Citizens *for* Midwifery news

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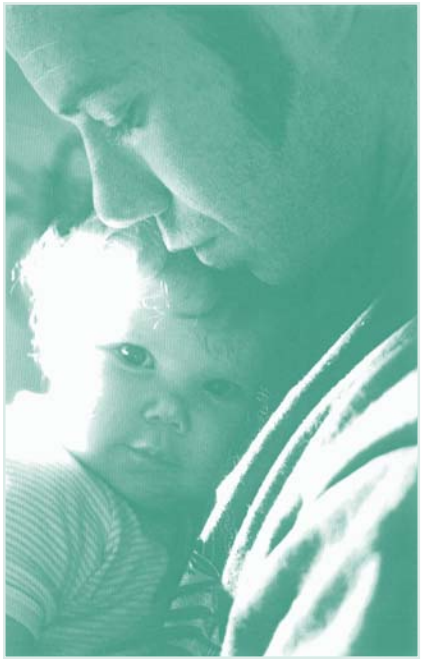

Sophia and Ben Dechter
Photo by Iris Bicksler
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Midwives Model of Care™ SUPPORTER

New Hampshire Nurse-Midwives Quit Rather than be "Physician Extenders"

By Susan Hodges

In mid-April all four nurse-midwives resigned from the Dartmouth-Hitchcock Clinic (a branch of Dartmouth Hospital, in New Hampshire) after the new medical director of the clinic made a policy that the midwives would be allowed to deliver babies of their own patients only during business hours.

The good news is that protests from local women got the attention of the clinic's management, the policy change has been rescinded, and now the CNMs are not resigning.

An article in the *Concord Monitor* (April 25) explained the background. The midwifery practice at Dartmouth-Hitchcock began eight years ago (although direct entry midwives have been practicing in the area since 1976), giving women a choice of care from five obstetricians or four midwives. The midwives attend births in Concord Hospital, and have "delivered" more than 300 babies a year, more than one fifth of the 1400 births there each year.

According to Carol Leonard, a New Hampshire Certified Midwife who runs Longmeadow Farm Birthing Center in nearby Hopkinton, the new medical director for the clinic conducted a cost analysis. She found that it would be more cost effective to limit the nurse-midwives to delivering their own patients ONLY during office hours. The midwives were told they were a financial liability! The new policy was an economic decision, ignoring the needs and expectations of women, and ignoring continuity of care, a hallmark of effective care.

Negotiation attempts were fruitless. Not wanting to be "physician extenders" and merely cheap labor, the midwives gave notice.

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Issues for Midwifery: Emerging Trends

By Susan Hodges

A number of recent events across the country, coupled with events during the last year, suggest several trends affecting midwifery and limiting access to midwifery care, from both nurse-midwives and from direct entry midwives. These trends are frustrating, but it is important to understand them so that midwives and midwifery advocates can come up with proactive strategies.

CNMs Curtailed

During the past year nurse-midwife clinics and practices have been closed or restricted at a number of major hospitals, from York, Maine to Atlanta, GA, to Austin, TX, to Berkeley, CA. CNMs with birth centers in a number of places are losing their "backup." A few weeks ago, the CNMs at Dartmouth-Hitchcock Clinic in Concord, NH, were told they could only catch babies during office hours (see page 1). As we are preparing this newsletter, CNMs at two major hospitals in New York City may not lose their jobs, but in another twist on the theme, may be "relieved" of their delivery duties – they could still "practice" but not catch any babies.

While the publicly reported reasons have varied, the underlying motivations appear to be economic. Many people don't understand why insurance companies and hospitals are not enthusiastically embracing midwifery care and even out-of-hospital birth, because it would "save money." However, by reducing the number of billable procedures (ie, interventions, including cesarean sections), or keeping childbearing women out of the hospital altogether, these

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Citizens *for* Midwifery

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
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CfM at CIMS

By Carolyn Keefe

Citizens for Midwifery is proud to be an endorser of the Mother Friendly Childbirth Initiative (MFCI) and enjoys collaborating with and contributing to CIMS projects.

Willa Powell and I represented CfM at the Coalition for Improving Maternity Services (CIMS) Forum and Meeting in February. The event was an exciting whirlwind of work and discussion on a number of topics. Unlike most conferences, CIMS meetings focus on developing ways to move the MFCI forward and involve working on particular aspects of an issue, rather than having workshops or classes. Many of the leaders in maternity care attend and their boundless passion for this issue is both infectious and encouraging.

Willa participated in the working group that began developing a designation process for homebirth services. This is really important, since natural childbirth at home is really the model for both the Mother Friendly Childbirth Initiative and for the Midwives Model of Care (MMC). (CfM takes the position that these two concepts are really two sides of the same coin.)

I was a panelist at the First Mother-Friendly Childbirth Forum and participated in both the Public Education and Public Relations committee meetings, as well as the council meetings. I learned many things about CIMS and the MFCI at the Forum – among them that CIMS has been named a United Nations Non-Governmental Organization and representatives have traveled all over the world in the past year. Also, the MFCI is helping to more closely link the birth experience with success in breastfeeding, connecting the welfare of mothers and babies together.

Part of my work with the Public Education committee included discussions about how to support the growth of birth networks. Birth networks have grown up in several communities and tend to serve the needs of those communities, so each is different. Some offer support and education to pregnant women and their families, some give perinatal professionals an opportunity to support each other, and some focus on public education – some do all three. All have endorsed the MFCI and use it to help direct their activities. Lamaze International is also seeking ways to support the growth of birth networks.

I spoke at length with representatives from other birth networks and Lamaze about statewide Friends of Midwives (FOM) organizations and the ways that FOMs and birth networks can work together to support each other where possible. Birth networks are also an option for states and areas that don't have FOMs. As the development of birth networks moves forward, I encouraged all involved to connect with CfM and recognize the value of the existing national consumer organization and the statewide FOMs.

CIMS understands the value of having local organizations and consumer advocates participating in their work, and encourages smaller, local and statewide, organizations to endorse the MFCI. In addition, CIMS is also developing tools for local professionals or organizations to begin encouraging facilities to seek Mother-Friendly designation. It is important, however, that consumer advocates stay involved with CIMS and continue to reinforce the connections between the MMC and the MFCI.

This was the second meeting for both Willa and me, and we enjoyed the opportunity to connect and work with so many people who are as passionate about improving maternity care as we are!

Update: CPM 2000 Statistics Project

The Foundation for the Advancement of Midwifery (FAM) recently made its first grant, of $15,000, to the CPM 2000 Statistics Project! A lack of funds has been an obstacle to finishing the analysis of the data (birth statistics from all CPM-attended births in 2000) and preparing a paper for publication, and this donation will make a big difference.

Publication of the CPM 2000 Statistics Project results in a peer-reviewed professional journal will provide an essential tool for midwifery advocacy, clearly demonstrating the safety and health-promoting attributes of the Midwives Model of Care. However, as FAM notes on their website, "The project is ongoing and continues to need funding, so please continue to give!" If you would like some or all of your tax-deductible donation to apply specifically to this project, please indicate that with your payment.

Donate by making your check or money order out to the "Foundation for the Advancement of Midwifery" and mailing it to the Foundation at: 1779 Wells Branch Pkwy, #110B-284, Austin, Texas 78728. To find out more about FAM, a 501(c)(3) non-profit organization, visit their website at: <http://www.mana.org/foundation/index.html>.

President's Letter

Dear Friends,

You will notice that this is an extra big combined Spring/Summer issue of the *Citizens for Midwifery News*. Between flu, family needs, and several conferences in the last couple of months, we made a practical decision to combine two issues into one. We hope you will find it doubly full of information and news!

HELP!

This spring made the CfM Board acutely aware that we have a critical need to find more committed CfM members to be involved with our work. Having a small board of five directors has benefits in terms of being able to act quickly, ease of scheduling phone calls, and minimizing costs of in-person Board meetings. However, most of the work involved with the newsletter, web site and outreach efforts are carried out by these same five board members, and we need help! The workload is growing, and it is critical that more people become involved.

Here are some specific needs:

- Reporters and writers who can work with the editor to produce finished articles for the newsletter.
- A committed volunteer with initiative, good communications skills and a little experience who could work with the Board to become editor of the *Citizens for Midwifery News*.
- Regional coordinators to communicate midwifery-related news and events happening in the states in your area.
- People willing to help develop various parts of the CfM web site, including state-by-state pages (gathering and updating information), developing fact sheets, helping to develop new information pages. Making phone calls, writing, and researching existing literature might be involved; no need for the technical part of actually putting pages on the web site.
- One or more people who could translate CfM information and help with Spanish language inquiries.

We need people who can contribute ideas, take some initiative, and follow through, but who also are willing and able to work as part of a team and with direction from the Board. Being "hooked up" to the Internet (e-mail especially) is a practical necessity. The work is all volunteer, though CfM expects to cover out-of-pocket expenses involved (long distance phone calls, for example). You will have the satisfaction of making valuable contributions to CfM's efforts while getting to know some wonderful "kindred spirits" on our CfM Board!

Are you interested? Write to us at <info@cfmidwifery.org>. Let us know how YOU would like to be a part of Citizens for Midwifery! We look forward to hearing from you!

CfM Annual Meeting and Elections

Another year is rolling around, and it is time to plan for elections of CfM's directors and the **Annual Membership Meeting,** which will take place on **Saturday, September 20, 2003, near Chicago.** This is a good chance to meet the members of the Board of Directors, as they will also be meeting together during that weekend.

By mid-August all members of Citizens for Midwifery will receive details about the Annual Meeting as well as a ballot and voting information. You do not have to be present at the Annual Meeting to vote; you can mail in your ballot or you can bring it with you to the Membership Meeting.

Are you interested in serving on the Board of Directors? Do you know someone who might be? Please contact us to find out more about serving on the Board and how to get involved!

CfM at Conferences

During the first two weekends of May I represented CfM and gave presentations at two conferences. Being a keynote speaker at the MANA North Atlantic Region Conference was an honor and a pleasure. I spoke about the challenges to midwifery and the Midwives Model of Care. I included ways we can all improve communication – the foundation of coordinating our efforts and working together – and ways that midwives can nurture their clients into active midwifery advocates. I explained how Citizens for Midwifery can help with these efforts, and how we need the support of more members. In addition I enjoyed getting acquainted with many of the movers and shakers – midwives and activists – in the mid-Atlantic states (NY, NJ, PA, MD, DE).

The second weekend in May I spent at the ICAN (International Cesarean Awareness Network) Conference in St. Petersburg, FL. I am still recovering from a wonderful and intense conference, and the 8-hour drive each way! I learned a great deal, and attendees let me know that my session about the "VBAC Attack and Midwifery" included lots of new information for them. I enjoyed meeting ICAN Board members, some of whom I've spoken with and e-mailed, but never met in person before. ICAN and CfM are both consumer-based organizations, and our interests overlap somewhat; I think it will be great if in the future we find ways to work together on projects and issues we have in common!

By the time you are reading this newsletter CfM Board member Michelle Breen will be representing CfM at the MANA Region 4 (Midwest) Conference on June 6-8, in Elgin, IL. The theme is "Taking Back Birth: Midwives & Families Working Together." Michelle has been instrumental in making sure that the conference includes breakout sessions on advocacy. One is a panel on "Building Advocacy Partnership: Families and Midwives Working Together," about strategies for midwives to work with their clients and advocacy organizations. Another is a panel about "Preventing and Managing Investigations and Prosecutions: Strategies for Midwives and Families," unfortunately a needed topic with which Illinois midwives and advocates are all too familiar.

Wishing everyone a wonderful summer!

Legal Trends ... continued from page 1

midwifery options may actually be money-losing proposals for hospitals. Giving birth in the hospital is widely accepted, and interventions are deemed "necessary" (consider that doctors are sued for omissions, but almost never sued for performing unnecessary medical interventions), so insurance companies generally do not argue about paying these costs. Per unit of time, specialized hospital rooms (with expensive equipment and personnel in place) are costly, but every intervention is a billable procedure that generates income for the doctor, the hospital and the insurance company. Also, when liability insurance premiums go up, obstetricians may feel they need to perform more deliveries to cover their costs. Where will they get those births? It is pretty easy to get rid of nurse-midwives – it has happened before in much the same way. Even without the details of hospital economics, there clearly are a number of economic incentives for fewer midwife-attended births and more medical interventions.

What is missing from this picture? Us! The mothers! The women who are actually having the babies, who want and are expecting midwifery care, and who ultimately are paying for the care (privately or through insurance premiums), apparently are invisible to hospital administrators. These decisions are purely economic – quality of care, continuity of care and the long and short-term outcomes for mothers and babies are not mentioned. The result: women losing access to nurse-midwifery care. The one exception so far is the New Hampshire clinic, where protests from local women (many threatening to take their families medical care elsewhere) apparently persuaded the clinic management to rethink their policy. (See page 1.) However, even in this case, the reconsideration was primarily economic, not health-based.

"Practicing Nurse-Midwifery Without A License"

A second trend is the way state governments are going after direct entry midwives. Instead of charging a midwife with practicing medicine without a license, the trend seems to be toward charges of practicing nursing or nurse-midwifery without a license. The state's rationale is that a statute for licensing CNMs automatically outlaws any other kind of midwife. This charge can be easier to "prove" because there is considerable overlap between what nurse-midwives and nurses do and what direct entry midwives do. Please read about midwives in SD, IL and AL in this issue, and midwives in CT in the previous issue. Direct entry midwives in every "alegal" state are potentially vulnerable to this strategy.

The remedy for this situation is to pass legislation that makes direct entry midwives legal; in most states, this likely will mean regulatory legislation based on the CPM credential. Of course, passing a bill is much more easily said than done, and in the mean time, the legal repercussions of midwife trials deplete resources and energy while putting a damper on direct entry midwifery practice. Illinois (see p. X) is an example where the state government has been aggressive in investigating and charging direct entry midwives, to the point where almost none remain practicing in the state today. This is a state where there is no mention of direct entry midwives (by any name) in any state statute. As aggressive state action becomes effective in reducing numbers of practicing midwives, eventually that state will have too few midwives and midwifery advocates to be effective at getting legislation passed.

What is missing from this picture? We are! ... The women who are actually having the babies, who want and are expecting midwifery care and who ultimately are paying for the care ... apparently are invisible to hospital administrators.

Vanishing VBACs

A third trend is the increasing proportion of hospitals that no longer "allow" VBACs, a result of ACOG's changing policies that disregard good evidence. In fact, the research statistics show that if the labor is not induced or augmented, especially with prostaglandins, a VBAC labor is comparable to a first time vaginal birth in risks to mother and baby.

At the same time, many obstetricians are promoting "patient choice" cesarean sections, and/or are "persuading" their patients to consent to medically unnecessary inductions and cesarean births, resulting in increasing numbers of women who would be seeking VBACs that are less and less available.

The end result is more and more profitable and "defensible" cesarean sections, and increased control of birth and birth providers by the medical profession in general and by obstetrics in particular. And what is to stop hospitals from not "allowing" any vaginal births at all?

Splitting the Mother-Baby Dyad

The fourth trend is more complex and more controversial. In simple terms, the movement to have the fetus regarded by law as a full person from the moment of conception is also undermining a woman's autonomy to make her own maternity care decisions while pregnant. This trend continues the move to separate mother and fetus, rather than consider the needs of the mother-baby dyad. This is starting to have an impact both at the state and at the federal level.

South Carolina has legislated that the fetus is a person from the day of conception, and is in the process of amending and reinterpreting existing child protection statutes to include the "unborn child." This has already resulted in charges of homicide against some mothers who had stillbirths. So far, charges primarily have been brought against women who are poor and African American, and who have used drugs. In one case, a 20-year old, very low income African American woman had a stillbirth at 8 ½ months; traces of cocaine derivative were found in her blood and in the baby. Even though medical experts testified that the cause of the stillbirth was unknown and could not be definitely attributed to the traces of cocaine, the jury took only 15 minutes to convict her of "homicide by child abuse" due to the cocaine. She is headed to jail for 12 years. (For more information on this and related cases in South Carolina, see National Advocates for Pregnant Women on the web at <http://advocatesforpregnantwomen.org/index.htm>.) Stories on "crack babies" notwithstanding, bona fide studies show that the problems for babies originally associated (anecdotally) with cocaine use cannot be distinguished from the effects of maternal malnutrition, lack of prenatal care and poverty, which also affect these babies. In fact, a mother's use of tobacco and of alcohol during pregnancy are much more harmful to fetuses than cocaine.

This appears to be the beginning of a trend toward blaming and punishing mothers for anything that might be "wrong" with their baby. The South Carolina Attorney General has made clear his intentions of investigating stillbirths and miscarriages as murders. "Not following doctor's orders," not getting prenatal care, declining any test or procedure, could

all be grounds for criminal prosecution of the mother if anything is "wrong" with the baby.

South Carolina licenses direct entry midwives, so presumably having a midwife-attended home birth in and of itself would not put a mother at risk of criminal charges. However, in other states where midwifery is illegal or alegal, the fetus-as-a-person position likely would put mothers as well as midwives at high risk of criminal charges should a home birthed baby die or have some problem for any reason. Such a position also may add difficulties for achieving legal status for direct entry midwives in the future.

This trend of splitting the mother/baby dyad is also playing out at the federal level. The Bush Administration has changed the rules that redefine the word "child" under the State Children's Health Insurance Program (SCHIP): "Child means an individual under the age of 19 including the period from conception to birth."

The SCHIP program by law is limited to low-income children, and has benefited many. However, the final rule adopted means that in key circumstances pregnant women's lives and health are a secondary consideration to those of the fetus, or are simply non-existent, according to Advocates for Pregnant Women. This is a far cry from the midwifery philosophy that what is good for the mother is good for the baby.

Editorial Comments

I don't pretend to have any easy answers! I think that the only way we will have a chance of overcoming these challenges is if we can work together. Individuals are like single twigs, easily broken, but a bundle of twigs is very resilient.

Our first challenge, collectively, is to come together, to recognize that these are challenges to ALL of midwifery and to ALL women. We need to support existing organizations (such as Citizens for Midwifery and the Coalition for Improving Maternity Services) and to encourage coalition-building throughout the childbirth/maternity care community – direct entry midwives and CNMs, pro-life and pro-choice, people of all beliefs and faiths, midwives and "consumers."

Can we all agree on the importance and validity of the "mother/baby dyad" concept, intrinsic to midwifery care, as opposed to separating the mother and the fetus as two different legal entities?

Can we all come together on the ideas that pregnancy does not end a woman's personhood and turn her into a baby-container, that the mother should be a free agent, and if the government does anything it should offer assistance, not punishment?

Can everyone, pro-choice and pro-life, come together to support the civil rights and privacy of pregnant women to choose their caregiver and setting for childbirth?

Can we all agree that the Midwives Model of Care, focused on individualized, woman-centered care, is optimal care for healthy babies and healthy mothers and should be the "standard of care" and available to all?

If we can overcome our differences on many issues and come together on key ideas like these, I believe we will then have a chance to pool resources of all kinds and create effective strategies. Keep in mind: "If it was easy, someone would have already done it."

Midwives Model of Care™

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.

Press & Media: "How To" Resources

Few of us have any real knowledge or experience dealing with the press – handling an interview, writing an effective press release, getting in the news. Here are two fabulous resources for learning these skills.

Thank you to Colette Bernhard of Illinois for bringing attention to the press and media guides on the Families USA website <www.familiesusa.org>. "Families USA is a national nonprofit, non-partisan organization dedicated to the achievement of high-quality, affordable health and long-term care for all Americans. Working at the national, state and community levels, we have earned a national reputation as an effective voice for health care consumers for over 15 years."

Among other information and resources on their website (most concerning insurance, Medicaid and Medicare issues) are "Tools for Advocates." The "ImPRESSive" media tip sheets (for interviews, news stories, press releases, etc.) look especially good. For example, the "Drafting a News Release" tip sheet includes clear and practical information.

Thank you to Katie Prown, also of Illinois, who e-mailed about another great press and media resource on the Internet: The SPIN Project <http://www.spinproject.org/index.html>. "The SPIN Project (Strategic Press Information Network) provides media technical assistance to nonprofit public-interest organizations across the nation who want to influence debate, shape public opinion and garner positive media attention. SPIN offers public relations consulting, including comprehensive media training and intensive media strategizing and resources to community organizations across the country. We are growing the capacity of organizations to get their voices heard and do more effective media work on issues important to the future of our society."

SPIN includes in depth tutorials on all aspects of developing a media campaign, from deciding on the goal and identifying the target audience, to developing real news stories and getting them into the press. SPIN also publishes a book, *SPIN Works*, that appears to include all of the tutorials and more ($18). In addition, they have training opportunities such as The SPIN Academy 2003: In-depth media training for progressive nonprofits. Definitely check out the resources on this website!

Midwives Quit ... continued from page 1

The new policy was not compatible with midwifery care, and was completely unfair to pregnant women wanting a midwife.

In the May 11 issue of the *Concord Monitor,* columnist Hillary Nelson wrote, "In such a circumstance, it would be false advertising for Dartmouth-Hitchcock to claim it offers midwifery services. Office hours-only midwifery is not midwifery at all. If laboring women are deprived of the companionship of their midwives during labor, they are deprived of all the reasons for choosing a midwife in the first place."

> ***"Office hours-only midwifery is not midwifery at all. If laboring women are deprived of the companionship of their midwives during labor, they are deprived of all the reasons for choosing a midwife in the first place."***
> ***~ Hillary Nelson, Concord Monitor***

Quite a few women were left in the lurch. Some were planning to take all of their health care business away from the clinic and Concord Hospital, not only maternity care, but also pediatrics and family care. When a woman wants a midwife, she really wants a midwife!

Apparently the clinic heard from enough of these women to give them pause. The policy has been changed so that the CNMs can continue providing midwifery care to women in labor around the clock.

"We all took a step back and looked at the ramifications," said Cynthia de Steuben, one of the CNMs. "Everybody started talking about it again. We're very happy that we're staying."

Read the original Concord Monitor *article, several Letters to the Editor (including one from midwife Carol Leonard) and subsequent articles at: <http://www.cmonitor.com/stories/crime/2003/042503%5Fmidwives%5F2003.shtml>.*

CfM Meets with MANA, MEAC, NARM and FAM

In April CfM Board members Susan Hodges and Paula Mandell traveled to Phoenix, Arizona to meet with the Boards of MANA, MEAC and NARM in a "Joint Board Meeting." Two Board members of the new Foundation for the Advancement of Midwifery (FAM) were also present. The Boards of MANA, MEAC and NARM were holding their semi-annual board meetings over several days. Saturday morning and Sunday afternoon were set aside for all of the Boards to meet together, for the purpose of sharing information and accomplishments, identifying challenges and needs, and exploring possibilities for working together.

Photo compliments of Debbie Pulley.

What a group! MANA, MEAC, NARM, FAM and CfM Board Members at the recent Joint Boards Meeting.

Reports From the Organizations

On Saturday morning each organization gave a 30-minute presentation, including their accomplishments. Here are some highlights:

MANA has established their woman-centered process of consensus decision-making, helped FAM get up and running, and initiated networking and relationship-building with an increasing number of organizations through liaison arrangements and through participation in conferences. MANA and CfM are currently working on a joint project to develop a media response team in order to be able to respond to media in a timely and efficient manner.

A big accomplishment for NARM has been accreditation by NOCA (National Organization for Competency Assurance). NARM also carried out a new Job Analysis in 2001 that has resulted in minor changes in the requirements and tests. There are now 831 CPMs! NARM has been able to operate without raising fees since January 1999. Accountability is also a big issue for NARM. Board member Shannon Anton explained the entire grievance process and answered many questions.

A high point was the MEAC presentation, complete with a skit, humorous songs, even costumes, illustrating a typical day of phone calls to the MEAC office as well as the humorous frustrations of complying with the federal Department of Education requirements. A PowerPoint presentation gave an overview of the variety of midwifery schools and programs that are now MEAC-accredited. A big challenge for MEAC has been to actually accredit the very broad variety of programs and institutions, ranging from apprenticeship-based programs to programs with distance education components, to degree granting programs. There are now over 380 students enrolled in MEAC-accredited programs. (See box on page 7.)

Susan reported for Citizens for Midwifery. Accomplishments include the Grassroots Network, the Midwives Model of Care brochure, the website, fact sheets, free issue postcards, and networking and outreach to other organizations. Susan also pointed out

the ways that Citizens for Midwifery benefits both midwifery and midwives. At the same time, a challenge is resolving differences in priorities with midwifery organizations at state and national levels regarding regulation/legislation issues, practice guideline issues, and communication in general.

how to work together more effectively. We broke into small groups to identify weak links and obstacles that get in the way of working together, and to come up with ideas of what we might do to improve. Many ideas focused on ways to improve communications, and some challenging areas were acknowledged.

CfM Board Members Paula Mandell and Susan Hodges. Photo compliments of Debbie Pulley.

Gera Simpkin reported that the FAM board has worked very hard and accomplished much in a short time. A fundraising drive starting with the MANA conference last fall raised thousands, and FAM has presented their first award – $15,000 toward completion of the CPM 2000 project! FAM is seeking grants from other foundations as well as individual contributions and pledges (can be made on a monthly or quarterly basis).

For all of the organizations, funding is a major issue. MANA and CfM are membership organizations, so increasing the number of members is very important. NARM seeks more states to use the exam, and more midwives to become CPMs. Accrediting a very broad variety of programs is costly; MEAC has developed a new long-term business plan and is actively fundraising.

Everyone learned something from the presentations! We were amazed and appreciative at the tremendous accomplishments that have been achieved!

"Working together"

Sunday afternoon Susan Hodges and Gera Simpkins (currently serving on both the MANA and FAM Boards) led the whole group through an exercise to focus attention on how the groups are different, so we can understand

We identified the need for all of us to avoid making assumptions and to not take things personally. Both the presentations from the groups on Saturday morning and the small-group work were recognized as very valuable; people thought that future joint meetings should include these elements.

Proposals

This part of the meeting included a number of proposals, some with particular relevance. The group decided by consensus to set up an e-list of members of all five participating boards. In addition, the group decided to set up regular conference calls with at least one representative from each of the boards. These two communication tools will allow the boards to keep in touch regarding events, accomplishments, needs, proposals, etc. as they come up. Several general ideas for working together will be further developed via the e-list and conference calls.

Even though face-to-face meetings are costly, there was general agreement that such meetings are essential for these different organizations to communicate effectively and work together in a coordinated way. We worked hard, ending the Joint Board meetings with warmth and satisfaction! What a magnificent group of strong and beautiful women!!

Midwifery Education Accreditation Council (MEAC)

"I am so grateful MEAC was created for us! I needed a midwifery education that was complete in all its components, including clinical. Thankfully I learned of MEAC … accredited midwifery schools. Because of MEAC, the guesswork and legwork of narrowing my search for a school with a high standard was done. I was able to pass the NARM exam and receive my CPM after an intensive midwifery program."
~ Detrah Hele, CPM

More women and families are choosing midwives and out-of-hospital care for their pregnancies and births. They seek out midwives for their expertise and personalized care.

MEAC's mission is to promote excellent education in midwifery through accreditation. MEAC has established standards for the education of midwives based on nationally recognized core competencies, and provides a process for self-evaluation and peer evaluation for diverse educational programs. Schools accredited by MEAC are dedicated to the Midwives Model of Care.

Ten programs and institutions representing a variety of models in midwifery education have been accredited or pre-accredited, with two more in process. Each institution or program accredited by MEAC has met national standards. There were almost 400 students enrolled in these programs last year, with nearly 50 graduating each year. Some of these programs incorporate distance education as a component of their program. Some schools provide certificates and others provide degrees in midwifery education. A list of accredited midwifery schools can be found on MEAC's website at <www.meacschools.org>.

Graduates of MEAC accredited programs are eligible to take the NARM exam for national certification or state licensure in many states. The MEAC CEU Committee evaluates and approves continuing education programs and conferences for practicing midwives. MEAC will soon list these approved programs on its website.

MEAC's new email address is <info@meacschools.org>.

State by State

ALABAMA

During 2002, the reality of the legal atmosphere for direct-entry midwives in Alabama became painfully clear when a north Alabama midwife found herself charged with a misdemeanor for practicing nurse-midwifery without a license. (see box) A few other midwives continue to attend home births in other regions of the state.

In March HB 342 was submitted to the Alabama State House of Representatives and assigned to the Health Committee. This is the second attempt at legislation to recognize and allow the practice of non-nurse midwives in out-of-hospital settings. The bill would establish a Midwives' Advisory Council to provide for registration and regulation of the practice of direct-entry midwives. Midwives holding a current CPM credential would be automatically eligible for registration, with provisions that the Council could also establish criteria for other direct-entry midwives to qualify as well. Advocates of the bill have met with Dr. Donald Williamson, Alabama State Public Health Officer, to begin a dialog addressing his concerns regarding the safety of out-of-hospital birth.

Visit the Alabama Friends of Midwives (AFOM) website at <www.AlabamaMidwives.com> to find links to HB 342 as well as other information.

Submitted by Chloe Raum <chloe@AlabamaMidwives.com> and Lisa Clark <booksb4bread@mac.com>.

Alabama Midwife Karen Brock

Karen Brock, a CPM for six years, has been practicing in northern Alabama for the past 20 years. At a planned home birth in March 2002, Karen called for emergency transport, due to a uterine rupture for which the mother was not at high risk. The baby was lost, but the mother recovered. The hospital physician told the family that the outcome would have been the same even if she had been on the operating table. The situation had nothing to do with the planned home birth or the midwife.

A nurse at the hospital, however, suspected some kind of underground home birth movement, and took action to stop it. In August Karen was arrested for practicing certified nurse midwifery without a license, a misdemeanor. Only nurse-midwifery is currently recognized in Alabama. The case is on the docket for May 19, and Karen and her attorney hope eventually to have the charges dismissed.

In the meantime, Karen had 27 Alabama client families to think about. She applied for and received a license to practice midwifery in Tennessee. By renting a house just across the state line she has made it possible for these families to have a midwife-attended out-of-hospital birth, if not a home birth, in spite of the legal case in Alabama. Karen said, "I am able to leave my fear behind, knowing what I do is legal and even respected in Tennessee." Karen has not had to turn anyone away because of regulations. "I can openly be with these women and enjoy the beauty of birth without fear."

CALIFORNIA

Besides the California Association of Midwives (CAM), the state has another organization, Californians Advocating Licensed Midwifery (CALM). This is a non-profit organization of both licensed midwives and consumers whose mission is to promote the independent practice of midwifery and to safeguard consumers' rights to decide where they will give birth and who will attend them. To accomplish this goal CALM works together with other professional and consumer organizations to remove barriers to midwifery practice and access to midwifery care. CALM publishes a newsletter and has a website at <www.calmidwifery.org>.

CALM supports the professional development of licensed midwives and seeks to increase public awareness of childbirth options. For consumers, CALM is a resource for up-to-date information about legislation that affects access to licensed midwives. CALM also works to improve the public perception of out-of-hospital birth choices, improve communication between licensed midwives and physicians for optimal maternity care, and improve access to midwives regardless of insurance status or financial means.

In 1993 California passed the Licensed Midwifery Practice Act (LMPA), after a 15-year struggle. One problem has been the requirement for "physician supervision." At this time all the malpractice insurance carriers in California have told physicians that they are not to provide any consultation, collaboration, etc. to any woman planning a home birth, under threat of losing coverage the physician must have for hospital practice. Thus, most midwives cannot find a "supervisory" physician. Fortunately the medical board realizes this is not a workable situation, and with the help of various midwifery organizations is working to resolve this issue.

CALM is working with Frank Cuny (of Citizens for Health Freedom) on a project to collect reports to document harassment of licensed midwives and their clients (by physicians, hospital staff or EMTs) and instances of denial of services to women and families choosing home births. A report about these problems can be presented to the Medical Board's Midwifery Task Force as a first step in educating the task force about these problems, which ultimately cause harm to consumers. Eventually there should be a permanent mechanism within the Medical Board for these kinds of complaints to be addressed.

Over the last year the Medical Board has been working on getting a midwifery "standard of care" into regulation, but their version includes a laundry list of excluded care (VBACs, for example). California midwives and organizations have been working to provide input and come to agreement on an acceptable "standard of care." The issue is scheduled to be addressed at the May meeting of the Medical Board.

Provided by Renee Anker, LM, Chair <info@calmidwifery.org>.

GEORGIA

2003 marked Georgia Friends of Midwives' third try to get the Georgia General Assembly to pass our House Resolution to study the CPM credential. The first time, it took the whole two-year cycle to get out of Rules Committee, but a unanimous vote in the House raised our spirits. However, the Speaker never appointed the committee. We started all over again the next year, but in two years could not get the Resolution reported out of Rules. With the bill introduced again in 2003, it is again "stuck" in the Rules Committee. We are not giving up, but we may take a look at other possible strategies.

On April 21 Ina May Gaskin came to Atlanta and presented a workshop and a public talk. Both events were well-attended, bringing both new and experienced people together, including students and faculty from

Emory University's CNM program, and raising some money for GFOM and for CfM. Ina May is a wonderful story-teller and speaker, who has a lifetime of experience and learning to share in her presentations; if you have a chance to hear her, don't miss it!

ILLINOIS

Going to the US Supreme Court?

In the Winter issue of Citizens for Midwifery News *we reported current information about legal battles for two Illinois midwives. Here is the latest information.*

On February 21, 2003, the Illinois Supreme Court issued a ruling interpreting the Illinois Nursing and Advanced Practice Nursing Act, and finding that Yvonne Cryns violated this act by providing health education, health promotion, health maintenance and health restoration and CPR in an emergency. In other words, the court has interpreted this nursing statute to mean that anyone providing even basic health education is required to be a licensed nurse. The court found that when Cryns provided childbirth information to the birth parents, she violated the act. At oral argument, Diane Potts, counsel for the Illinois Department of Professional Regulation, argued before the Illinois Supreme Court that doulas and childbirth educators are violating the act unless they are registered nurses. Additionally, the Court held CPR to be prohibited by anyone but a licensed professional nurse. Thus the ruling has far-reaching implications not only for midwives, but also for a long list of professionals and non-professionals.

The next step for appealing this case would be the U.S. Supreme Court. An appeal has to be filed within 90 days of the Illinois ruling, and the fees for preparing the brief are about $6000. By the time you read this, the deadline likely will have passed. For more info (including a summary and the full text of the ruling) go to <www.HealthFreedom.us>. You can also make donations at this site.

According to Illinois attorney Ken Runes, the basis for a constitutional case would be the violation of due process from this interpretation. He writes, "The argument here in Illinois has been that invoking either the Medical Practice Act (MPA) or the Nursing and Advanced Practice Nursing Act (NAPNA) to eliminate unlicensed midwifery is a violation of substantive due process, because neither Act defines midwifery and neither puts a person of reasonable intelligence on notice that their conduct may be prohibited." In other words, if the law prohibits common acts that arguably even waitresses do (such as treating the physical condition of hunger), then it really is too vague to pass constitutional muster. The Illinois Supreme Court did not agree, but the US Supreme Court could overrule the lower court.

The ruling is also significant, because direct entry midwives in other "alegal" states are also being charged with "practicing nurse-midwifery without a license" (or similar) charges on the basis that if there is a nurse-midwifery statute that means ONLY nurse-midwives can legally practice even if direct entry midwives are never mentioned. Similar cases are pending or completed in Connecticut, Alabama, Illinois and South Dakota. This may be a trend. In Illinois, of eight Cease & Desist Orders, six were for practicing medicine without a license, but the two most recent Cease & Desist Orders were for practicing nurse-midwifery without a license.

Valerie Runes, another Illinois CPM, has two pending cases based on similar issues. One is an appeal that resulted from a second Cease and Desist Order for practicing midwifery without a license in 2001. The Illinois Attorney General has been waiting for a ruling in Yvonne's case, and is now waiting further to see if the Supreme Court will agree to consider the case. The second case is the result of a complaint by the IDPR against her nursing license, claiming she was practicing as a CNM and going beyond the scope of practice, which led to her license being suspended. She has appealed to the circuit court and attached a 1983 civil rights suit that her rights were violated; she is waiting for a response. In addition, she is seeking a restraining order against Illinois to keep the state from enforcing the nursing license suspension and the $2500 fine imposed by IDPR.

Information provided by Michelle Breen <coda@aol.com> and Valerie Runes <filerook@aol.com>.

LOUISIANA

The Advisory Committee on Midwifery, which reports to the State Board of Medical Examiners, has been meeting over the last six months, and is currently in the process of planning a meeting with the Board to go over proposed changes to the rules and regulations governing the practice of midwifery in Louisiana. At the last committee meeting it was determined that going back to the legislature to have changes made to the actual law would be a last resort because of fears of the entire law possibly being changed for the worse. Progress has been slow and frustrating, but we are still attempting to make changes.

Submitted by Misty Richard, MS, Baton Rouge Healthy Start Program, (225) 955-8262, <rdrunr7@juno.com>.

MASSACHUSETTS

With the new year, MFOM saw a change in its Board of Directors with some folks retiring after long and successful terms. Thanks go out to Jim Henderson, especially, for his untiring service to MFOM. His farewell gala was the MANA 2002 Conference, and we consumers were grateful to have the chance to mix and mingle and learn with and from the wonderful midwives of this country and the world!

The new board is focusing on local communities and grassroots projects. We are hoping to work on community outreach, including projects that allow us to work with young members of our society at middle school, high school and college level programs that will, for some, simply introduce the idea and words surrounding birth and midwifery care. We are also planning to redesign our website and reintroduce the much-missed MFOM newsletter. Stay tuned! As the new President of MFOM, I am very interested in connecting with other FOM folks who have tried-and-true ideas for outreach and ways for staying cohesive and inspired as a group! Please e-mail me at <Volkmann@attbi.com>.

Those on both sides of Massachusetts enjoyed evenings with Ina May Gaskin as she spoke about what birth truly is about and how our bodies work through the process of labor and birth. Ina May tells it like it is and she is like no other! We were thrilled to have her visit our towns and pass the good word around to all of those "in the choir" and to those on the fringes who may be just learning

about the power of the female body and the birthing process.

May 28 marks the day that Massachusetts consumers, activists and childbirth care providers should make themselves seen and heard at the Capitol! Coalition members have been hard at work submitting new language for a re-draft of the "S.611 – An Act Relative to the Board of Registration of Midwifery." This is a step-by-step process and I have been awed by the work that each and every Coalition member has put into this landmark legislation – and its not over yet! It cannot be stressed enough: It is critical that consumers and those in other professions that work with mothers, families and children make their voices heard in support of this legislation. Please check the MFOM website for updates at <www.mfom.org> or send Elizabeth Volkmann an e-mail to add your name to our e-mail update list.

Kirsten Lane, MFOM's representative to the Massachusetts Coalition for Midwifery (see <http://home.attbi.com/~pumpkin.kids/MCM/>) writes: Now, more than ever, the voices of consumers must be raised. It must be made clear to legislators that this is not merely an issue of importance to Certified Professional Midwives, Certified Midwives, and Certified Nurse-Midwives. This is a consumer issue. Those who have been cared for by the women who hold the aforementioned midwifery titles must speak out, and those who know the excellent care provided by these professionals – particularly others from the medical profession, need to lend their support. Public policies that support midwives in their efforts to further professionalize and govern themselves in terms of licensing, practice protocols, continuing education, etc. are good for moms, good for babies, and good for Massachusetts (and the whole country for that matter).

Provided by Elizabeth Volkmann, President, Massachusetts Friends of Midwives <Volkmann@attbi.com> and Kirsten Lane <kklane@comcast.net>.

NEW YORK

In March, New York Friends of Midwives (NYFOM) hosted a statewide meeting in the capital district, "Breaking Down the Barriers to Birth Options in New York" to follow-up with last November's meeting "Brainstorming the Barriers to Birth Options." Once we had identified the barriers to more midwives for more women in more settings at all stages of life, we felt one of our immediate goals needed to be coalition building.

BirthNet, an educational organization that seeks to improve maternity care for all women, presented to over 350 college students in one day. For the past three years, BirthNet has spent a day at the State University of New York at Albany (SUNY) speaking to Introduction to Feminism classes. We give the students a pop quiz about labor and birth, show Suzanne Arms' film, *Giving Birth: Challenges and Choices*, explain some of the problems women and families face within the maternity care system and alternatives, making sure to allot time for questions and discussion. The program is one of our most successful events of the year.

This Spring semester, both NYFOM and BirthNet are grateful to have enthusiastic interns from SUNY Albany that are helping to plan events on campus. So far we have had two well-attended evening events. During Sexuality Week on campus, BirthNet presented a forum about the "Violation of Women in Childbirth," where we discussed the risks of unnecessary interventions and the rights and options women have during pregnancy, birth and well-woman care throughout their lives. During Women's History Month, NYFOM presented a slide show on the history of childbirth and the campaign to eliminate the midwife in "Up From the Ashes: The Resurgence of the Midwife," which elicited lively discussion.

BirthNet and NYFOM have been working closely with each other. On April 25, BirthNet, NYFOM, and local hospital Seton Health/St. Mary's Hospital will welcome Ina May Gaskin to a day-long workshop, "Strategies for Reducing the Primary Cesarean Section Rate." Ina May will present the Safe Motherhood Quilt with press in attendance. In the evening, Ina May will attend a fundraising reception with music, wine, cheese and delectable desserts. After the reception, where she will again present the Safe Motherhood Quilt, Ina May will lecture on "Your Body Works! Reclaiming Trust in Women's Bodies During Childbirth," with a book signing to follow.

We are excited and energized for the work ahead this year!

For more information about NYFOM or BirthNet, contact Maureen at <Maureen@birthnewyork.org> or at (518) 465-5087.

Submitted by Maureen Murphy, Co-founder, BirthNet, State Co-coordinator, NYFOM.

Can Ina May Gaskin Come to My State?

Raise funds for your state lobbying or public education efforts and promote midwifery! How? Work with New Leaf Strategies to host an evening talk or a professional development workshop featuring Ina May Gaskin, author of Spiritual Midwifery and the newly released book Ina May's Guide to Childbirth. Coordination services include assistance with logistical details, promotional materials and press coverage.

Also available is a half day workshop titled "Midwfery: A Legal Perspective," featuring Suzanne Suarez, author of the Yale Review article, Midwifery Is Not the Practice of Medicine.

For more information, contact Pam Maurath of New Leaf Strategies at: (212) 665-4648 or <pmaurath@attglobal.net>.

OHIO

Freida Miller Returned to Jail

In Citizens for Midwifery News, *Winter, 2003, we reported about Freida Miller, a Mennonite direct entry midwife who was investigated and brought to trial after she appropriately transported a hemorrhaging mother to whom she had administered pitocin that may have saved the life of the mother. As part of her plea bargain, Miller agreed to "cooperate" with the authorities, but has refused to reveal her source for the prescription drug. She was jailed from October 23 until just before Christmas, when she was released on appeal.*

The Fifth District Court of Appeals denied Freida Miller's appeal of her contempt of court charge. Holmes County Common Pleas Judge Thomas White ordered Freida to return to jail on March 14 to finish out her civil con-

tempt of court sentence or give the court name(s) of her sources(s) of the prescription drugs (pitocin and methergine) she had had in her possession. Freida's religious convictions do not permit her to knowingly cause harm to someone else, and she reported to jail as ordered. She is likely to be held until the end of the grand jury's term on June 18, 2003. Once released, the Prosecuting Attorney has promised a new grand jury will be seated and another investigation called for this same issue. Assistant Prosecutor Knowling can reintroduce the same questions and send her back to jail for refusing to answer. Legal strategies are ongoing and donations are still needed.

Read detailed information on the Ohio Friends of Midwives website <http://www.ofom.org/action.htm>. Donations are needed, both for the Legal Defense Fund and for the Benefit Fund for Freida Miller, which will be used both for legal and for particular personal expenses. Information for making donations and also for sending messages to Freida can be found on the website.

Lawsuit Filed on Behalf of Parents' Privacy Rights

A $1.5 million civil lawsuit has been filed against Holmes County, Ohio, and other involved individuals surrounding the Freida Miller case. Clients of Freida's are seeking damages resulting from their confidential information being obtained without consent. They also are asking for the 5th District Court of Appeals to prompt Judge Thomas D. White to remove terms of Miller's probation relating to the release of the families' confidential medical records.

Freida's probation requires her to follow a consulting protocol in order to continue her practice. According to those terms, her files must be "reviewed periodically by the Holmes County Department of Health and ... could be reviewed at any time by the Holmes County Department of Probation, prosecuting attorney's office or defendant's counsel," according to court documents. The review includes both current and past clients and allows for disclosure of clients' personal information.

Although not part of the criminal case brought against Freida, the plaintiffs' personal medical records were turned over to the Department of Health. The lawsuit alleges "the actions of (the) defendants were/are designed to harass (the plaintiffs) based upon their beliefs and/or to attempt to force them to forego their right to pursue their beliefs through natural childbirth and/or force them to use local hospitals and physicians ... all without cause, justification or excuse."

Submitted by Pam Kolanz <ohpam@juno.com>.

SOUTH DAKOTA

On April 24 a jury found CPM Judy Jones guilty on four counts of practicing nurse-midwifery without a license, a criminal offense. The jury trial was the culmination of charges brought against Judy relating to births she attended in 1999 and 2001.

Jones used to be a Registered Nurse, but gave up her license and became a CPM. Unfortunately, even with testimony from Marsden Wagner, Ida Darragh of NARM, and others, the defense was not successful in persuading the jury that what Judy did when she attended those births was not "nurse-midwifery." The conclusion is that the nurse-midwifery statute precludes all midwives from practicing unless they are certified as a CNM. A sentencing date has not yet been set; the maximum sentence is four years in jail and a $4,000 fine. In a previous case in 1995, she was indicted on similar charges (practicing as a nurse-midwife without a license) but acquitted by a jury.

Elizabeth Avery, President of South Dakota Safe Childbirth Options, observed, "This is a sad, sad day for midwives and home birth families in South Dakota." Jones' attorney Bret Merkle knew it would be a challenging case, but it was "an issue of freedom of choice for responsible health care."

A lawsuit to challenge South Dakota's midwifery law has been filed in federal court. Also, Judy still has to deal with contempt of court charges relating to an earlier injunction. No dates have been set for any of these cases.

As always, legal defense is expensive, and donations are greatly appreciated. Checks can be made out to SDSCO, earmarked for Judy Jones' legal defense fund, and sent to SDSCO, c/o Julie Pease, 508 S. Sneve Avenue, Sioux Falls, South Dakota 57103.

Reported by Elizabeth Avery <newbirth@eastplains.net>.

TEXAS

Finally, New Rules!

After years of hard work, and many obstructions from the Texas Medical Association, the Texas Board of Health approved new Midwifery Rules and Regulations by 3 to 1 on April 3, 2003. This was a well-deserved victory for midwives and consumers in Texas, who have persisted courageously and together for YEARS to get their version of the Rules put into place. Thirty-some families attended the meeting, and after delays and nail-biting last-minute motions and questions, the Board of Health finally voted its approval. For a wonderful first-hand account of this momentous meeting, read Texas Association of Midwives President Beth Overton's letter at http://www.texasmidwives.com/rules.htm>.

VIRGINIA

In February 2003 the Virginia General Assembly passed HB 1961, which repealed a decades-old law that specifically prohibited midwives (other than certified nurse midwives) from attending births. This law made it hard for families to find a midwife to attend an out-of hospital birth. The few families who were fortunate enough to find a midwife knew that she was practicing outside the law, which could lead to all sorts of difficulties for both the family and the midwife.

Now the governor has signed the repeal of this law! We're glad that Virginia is no longer one of the states that specifically prohibit all non-nurse midwives. So now what are we? There are still laws that make it a crime for anyone to practice medicine without a license, and "practice of medicine" is defined very broadly. So is it legal for a direct entry midwife to call herself a midwife and advertise in the Yellow Pages? Can she legally attend an uncomplicated birth that requires no intervention? What if a birth does require intervention ... could she be charged with the practice of medicine for responding as she's been trained to do? And without being recognized by the state, how can insurance companies help pay for her services? Can she purchase insurance

Tennessee Gets CPM on the Birth Certificate!

Dear CfM News,

I have some very exciting news about our state, Tennessee. We (all of the midwives in the state) got a memo last month from the vital records people saying they are redoing the birth certificates. I decided to call them and ask about the CPM being put on as a check box!! After many phone calls and lots of not taking "NO" for an answer ... They said yes, they would do it!! I am so excited!!!!

Most states will be revising their birth certificate forms either this year or in the next two years. The states make every effort to coordinate the collection of information so that vital statistics can be compared from one state to another. States usually closely follow the United States Standard Certificate of Live Birth and the accompanying worksheets. You may view these worksheets at the National Center for Health Statistics (NCHS) website: <http://www.cdc.gov/nchs/vital_certs_rev.htm>. We did contact NCHS and try to get the CPM put on the national certificate, but they turned us down because of the differences in legal status in the different states.

For those of you who are in states where midwives are legal and can practice openly, your State Registrar of Vital Records is the person you would have your midwives contact to see if it would be possible for your state to add CPM as a check box on your states new birth certificate. Let's give it a try and see how many states we can get to add CPM as a check box. Let us know if you get it to happen in your state. Thanks for your help!

Carol Nelson
<cpmcnel@usit.net>

for herself? Can she help a family apply for a birth certificate, and can she provide access to newborn screening tests?

Repealing the old law lifted a barrier to the practice of midwifery ... but did we lift a barrier only to find a brick wall on the other side?! If so, even brick walls can be dismantled. Virginia Friends of Midwives is working with other Virginia consumer groups and midwife groups to keep making progress toward a new midwifery law that clearly protects home birth families, midwives, and the special relationship we enjoy together. We're working with two attorneys on how best to clarify midwives' status now that the law has changed. We're working with our elected representatives to draft a new way to officially allow all credentialed midwives to practice and attend out-of-hospital births. Visit us at <www.vfom.org> for all the details.

An important development in Virginia is the formation of Virginia Coalition for Midwives (VCM). At our first meeting in March we came up with a mission statement, "Uniting groups committed to improving access to midwives for families and communities in Virginia." The creation of the name and mission statement is a more formal reflection of the cooperative teamwork that is already happening amongst the many grassroots groups and the professional organizations in our state. Each group will continue to focus on their individual mission statements and activities, but will be involved in a loop of communication and mutual cooperation when necessary. A website will be forthcoming.

Submitted by Ellen Hamblett
<ehamblet@bellatlantic.net>.

Midwifery Options for Mothers

Midwifery Options for Mothers (MOM), one of the active groups in Virginia, continues to focus activities on their mission of education. In March, they held a well-attended focus group that looked specifically at "solutions" to the current barriers preventing positive childbirth options in Virginia. The participants were midwives, politicians, moms, public health professionals and a retired doctor. May will begin with another Focus Group in Harrisonburg, Virginia, and several "Childbirth with Midwifery" classes (taught by volunteer midwives!) have been or are being held around Virginia this Spring. In July MOM will host the second annual MOM award ceremony and fundraising dinner, and will honor two health care professionals, an obstetrician and a midwife, who offer Virginia women options in maternity care. *Birthing from Within* author, Pam England CNM, will be our honorary speaker for the evening! Please check the website for more information.

For more information about MOM or VCM, please contact Doran Richards, <dandora@rmaonline.net> or Sheryl Rivett, <pocoshar@earthlink.net>, or visit the MOM website <www.virginiamom.org>.

Submitted by Sheryl Rivett, <pocoshar@earthlink.net>.

WASHINGTON

The non-profit group, Olympia Families for Informed Choice, held a community forum "Choices in Childbirth" in April. We were blessed with passionate speakers calling for true informed choice and evidence based medicine for pregnant and birthing women and their babies. Many thanks to our speakers Penny Simkin PT, Dr. Danae Steele FACOG, Marijke van Roojen LM, CPM, Audrey Levine LM, CPM, and Mary Soberg IBCLC. Our event was a great success and a lot of fun!

We were joined by 25 information tables from local and national organization. I am proud to say that CfM was one of these incredible groups. We counted approximately 160 people (not including children). Those who attended the event ranged from young women and men who have never been pregnant to experienced families of many beautiful children. We were glad to see some care providers from the area come to support the day's purpose.

I highly suggest that you give this a try in your area. We feel that consumer demand in maternity care is vital to create positive change. If you want some ideas, please feel free to contact us via Stacey Connell ICCE, CD <staceyconnell@attbi.com>.

Resources

Citizens for Midwifery generally focuses on promoting the Midwives Model of Care by pointing out its benefits. However, sometimes it is useful to point out the shortcomings of typical hospital-based obstetrical care with its many harmful or unproven standard interventions, especially when demonstrated by real scientific studies published in peer-reviewed journals.

Review Article on Home Birth Safety

"Safety of Out-of-Hospital Birth in Industrialized Nations: A Review"
Stotland NE, Declerq, ER.
Curr Probl Obstet Gynecol Fertil 2002; 25: 134-144

Finally, a thorough and up-to-date review of home birth studies with a focus on the US. Stotland and Declerq have produced a well-written and thoughtful review of home and freestanding birth center studies that have been published from 1970 to early 2002. While the focus is on studies from industrialized nations, studies carried out in the US are analyzed together in one section of the paper. The review did not come up with any "new" information. The authors conclude that existing studies demonstrate that outcomes of planned out-of-hospital births have perinatal mortality rates comparable to low-risk hospital births, but that obstetric intervention rates (with their associated risks and morbidity) were lower for women who began labor in an out-of-hospital setting. The authors also point out that outcomes are poorer when home birth providers have inadequate training and when appropriate risk screening is not carried out.

This review is not difficult to read and understand, and would be appropriate for anyone interested in the topic, including legislative aides and physicians willing to look at the literature.

The Friedman Curve Out of Date!

Transactions of The Twenty-Second Annual Meeting of The Society for Maternal-Fetal Medicine
"Reassessing the labor curve in nulliparous women"
Zhang J, Troendle JF, Yancy MK. Am J Obstet Gynecol 2002 Oct; 187:824-8

The expectations and definitions regarding "normal" labor progress have a profound on women giving birth in the hospital, since they are the basis for medical decisions regarding a number of interventions and surgical delivery.

Studying detailed labor data from 1329 labors (nulliparous, term singleton vertex, c-sections excluded), Zhang et al examined the pattern of labor progression. They found an average labor curve that was significantly and markedly different from the well-known Friedman curve (determined by Friedman in 1955 based on observation of just 500 labors). Friedman also established definitions for labor protraction and arrest of labor that have been used widely ever since (the basis of hospital expectations of 1 cm dilation per hour of labor, and the basis for decisions to augment labor or to conclude "failure to progress" and decide on a c-section).

Zhang et al found that the active phase of labor appears to progress more slowly, lasting on average about 8 hours (compared to Friedman's average of 4.6 hours). The data showed that women enter the active phase at different stages of dilation, and that the speed of progression varies from one person to another

The key point: the authors conclude that the widely used definitions for protracted labor and arrest of labor are too stringent and should be reevaluated.

Review Supports Delayed Cord Clamping

"Current best evidence: a review of the literature on umbilical cord clamping"
Mercer JS. J Midwifery Womens Health 2001 Nov-Dec;46(6):402-14

Typically in out-of-hospital births the cord is not clamped and cut immediately, but clamping is delayed at least until the cord has stopped pulsing. In hospital-based births, however, the cord typically is clamped immediately after the birth. Mercer's review covers studies on cord-clamping timing from 1980 to 2001. Among other things, the studies show that with immediate cord clamping the newborn is deprived of 50% of red blood cells it would otherwise normally receive, as well as having lower blood volume and greater risk of anemia. Red blood cells carry oxygen to the brain and all other organs, and this can be compromised with too little blood and/or too few red blood cells. Delayed cord clamping (anywhere from three minutes to cessation of pulsing) had many benefits for newborns, both term and pre-term, including higher red blood cell flow to vital organs, less anemia at two months, and more breastfeeding.

The author found few if any risks associated with delayed cord clamping. She concludes: "There is no evidence that early cord clamping is better, and evidence is lacking regarding long-term harm from immediate or delayed cord clamping. Until we have sufficient appropriate evidence showing otherwise, it is better to mimic nature than to interfere with the intricate, complex, and only partially understood design of the physiologic neonatal transition."

For anyone having a hospital birth, this paper should be useful in obtaining an agreement to delay cord clamping for the health of your baby!

Find more articles about cord clamping at <www.cordclamping.com>.

> ***How wonderful it is that nobody need wait a single moment before starting to improve the world.***
>
> ***— Anne Frank***

Book Review: *Ina May's Guide to Childbirth*

By Carolyn Keefe

Ina May Gaskin's long-awaited new book is finally here – and it was worth the wait. *Ina May's Guide to Childbirth* (Bantam, 2003) is an extraordinary resource for so many people: pregnant women, advocates, professionals, policy makers, young people and anyone interested in learning more about birth. "Consider this your invitation to learn about the true capacities of the female body during labor and birth. ... those that are experienced by real women..." (p. xi) If you accept that invitation, you will not be disappointed.

Divided into two sections, this book combines the best part of *Spiritual Midwifery*, the birth stories, with the wit and wisdom of Ina May's observations, research, and experience.

Part I is filled with newer birth stories that also include occasional explanations or commentary to clarify particular situations. Ina May believes that reading positive birth stories helps women prepare for the joy and hard work of birth — easing the fear that so many of us are raised to expect in birth. Some of the stories are from women whose mothers' stories appear in *Spiritual Midwifery*, a testament to the influence that those births and The Farm had on the lives of the children born there. Many others credit that book with bringing them to The Farm for their births. In all cases, the mothers' own words, with her descriptions and reflections on her experience, are powerful and uplifting.

Part II "The Essentials of Birth" is also a pleasure to read. Written in Ina May's wry, matter-of-fact style, this section shows all the ways the body is designed to work during birth, and how hospital routines and assumptions can interfere with that design. In chapters ranging from "The Powerful Mind/Body Connection," "The Pain/Pleasure Riddle," and "Sphincter Law," Ina May goes into great detail about how our bodies work in terms that are both familiar and practical. Seeking to remove the shame and discomfort we are raised to feel in discussing our bodies, Ina May encourages the reader to examine those feelings in an often amusing and always straightforward manner:

> *"Men take it for granted that their sexual organs can greatly increase in size and then become small again without being ruined. If obstetricians (and women) could understand that women's genitals have similar abilities, episiotomy and laceration rates in North America might go down overnight. But obstetricians of earlier generations planted the idea (which is still widely held) that nature cheated women when it came to the tissues of the vagina and perineum (give it one good stretch and it's done for, like a cheap girdle), and a lot of women have bought the idea that their crotches are made of shoddy goods." (p. 250)*

Other chapters in Part II discuss prenatal care, techniques for labor and birth, the profession of midwifery, and some of the more controversial issues in maternity care such as vaginal birth after cesarean and maternal mortality, using the most current scientific evidence and statistics. Four appendices include The Farm's statistics, evidence-based recommendations from the Cochrane Collaboration, the Mother Friendly Childbirth Initiative, and the Safe Motherhood Initiative.

As a consumer advocate who spends a lot of time looking at what is wrong with maternity care, I've found this book to be a great balm to the soul. Ina May's gentle wisdom and clear understanding of birth make the job of changing maternity care seem feasible. Her clear, complete explanations make it easier for me to look at birth in terms of what can happen, not just what should not happen. Professionals, policy makers, and younger women and men who are curious about birth will also find this book worthwhile and enjoyable.

Ina May's Guide to Childbirth is an extraordinary gift to all of us, but most especially to pregnant women. It eases fears, answers questions, and reassures us that our bodies are made just perfectly to give birth. It also gives women tools to find the support and resources to create the environment that will allow their bodies to work. As Ina May says, "If I have persuaded you of nothing else in this book, I hope that one message will stay with you. Your body is not a lemon!" (p. 315).

Without question, this book is, and will be for quite sometime, the best resource for pregnant women and their partners to prepare them for birth. Thank you Ina May!

Visit the Citizens for Midwifery website at <www.cfmidwifery.org> and click on the Amazon link to order your copy of Ina May's Guide to Childbirth!

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.

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, (928) 214-0997 (MT), <www.meacschools.org> <info@meacschools.org>

***NARM* North American Registry of Midwives**
PO Box 140508, Anchorage, AK 99514, (888) 84BIRTH (888-842-4784) (CT), <www.narm.org> <info@narm.org>
***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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Contact CfM regarding prices for other quantities.

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_____	100 MMofC brochures (or .30 ea + shipping) [ ] English [ ] Spanish	($38 includes postage)	$ _____
_____	Pocket Guide to Midwifery Care (see *CfM News* 4/99)	($9 includes postage)	$ _____
_____	Midwives: A Living Tradition (1998, 68:30 min.)(see *CfM News* 4/99)	($30 includes postage)	$ _____

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

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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 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.

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