchs/products/pubs/pubd/nvsr/47-pre/47-pre.htm>.

Excerpts:

- The rate of cesarean deliveries rose for the fourth consecutive year to nearly 23 percent. The cesarean rate declined steadily between 1989 and 1996 but has risen 11 percent since 1996, and is now the highest reported since 1989. Between 1999 and 2000 the primary cesarean rate was up 4 percent and the rate of vaginal birth after a previous cesarean dropped 12 percent."
- For the first year in nearly a decade, the preterm birth rate declined, from 11.8 percent to 11.6 percent of all births. The preterm rate has risen fairly steadily over the past two decades. However, the low birthweight rate (7.6 percent) did not improve in 2000."

Early Cord Clamping Website

http://www.cordclamping.com/index.htm

When we consider unnecessary medical interventions the list typically includes rupture of membranes, drugs (induction, augmentation, pain), IV, fetal monitoring, episiotomy, forceps/vacuum, and cesarean section. Seldom do we think about early cord clamping. CordClamping.com brings together all the evidence regarding the value of delayed cord clamping and the dangers and risks to the baby when the cord is clamped too early. This website provides valuable documentation for anyone working on a birth plan as well as yet another example of a "standard medical practice" that is harmful. This website definitely changed how I think about cord clamping!

Excerpt from the website: Mission Statement:

"The structural and functional integrity of the human brain is dependent on a continuous oxygen supply; lack of oxygen causes permanent brain damage. At birth, during the natural third stage of labor, placental oxygenation continues until pulmonary oxygenation is well established and until an adequate blood volume is achieved to circulate oxygen.

"The current obstetrical practice of routine premature cord clamping jeopardizes the newborn's brain by interrupting placental oxygenation and placental transfusion."

Free Materials to Promote the Midwives Model of Care!

Planning an educational event? Need professional looking presentation folders for state legislators or the local press? The following items are available to midwives and midwifery advocates **free of charge**. (Display boards are on loan and are shipped with return mailers.)

- Midwives Model of Care Press Folders and Press Packet Items
- Midwives Model of Care Postcards
- Safe Motherhood Quilt Project Brochures
- Quilt Project Brochure Display Board
- CPM Brochure Display Board
- Midwives Model of Care Brochure Display Board

Interested parties should contact Pam Maurath at <info@midwivesmodelofcare.org> or 1-866-439-4837 (toll free) to make arrangements. Please allow 1-2 weeks for shipping.

Resources cont.

LATE BREAKING NEWS: New Labeling for Cytotec

On April 17 the FDA announced new labeling (including the package insert) for Cytotec (misoprostol).

You can read the summary and the entire revised label at: http://www.fda.gov/medwatch/SAFETY/2002/safety02.htm#cytote (you will need Acrobat Reader as these are PDF files).

The new labeling removes the contraindication for use on pregnant women, recognizing both that the drug is used in abortions and acknowledging the fact that the drug is widely used by obstetricians to induce labor, despite no FDA approval. In addition, a new section "Labor and Delivery" has been added, that provides "safety information" (lists adverse outcomes and complications that have been reported, and notes some contraindications). As usual, the frequency of complications is not noted, so it would be difficult to interpret risks from the label.

The label is to include this WARNING:

"Cytotec (misoprostol) administration to women who are pregnant can cause abortion, premature birth, or birth defects. Uterine rupture has been reported when Cytotec was administered in pregnant women and to induce labor or to induce abortion beyond the eighth week of pregnancy (see also PRECAUTIONS, and LABOR AND DELIVERY)...."

Since induction is by definition NEVER an emergency procedure, there is ALWAYS time to read package inserts and gather other information. Unfortunately, even when Cytotec was clearly labeled as not OK for pregnancy, women were not adequately informed, so the new label is unlikely to have much impact. Pregnant and laboring women, and their spouses, friends, doulas, etc. may want to be especially vigilant regarding non-emergency interventions and drugs. Demand information and carefully consider risks and benefits. The most common excuse for induction is "Failure to Wait."

Fetal Death Rate Statistics Rates Increase in Illinois

Yvonne Cryns of Illinois did a bit of digging to find her state's statistics for fetal death rates, and you might want to also. She writes:

For those who collect stats and use them to educate the public, legislators, etc, the following were not on the state website, but are important when talking about relative safety of birth attendants and birthplace. I obtained them by making a simple e-mail request to the Illinois Department of Public Health website, although this is not always successful.

Any information collected by a government agency is available through a Freedom of Information Act (FOIA) request. The problem is that the request must go to the proper agency and ask for specific information; otherwise the agency may refuse to comply. Requests are frequently denied because an agency does not want you to have the information. In Illinois, our FOIA law has no teeth, so it is difficult to get info if an agency refuses to turn it over, unless you bring a civil suit in the court.

I found it interesting that the fetal death rate is increasing at the same time the state is bragging about how the infant mortality rate is decreasing. Why? The legal definition of live birth has not changed nor has the lower limit of gestational age for determining whether an unborn baby is an embryo or fetus. Virtually all of these babies were under physician care and born in hospitals with all their services and technology.

Source: Helen Ann Schmidt

In 2000, 1,352 Fetal Deaths; rate 7.3 (185,003 births) In 1999, 1,286 Fetal Deaths; rate 7.0 (182,027 births) In 1998, 1,246 Fetal Deaths; rate 6.8 (182,503 births) OEHSD/Illinois Center for Health Statistics Illinois Department of Public Health 525 West Jefferson, 2nd Floor Springfield, IL 62761

RATE = (Fetal deaths/(BIRTHS + Fetal deaths)) * 1000;

Support for VBACs http://www.vbac.com/>

"VBAC.com, a woman-centered, evidence-based resource."

"This website provides childbearing women and maternity care professionals access to research-based information, resources, continuing education and support for VBAC* (vaginal birth after cesarean)."

I found this site to be an excellent resource for information, facts, professional guidelines, and policy statements about VBACs and cesareans. Some pages are composed of a series of quotes from national organizations and recognized publications and authors, along with excellent links, while others are articles by Nicette Jukelevics, MA,

ICCE, a childbirth educator, speaker and author on cesarean and VBAC issues. Whether you are exploring the topic for yourself, trying to convince skeptical family members, or working for fair legislation or rules and regulations in your state, this website would definitely be worth exploring.

One section includes printable handouts, such as the *Patients Rights at Your Finger Tips* printable handout, from the Patients Rights Program of the Boston University School of Public Health, and found at http://www.vbac.com/pdfs/PRYF.pdf>. **

Alphabet Soup Directory

Following is a brief listing of common terms and groups whose focus includes midwives and midwifery care. Time zones are listed, along with the telephone numbers for each organization.

CfM Citizens for Midwifery

P.O. Box 82227, Athens, GA 30608-2227, (888) CfM-4880 (ET) (toll-free), <www.cfmidwifery.org> <info@cfmidwifery.org>

CIMS Coalition for Improving Maternity Services

P.O. Box 2346, Ponte Verde, FL 32004, (888) 282-CIMS (ET) (toll-free), www.motherfriendly.org <cimshome@mediaone.net>

MANA Midwives Alliance of North America

4805 Lawrenceville Hwy, Suite 116-279, Lilburn, GA 30047, (888) 923-MANA (CT), <www.mana.org> <info@mana.org>

MEAC Midwifery Education Accreditation Council

220 West Birch, Flagstaff, AZ 86001, (520) 214-0997 (MT), <www.meacschools.org> <meac@altavista.net>

NARM North American Registry of Midwives

PO Box 672169, Chugiak, AK 99567, (888) 84BIRTH (888-842-4784) (CT), <www.MANA.org/NARM> <cpminfo@aol.com>

CPM Certified Professional Midwife

(direct entry credential administered by NARM)

ACNM American College of Nurse-Midwives

818 Connecticut Avenue NW, Suite 900, Washington, DC 20006, (202) 728-9860 (ET), <www.midwife.org> <info@acnm.org>

CNM Certified Nurse-Midwife

(advanced practice nursing credential administered by ACNM)

CM Certified Midwife

("direct entry" credential administered by ACNM; also used to designate midwives certified through state midwifery organizations in some states)

DEM Direct Entry Midwife

(not a credential, designates midwives who came directly to midwifery, not through nursing)

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			information tha		
City			may find upoful	information that you or your organization may find useful.	
Home Phone		Office Phone	•		
Fax		e-mail address		You are welcome to reproduce packets for	
CfM Member?			use in your are	a.	
Packet of 25 CfM brochures (Send SASE for sample copy) Additional brochures, same order Organizing Packet, including legislative hearings			(suggested donation \$5) (our cost \$.10 each) (suggested donation \$5)	\$ \$ \$	
and presenting testimony (about 50 pp) Public Education Packet (about 25 pp)			(suggested donation \$4)	\$	
Using the M		20 PP)	(suggested donation \$4)	\$ \$	
FOR SALE:					
	50 Midwives Model of Care brochures [] English [] Spanish			\$ \$ \$	
100 MMofC brochures (or .30 ea + shipping) [] English [] Spanish			(\$37 includes postage)	\$	
		Care (see <i>CfM News</i> 4/99)	(\$9 includes postage) (\$30 includes postage)	\$	
Midwives: A	\$				
TOTAL ITEMS ORDERED / AMOUNT ENCLOSED (Check payable to Citizens for Midwifery)				\$	

Please mail this form, with your check or money order to: Citizens for Midwifery, PO Box 82227, Athens, GA 30608-2227 Citizens for Midwifery (888) CfM-4880 info@cfmidwifery.org www.cfmidwifery.org





PO Box 82227 • Athens, GA • 30608-2227

Return Service Requested

Members, have you moved?
Please let us know of any address corrections!

If your name is not followed by a six-digit number, you are not yet a member, and have received a complimentary issue.

I originally learned about CfM from: _

Please join CfM today!



Name				
Street Address				
City	State & Zip			
Home Phone	Office Phone			
Fax	e-mail address			

Yes!

I want to help promote the Midwives Model of Care.

Please mail this form, with your check or money order to:

Citizens for Midwifery
PO Box 82227
Athens, GA 30608-2227

CfM may occasionally make its list of members available to other midwifery-related organizations. (____ I do NOT want my name released.)

Contact CfM regarding special rate when you join or renew CfM and state midwifery or midwifery advocacy group memberships at the same time.

Student	\$15	I am a (check all that apply):
Suggested	\$25*	Concerned Citizen Parent
Supporter	\$50*	Childbirth Educator Doula
Best Friend	\$100*	Midwifery Student
Guardian Angel	\$500*	Midwife (CPM CNM LM DEM)
For overseas addresses, add	\$10	Other ()
Additional donation	\$	_ *
TOTAL ENCLOSED	\$	* Your contribution is tax deductible except for your newsletter subscription valued at \$15 annually

Membership in Citizens for Midwifery: When you join CfM, you will receive the quarterly CfM News, keeping you informed on midwifery news and developments across the country. Your membership also helps to pay the costs of maintaining our toll-free hotline and of supplying information and brochures to the public. Your contribution will be used responsibly for carrying out CfM's mission. A financial report is available on request. CfM is a grassroots, tax-exempt organization meeting IRS requirements under section 501(c)3, and is composed of volunteers who want to promote the Midwives Model of Care.