Citizens *for* Midwifery news

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Attendees of the 2005 Annual CfM Board and Membership Meeting relax after a day filled with meetings!

Midwives Model of Care™
SUPPORTER

NIH Conference on "Cesarean Section by Maternal Request"

By Susan Hodges

In March, CfMBoard members Susan Hodges and Willa Powell participated in the NIH State-of-the-Science conference on "Cesarean Section by Maternal Request." The audience for this conference included a wide variety of people involved with childbirth, from obstetricians and lactation consultants to midwives, doulas and L&D nurses, and a few consumers too!

The ACNM organized a media briefing a week prior to the conference with the intent of getting substantial factual information into the hands of the press before the release of the report at the end of the conference. Citizens for Midwifery, along with Lamaze, ICAN, AABC, CIMS, March of Dimes and Childbirth Connection, participated with press releases, quotes, etc. (see more at <http://www.acnm.org/news.cfm?id=890>). Citizens for Midwifery also created a new fact sheet "Out of Hospital Midwifery Care: Much Lower Rates of Cesarean Sections for Low-Risk Women" <http://www.cfmidwifery.org/pdf/cesarean2.pdf>. The fact sheet shows that out-of-hospital rates (including home and birth center, CPM and CNM) consistently are about 3-4%, while rates for low-risk women in hospitals are around 20%, an enormous difference.

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Wisconsin passes legislation to license CPMs!

See page 10 for story!

CfM at the 2006 Annual Coalition for Improving Maternity Services (CIMS) Forum and Meeting

By Nasima Pfaffl & Carolyn Keefe

This year's CIMS conference took place February 23-25 in Boston, and three Citizens for Midwifery Board Members, Susan Hodges, Carolyn Keefe, and new board member Nasima Pfaffl, attended. The focus of this forum and meeting was on the research, practice, and implementation of the Mother-Friendly Childbirth Initiative (MFCI). There were several excellent presentations, workshops and committee meetings.

This year marked the first pre-meeting of the CIMS International Committee which began work on planning a coalition similar to CIMS, drafting a "Global Mother-Friendly Childbirth Initiative" for international ratification (the MFCI is US focused), and planning for a Global Summit in 2008 to develop strategies for implementation. It's exciting to see this model taking off globally.

This CIMS meeting also saw the formation of the US Birth Practices Committee. CfM President Susan Hodges was invited to be a member of the committee which is similar in concept to the US Breastfeeding Committee; this independent committee will include all stakeholders to update research, upgrade, examine, evaluate and optimize practices as they

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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!

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Editor: Susan Hodges
Editorial Review: Susan Hodges
Design & Composition: Paula Mandell
Database Coordinator: Victoria Brown

relate to mother-baby care. They will link with the federal government and already have an offer by a CDC official to act as a liaison.

The conference provided an opportunity to connect and learn from many wonderful birth activists and researchers. The Thursday forum focused on the science of the MFCI. Presentations included such topics as: closing the research gap on primary cesarean sections by Eugene DeClerq, PhD; qualitative research on doula care by Amy Gilliland, MS; maternity care practices & breastfeeding in the US by Ketherine Shealy, MPH,IBCLC, RLC and CDC representative; and Michele Lauria, MD, presented a project which brought a broad range of stakeholders together to develop guidelines that allowed vaginal birth after cesarean (VBAC) in Vermont and New Hampshire within the ACOG protocols and protected hospitals from liability. Several other presentations were also made. Chrisitane Northrup, MD provided an inspiring keynote address. This was followed the next day by presentations in the morning about a successful birth center at a level III hospital, and on successful business approaches to independent birth centers and midwifery practices.

Henci Goer, BA, Amy Romano, CNM, MSN; Katherine Shealy, MPH, IBCLC, RLC, and Sharon Storton, MA, LMFT presented the "Evidence Basis for the Ten Steps for the Mother-Friendly Childbirth Initiative: A Systematic Review." While the review was not yet complete, this was a particularly exciting presentation with great potential for the future. When the systematic review is published it will be the first such review of the literature for an entire model of care. Because the focus of the MFCI is on the normality of birth, wellness, and care, rather than pathology, treatment and management, some aspects of this review are unique. It will differ from other systematic reviews by addressing a broad range of outcomes, including psychosocial, ethical, cultural, and breastfeeding; it will not give precedence to randomized controlled trials, because they are difficult to carry out ethically for normal birth, and different questions require different study types. Because maternity care involves healthy women undergoing a normal physiological process the systemic review will add "no harm" (NH) and "no benefit" (NB) ratings to the grading system. It will also incorporate the Optimality Index developed by the ACNM (see <www.acnm.org/about.cfm?id=255>).

The remainder of the meeting involved skill-building workshops and committee and council meetings. Nasima Pfaffl attended the workshop "It Takes a Village," which brought together a good number of grassroots activists who were interested in participating in a larger national project together. This workshop, facilitated by Sandra Stewart of birthNETWORK, led to the formation of the CIMS Grassroots Action Committee. The committee is currently developing a project focused on increasing transparency in maternity care by improving the amount of readily available information on intervention rates for hospitals and regions across the country, as well as greater consumer feedback about care experienced compared to the MFCI. Nasima Pfaffl has been working with the project's leadership team and is very excited about the potential advocacy opportunities this project may provide. Please email <nasima@cfmidwifery.org> if you would like to participate in this project or would like further information.

Other workshops focused on creating change within hospital environments, healing from difficult births, cultural competency, and bonding and breastfeeding in the golden hour. A brochure containing all the presentation titles was distributed and is available on the CIMS website at <http://www.motherfriendly.org/Downloads/2006ForumPlan.pdf>.

This was a fruitful and positive conference that communicated some of the important work occurring in the effort to improve maternity care. Thank you to all our wonderful Citizens for Midwifery members who make the work of the CfM Board possible. Without you our participation in meetings such as this would be impossible. ✳

President's Letter

Dear Friends,

This is our first newsletter since last Summer (Spring/Summer 2005). My sincere apologies to members, old and new. Our intention is to produce a quarterly newsletter, and we did not accomplish this goal during the past year. You will find, however, that this issue is especially big and reports on many important activities and work that the CfM Board has engaged in since last Summer, made possible by your continued support through memberships. We especially appreciate all of you who have renewed your membership despite the lack of newsletters, and hope that new members will understand that a volunteer organization cannot always reach its goals.

I have been President of Citizens for Midwifery since its founding 10 years ago. During this time I have also been the "editor in chief" of our newsletter – compiling the content and doing a significant amount of the writing. While Citizens for Midwifery has had a succession of wonderful Board members and volunteers, I have always felt that the "buck stopped" on my desk. When someone could no longer carry out an essential task, I felt obligated to see that it got done. Until the last couple of years, I was able and happy to do this work. I am not as skillful or effective as I would like at persuading or inspiring other people to take on tasks, and I know that the Board has not been well-organized for making use of those people who have indicated they would like to help. The result is that I have been responsible for many of the ongoing organizational tasks for CfM, and not always able to do them as well or in as timely a manner as they should be done. At the same time, the work of CfM has broadened, with new opportunities to bring the "consumer voice" into national discussions and initiatives about maternity care. Like you I have a family, I also have a part time job, and my age is creeping up on me with minor but important health concerns, all of which require time and attention.

Therefore, during the past year the newsletter in particular has become a difficult burden for me. I, along with the rest of the Board, have concluded that it is time for me to step down from the newsletter. I will no longer be conjuring up and editing the *CfM News*. We are eagerly looking for one or more people to assume responsibility for coordinating the newsletter. In addition, the Board is in the process of exploring new possibilities for the *CfM News*, such as an e-news format or a web-based newsletter. If the opportunity to work with the Board, be creative, and take the *CfM News* to a new level interests you, please e-mail us about your experience and interest at <newsletter@cfmidwifery.org>.

As you will read in the various reports in this issue, the Board members slowly but surely are working on ways to improve CfM so we can accomplish more with less work, as well as make it easier for volunteers to take on well-defined tasks. However, these improvements take time. And during the past year or two our Board members have experienced our share of life experiences – life and death, children growing up, surgery, new jobs, etc. Our motto is "family first" – which means sometimes CfM work has to wait. All things considered, we continue to accomplish an amazing amount, and past accomplishments remain useful on the CfM website.

Don't miss terrific workshops and speakers at MANA 2006!

October 13 - 15, 2006
Baltimore, Maryland

Get all the information about this conference on-line at

<www.mana.org/mana2006/index.html>

Seeking New Board Member

As you will read on **page xx**, two terrific and qualified women interested in serving on the Board came to last October's Annual Membership Meeting and the Board meeting. Although both were subsequently appointed to the Board (in compliance with our by-laws), one could not continue, so we are again operating with a vacancy on the Board. Serving on the Board really contributes to the work of CfM, and you get to work with some amazing women! Are you interested? Please contact us at <info@cfmidwifery.org> for more information.

If the possibility of serving on the Board seems daunting, there are many other ways to get involved and contribute to the work of CfM. Please e-mail "info" or contact any of the Board members (see <www.cfmidwifery.org/Contact/>). There are a variety of tasks both large and small that you might be able to help with!

CfM's Annual Membership Meeting Melbourne, Florida November 18, 2006

You are invited! The meeting will be held in central Florida on Saturday, November 18, 2006. All the current Board members will be present, and in addition to the Membership Meeting, we are working on a plan to meet with local birth activists. If you are interested in volunteering with CfM or interested in being part of the Board, this is a great opportunity to meet everyone and find out more about what is involved. And November is a great time to visit Florida!! All CfM members will receive a mailing not later than early October with all the details.

Wisconsin Victory!

Be sure to read about the latest state to pass licensing legislation for CPMs! See page 10 for the fascinating story.

Sincerely,

Susan

(NIH Conference ... continued from page 1)

Without going into lots of detail about the NIH conference process, the audience was encouraged to question and comment throughout the conference, both to the presenters, and to the panel itself on the last day. Many people voiced concerns and brought up problems both with the basic premise of the conference and with gaps and omissions in the presentations. It was also pointed out numerous times that many of the "risks" being attributed to "planned vaginal birth" were actually caused by labor management practices, not by vaginal birth itself. However, very few of these concerns and problems were addressed in the panel's report.

The panel's draft report was presented and posted on the last day, and the final report (essentially the same) was posted weeks later. Basically, the report says that there is not good evidence to recommend one way or the other on this issue, and leaves it up to doctors to respond to requests from women as they think best. Of course, "more research is needed." You can read the complete report and even listen to the entire conference at <http://consensus.nih.gov/2006/2006CSectionSOS027html.htm>. For more information, and links to relevant press releases, critiques and fact sheets by CfM and other organizations, go to <http://www.cfmid wifery.org/Resources/Item.aspx?ID=103>.

One problem was that the entire conference was based on the assumption that women actually are requesting cesarean sections. In fact, at the time the conference was organized there was no hard evidence to support this assumption. Just prior to the conference the panel was provided with the just-released results of the latest Listening to Mothers Survey, the ONLY study to look at this issue by asking the mothers and the only source of actual data for the US. According to the survey results, only a single woman out of more than 1300 surveyed who might have chosen a cesarean section for no medical reason actually did so <http://www.childbirthconnection.org/pdfs/LTMIIpressrelease.pdf>. However, the panel chose to ignore this information and omitted any mention of it in the report.

The last hurrah was a press conference on the final afternoon. Willa and Susan went to the NIH conference prepared with several draft press releases based on our expectations of what might come out of the conference. The evening before the press conference we chose two, made a few edits, and over lunchtime the next day made copies and assembled press packets. Then we made a point of talking with every journalist we could identify and giving each of them a press packet. However, despite our efforts and similar efforts by other organizations and activists, most of the subsequent press coverage ignored the major issues and jumped on the bandwagon promoting "patient choice cesarean section," which was disappointing.

One of the chief lessons this points out is that we need to improve our ability to "influence" the press. There is a need for a concerted effort to build relationships with journalists so that they will come to us for a "balanced" view when writing on maternity care issues.

While this narrowly focused NIH conference was going on, obstetricians were continuing to section nearly a third of all pregnant women, an expensive travesty of US maternity care. The NIH conference – what it considered and what it did NOT consider – point up the need to continue spreading the word about the Midwives Model of Care!

The results of this conference prompted the CfM Board to draft a position statement on the issue of "Maternal Request" cesarean sections. The brief statement and a summary of supporting information is on page 5; the position statement with detailed rationale and supporting information (with references) is at <http://www.cfmidwifery.org/Resources/item.aspx?ID=109>. A summary of our critique of the NIH report is on this page (next column). ✳

Citizens for Midwifery Critiques the National Institutes of Health State of the Science Conference and Final Report on "Cesarean Delivery on Maternal Request"

In March 2006, the National Institutes of Health held a State-of-the-Science conference on "Cesarean Delivery by Maternal Request" (CDMR) even though they had no actual data regarding mothers requesting cesarean sections. Evidence from birth certificates indicates that as of 2001 obstetricians were performing a small but increasing percentage of primary cesarean sections for no medical reason, comprising about 2% of all births, and these have been incorrectly claimed as "maternal request" cesareans. Subsequent survey research, which was provided to the panel but omitted from the report, found the incidence of cesarean sections actually requested by the mother closer to .08%.

The conference report stated that the available scientific evidence comparing risks and benefits of planned vaginal delivery and CDMR are sparse and provide few clear conclusions. In fact, existing evidence and common sense considerations suggesting greater risks for CDMR that were pointed out by conference participants were ignored and omitted.

- The panel omitted mention of published research and clinical findings that would have clarified several key questions.

(continued on next page)

> ***"Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all."***
> ***— Herbert Meyer***

- The panel ignored the fact that common interventions, including in-labor cesarean sections, cause complications and risks for planned vaginal birth that should not be attributed to "vaginal birth."
- The report includes almost no hard numbers regarding rates of risks and benefits, making it impossible to evaluate the magnitude or importance of the various risks and benefits.
- In the conclusions and recommendations the panel failed to mention areas where research is lacking, such as subsequent problems with scar tissue and adhesions, which might be important considerations for decision-making, since 100% of cesarean sections have abdominal scars.

The NIH report includes data that is inaccurate, provides an artificially inflated incidence of CDMR, and tends to confuse "maternal request" with cesareans performed for "no medical reason."

The panel ignored ethical issues of legal and economic influences and biases.

The panel recommended that doctors counsel women on a case by case basis due to the lack of clear evidence, but did not address how a woman might determine if her physician is giving her complete, unbiased, and accurate information.

In conclusion, the NIH used our tax dollars for a conference to discuss an almost non-existent trend, while failing to address the rapidly rising rates of cesarean section for no medical reason and other costly and often unnecessary interventions. Instead of promoting the fiction of increasing rates of "maternal request" cesarean sections, headlines and government agencies should be asking why obstetricians are performing unnecessary surgery on healthy pregnant women for no medical reason.

For references and further information see our position statement at cfmidwifery.org entitled "CfM Position on the Issue of "Maternal Request" Cesarean Sections: Ill-Advised for Healthy Normal Mothers and Babies." ✳

Citizens for Midwifery's Position

on the Issue of "Maternal Request" Cesarean Sections: Ill-Advised for Healthy Normal Mothers and Babies

Position statement adopted June 6, 2006

"Citizens for Midwifery supports the rights of women to autonomy and bodily integrity regarding maternity care and birthing choices. Such choices should be made in the context of full disclosure and honest, unbiased and complete informed consent processes, which are rarely provided for cesarean sections. Cesarean sections for no medical indication, by "maternal request" or not, add serious risks, unnecessarily use scarce and costly healthcare resources, and entail extra costs borne by the public. Citizens for Midwifery supports maternity care that nurtures and enables normal birth with minimal interventions. For healthy mothers and babies, replacing normal healthy birth with major abdominal surgery almost certainly would have enormous unintended and harmful consequences, and therefore is ill-advised."

Summary of Rationale

Maternal demand for planned primary cesareans with no medical reason is virtually non-existent.

A recent national survey found that fewer than one percent of women who could ask for a primary cesarean section for no medical reason actually do so. Prior research claiming to indicate rising rates of "Patient Choice Cesareans" was based on hospital discharge data which shows only that there has been an increase in cesarean sections performed prior to labor for no recorded medical reason. The hospital data used did not include any information about women's preferences or choices.

"Cesarean Sections by Maternal Request" are not "as safe as" vaginal birth

When compared to hospital-managed vaginal births, cesarean sections are associated with higher rates of maternal death, hemorrhage, infection, organ injury, re-hospitalization, anesthesia, complications, future, and infertility, as well as slower recovery and poorer health; increased risks for future pregnancies (still births, scar ruptures, life-threatening placenta problems); increased risks to the newborn for respiratory problems leading to NICU admittance; future maternal health risks associated with scar tissue; and decreased rates of breast-feeding initiation and long term breast-feeding success.

- Regarding safety, complications caused by standard medical management of vaginal birth are wrongly attributed to vaginal birth itself, falsely decreasing risk differences between vaginal birth and cesarean section.
- Data shows that cesarean sections do NOT protect against pelvic floor problems, a justification often given for performing elective cesarean sections.
- Research shows that women want informed consent for cesarean sections but are not receiving it.
- Economic and legal factors rather than concern for the health and well-being of mothers and babies are influential in promoting more cesarean sections.
- Attitudinal research has found physicians are biased toward surgical birth; as trusted experts their beliefs influence patient decisions.

Focusing on "Cesarean Section on Maternal Request" diverts attention from the real issue: our country's astronomically high overall cesarean section rate of 29.1% (2004) and rising. Headlines and government agencies should be asking why obstetricians are performing unnecessary surgery on healthy pregnant women for no medical reason, rather than promoting the fiction of increasing rates of "maternal request" cesareans.

For detailed explanations and references see our position statement at <http://www.cfmidwifery.org/Resources/item.aspx?ID=109> entitled "CfM Position on the Issue of "Maternal Request" Cesarean Sections: Ill-Advised for Healthy Normal Mothers and Babies." ✳

CfM Annual Membership Meeting and Board Meeting 2005

Toledo, Ohio,
October 21-23, 2005

Every fall the Board members of Citizens for Midwifery meet face-to-face for an intensive planning meeting in conjunction with the Annual Membership Meeting. In October 2005 we had a big agenda – two prospective board members met with us, we held a roundtable meeting with leadership and local members of birthNETWORK <www.birthnetwork.org>, and we presented the annual Susan Hodges Award.

Report of the Board Meeting

Board members Susan Hodges, Willa Powell, Paula Mandell and Carolyn Keefe were present. Kate Semp of Virginia and Nasima Pfaffl of Florida, both capable birth activists and very interested in more national involvement, also met with the Board.

Paula Mandell, a member of the Board since 2001, let us know that she needed to step down, but will continue to volunteer as she has for many years: formatting and preparing the newsletter for publication; maintaining and improving the website; and administering the Grassroots Network. Thank you Paula!

The Board met to discuss new ideas, problem-solve, and set practical goals. A lot of discussion focused on increasing efficiency (especially for processing memberships and product orders) and the need to develop leadership so that the ongoing tasks of the organization can be spread around to a broader group of people. We have been working on a leadership manual as an orientation tool for those who want to be very involved with CfM. One part of the manual is CfM's Core Values. This draft document is on **page xx**; we appreciate your comments and suggested revisions prior to adoption by the Board.

Update, August 2006

Although we are working on the goals identified at the annual meeting, "life" has intervened in the lives of the various board members, so progress has been much slower than we had envisioned. Everyone has done their best, picked up the work from others as needed, and is carrying on. Our biggest continuing and immediate need is to find a more individuals who are willing to get involved on a national level. Most critically, we need an experienced and committed person to help pull together and edit our newsletter. We also need volunteers to help keep our website contact information updated.

Annual Membership Meeting Report

We were very happy to have five CfM members attend this meeting, since historically there has been a low turnout. After introductions, board members gave reports reviewing our work over the past year. We then had some discussion about possibilities for the coming year.

The Annual Meeting is also the time for official election of board members. Votes were tallied from the ballots; Susan Hodges, Willa Powell and Carolyn Keefe were re-elected. The Board will be seeking people interested in serving on the Board. Our by-laws call for five board members and provide for the existing board to appoint new board members between elections.

We all enjoyed getting acquainted with Nasima and Kate, who each contributed a lot to the Annual Meeting with insightful questions and new ideas. Subsequently, the Board invited both Nasima and Kate to join the Board of Directors and they accepted, although Kate subsequently resigned for family reasons. Please welcome Nasima, who has quickly become an essential member of the Board!

Our current slate of officers is:
Susan Hodges, President
Nasima Pfaffl, Vice President
Willa Powell, Treasurer
Carolyn Keefe, Secretary

CfM Honors CHOICE

At the very beginning of the Roundtable (see below), Citizens for Midwifery honored CHOICE – the Center for Humane Options in Childbirth Experience in Columbus, Ohio – with the Annual Susan Hodges Award. This midwifery practice has been very supportive of Citizens for Midwifery for many years, consistently including CfM memberships for all of their clients. Furthermore, Abby Kinne, one of CHOICE's longstanding midwives, has warmly supported CfM's work, including opening her home to one of our previous in-person Board meetings. This is the first time CfM has honored a midwifery practice with this award. Thank you CHOICE!

Roundtable Discussion

CfM chose Toledo, Ohio for our meeting this year because we wanted to connect with leadership and members of birthNETWORK, a Michigan-based grassroots organization whose mission is "to promote awareness and availability of healthy normal childbirth through advocacy … information … and support …." <http://www.birthnetwork.org/mission%20statement.htm>. Their work fo-

An introduction from new Board Member: Nasima Pfaffl

Citizens for Midwifery has given me a venue to expand and grow and utilize the information I have gathered during the research and writing of my thesis on the homebirth movement in America. I also learn daily from the interactions with our board and the larger midwifery and maternity care improvement community. I believe I bring enthusiasm and my research and writing skills to CfM projects.

I hope to help expand CfM and streamline our internal processes. In addition to CfM I'm currently developing a birth network in Melbourne Florida and working on a CIMS project to increase Transparency in Maternity Care. I'm also enjoying answering the CfM information line.

I have one son who was born at home with a wonderful midwife five years ago. I'm also a second generation home birther, and I bring a lifetime of respect and determination for increasing availability and knowledge of midwifery to my work in this organization.

Nasima Pfaffl, CfM Board Member

cuses on and makes use of the concept of mother-friendly care as described by the Coalition for Improving Maternity Services (CIMS).

We were thrilled that about 30 people, CfM members and birthNETWORK leaders and members, filled the room for the afternoon meeting! We spent time on individual introductions and on presenting basic information about the two organizations, CfM and birthNETWORK, and our respective focuses and goals. Sitting in a large circle, we had lively wide-ranging discussions about our challenges and obstacles, some common themes, and ideas for addressing these challenges. In particular, we asked how our organizations might work together to improve maternity care? And, how do we sustain involvement in birth advocacy, especially considering activism vs. public education and ways we might support each other's efforts.

A particular topic of common interest was how to reach people "outside the choir" – at least the people who are just ready to start questioning medicalized maternity care. We talked about different ways to develop and disseminate materials. We identified some ways we might collaborate, such as projects, networking and sharing ideas.

While we did not come up with specific action plans at the time of the meeting, we did get acquainted with each other and laid some productive groundwork. One result has been the positive interactions around the CIMS workshop in February (see CIMS conference report). Another has been some exploratory discussions about some specific and practical ways our organizations' leadership might communicate regularly, a first step that in the future could lead to some partnership projects or other mutual support.

The CfM Board especially appreciated that so many wonderful activist women (and beautiful babies!) came to the meeting, some driving long distances! We look forward to future positive developments with our two organizations! ✳

Save the date!

Citizens for Midwifery Annual Membership and Board Meeting

November 18, 2006

Florida ~ on the coast ~ east of Orlando!

Core Values for CfM

The Citizens for Midwifery Board of Directors has drafted an outline of our most basic core values and beliefs relating to both maternity care and to the role of Citizens for Midwifery in efforts to improve maternity care. Please take a moment to read these and give us feedback. The Board anticipates making some revisions before ratifying them, after which we will publish them on the website.

Core Values about Maternity Care

Pregnancy and childbirth are normal, healthy processes.

Access to midwives and the Midwives Model of Care is vital to normal childbirth.

The Midwives Model of Care outlines a type of care and is not limited to the education or any specific category of provider.

Respect is at the core of the Midwives Model of Care. Every woman should be treated with respect in every phase of her care from pregnancy through post-partum. Respect includes, but is not limited to, fully informed consent, preservation of privacy, and polite respectful communications by all involved with her care.

Maternity care should be grounded in evidence, and care providers should be accountable to the mother and family for the mental and physical outcomes resulting from their actions or inactions.

Clinical decisions in maternity care should be focused on promoting the overall health and well-being of the mother-baby dyad; these decisions should never be influenced or determined by economic considerations or legal fears.

Interventions during pregnancy, labor, delivery and postpartum should be used [only] when essential for mother-baby health based on the best evidence available, since such interventions will almost always interfere with the normal process of birth.

Maternity care is an important aspect of health care in the United States and must be included in all discussions of health care policy.

The quality and cost of maternity care and its outcomes directly or indirectly affect every US citizen.

Core Values of Citizens for Midwifery

Citizens have a right to be involved in maternity care policy, and CfM is a powerful voice for consumers.

CfM works to improve access to the Midwives Model of Care for women of all ages, ethnic backgrounds, races, religions, sexual orientations, abilities, and socioeconomic circumstances.

Coalition-building, communications and networking with other organizations are essential for achieving our vision.

The education, credentialing, regulation, and licensing of midwives are of critical concern to consumers, because they determine whether or not childbearing women will be able to get the kind of midwifery care they want and need. ✳

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.

State by State

In addition to the reports here, a number of states are at various stages of thinking about or working on legislation aimed at legal recognition of direct entry midwives, specifically of Certified Professional Midwives. Is there news to report from your state? Inspire others by sharing your stories of advocacy and public education!

ALABAMA

Members of the Alabama Birth Coalition (ABC) submitted a bill to license direct-entry midwives in the 2006 Legislative session. In the proposed bill, the AL Department of Public Health would license midwives possessing the Certified Professional Midwife credential and an advisory board would be created to oversee the development of rules and regulations for the profession to be consistent with the NACPM Essential Documents and the NARM Job Description of the Direct-Entry Midwife. As in recent years, the bill died quietly in the Health Committee of the House of Representatives, which has been notoriously unresponsive to consumer issues for the past four years. We hope that our bill will be assigned to a friendlier committee in the 2007 session, following fall elections and the reorganization of all legislative committees.

On a positive note, advocates gained much experience working with other bills during the 2006 session. During this election year, our Legislature was intent upon passing a fetal protection bill whose original wording would have put parents and unregulated birth attendants at risk of a homicide charge in the event of a bad outcome at an out-of-hospital birth. ABC mobilized enough citizens to have the bill amended to exempt prosecution of any woman with respect to her unborn child, and any person acting on behalf of the woman whose unintentional error results in the death of an unborn child. Also, ABC organized grassroots support to successfully pass a simple breastfeeding protection bill stating that "A mother may breastfeed her child in any location, public or private, where the mother is otherwise authorized to be present." We feel that the experience gained in working with these bills will be invaluable in future attempts to pass a CPM licensing bill.

The Alabama Birth Coalition unites groups and individuals that are committed to improving access to natural childbirth options for women, families and communities in Alabama. Our goal is to provide a statewide grassroots network connecting members with services that support the goal of natural childbirth and respect parents' rights to make the appropriate health care decisions for their families. Legal healthcare providers who support our mission are encouraged to list their services as Birth Network Providers and advertise within this group. Our membership is continuing to spread across the state, allowing us to identify constituents in various legislative districts to assist with lobbying and educational efforts. Alabama residents are encouraged to join our yahoo e-group at the following website: <http://health.groups.yahoo.com/group/AL_Birth_Coalition/>.

For more information, please contact Lisa Clark, <booksb4bread@mac.com>, or Chloe Raum, <chloe@ugnet.org>.

CALIFORNIA

The California Association of Midwives is working on a long-range strategic plan to remove supervision as a requirement of practice for licensed midwives in California. California is one of the few states that still requires supervision of direct-entry midwives. California also requires supervision of CNMs while most other states do not. We believe all midwives should be recognized for the independent practitioners they are so the way is opened up for clear collaboration with physicians. Currently, physicians cannot supervise anyone attending home births in California without putting their liability insurance at risk. Many physicians have been informed by their insurance companies that even talking with a homebirth practitioner puts them at increased liability. This leaves physicians who would otherwise be willing to consult with LMs in the position of either having to consult quietly or not at all. Stay tuned as this strategic plan is developed and announced in its entirety.

California has a bill in the legislature this session that would create a Midwifery Advisory Council to the Medical Board of California, which is our governing board. This has been something long sought by those of us who have attended medical board meetings and were frustrated by the lack of input we had. The second portion of this bill, SB 1638, would require LMs to report their statistics annually to the Office of Statewide Health Planning and Development or OSHPD. This would allow the state to collect data on LM attended births. The hope is that it will lay to rest the idea that home birth is unsafe, (the BMJ article was not enough!). OSHPD would then forward the composite data to the medical board for them to include in their annual report to the legislature.

Last November, after a "long and difficult labor" the Medical Board of California, Division of Licensing, voted unanimously to adopt the Standard of Care for licensed midwives that was the collaboration of California Association of Midwives (CAM), California College of Midwives (CCM) and Californians Advocating for Licensed Midwifery (CALM). The midwifery community of San Diego really got the consumers involved and the meeting at the Embassy Suites in downtown San Diego was standing room only. Mothers, babies and midwives packed the room and we even had one father speak in support of midwives and this regulation.

Adoption of this Standard means that, for the first time, the Rules and Regs have established a Standard of Care for California licensed midwives that is derived from the profession and practice of midwifery rather than medicine. Of particular significance to clients, the new regulations include provisions under SECTION V that establish the Responsibility of the LM and the Client's Rights to Self Determination. The first provision says that when

(continued on next page ... see STATES)

CfM is looking for photos to include with the State by State articles.

Do you have photos from your conferences or local gatherings?

Maybe a good baby photo for the front page?

Send them along!

INDIANA
Midwife Prosecuted, Fighting Back

In January 2006 Jennifer Williams, Certified Professional Midwife, was arrested for practicing medicine and practicing midwifery without a license, both felony charges in Indiana. The charges stemmed from a stillbirth at home in June 2005, but related only to the midwife's legal status, not the outcome of the birth. Jennifer has been practicing midwifery for nearly 17 years and has attended approximately 1500 births. On June 14, 2006 she took a plea bargain and will be on probation for one year. Read more, including Jennifer's press release, at <http://hometown.aol.com/birthroot1/JenniferWilliamsCPM.html>.

In May 2006 Jennifer filed a lawsuit against Attorney General (AG) Steve Carter, for several reasons and based on several legal arguments. She writes: "One of the objectives is to keep the AG from enjoining me and other midwives in the state from the practice of midwifery. The Attorney General was also trying to get me to sign a voluntary compliance which would have restrained me from talking about my case, which could include any public speaking I might do, or lobbying for the midwifery licensure bill in the fall." The lawsuit was amended in late June to provide injunctive relief, and a petition to add 93 consumers to the lawsuit will have a hearing in September.

Meanwhile, Indiana midwives and their supporters are continuing to push for legislation.

Donations can be sent to: Friends of Jennifer Williams Legal Defense Fund, P.O. Box 1211, Bloomington, Indiana, 47402 (or you can make a donation through PayPal).

For more information contact Home Birth Consumer Association <http://hometown.aol.com/birthroot1/Homebirthconsumersassociation.html>.

(STATES ... continued from previous page)

the client has a significant risk factor the midwife must inform her of risks and benefits of continuing midwifery care and recommend medical evaluation and possible transfer of care. The second provision recognizes the client's right to refuse the recommendation (including risk-reduction measures and medical procedures), and provides that if the midwife fully documents the informed refusal, she may continue to provide care. Other states may want to incorporate this kind of language. For the complete text of the "Standard of Care for California Licensed Midwives" <see http://www.medbd.ca.gov/MW_Standards.pdf>.

GEORGIA

Georgia Friends of Midwives and Georgia Midwives Association have worked for many years to get a study bill passed, and this year we were finally successful! Members of GFOM's legislative committee worked with legislators on HR1341 which provides for a joint study committee to research the need for direct-entry midwifery licensure. Now we are waiting for the members of the study committee to be named, and the committee should convene in the fall.

For more information contact Debbie Pulley <manamw@aol.com> or go to <www.gamidwifery.org>.

MISSOURI

We in Missouri worked hard on legislation during 2005 and through the 2006 legislative session (January through mid-May), spending countless hours in discussion with midwives, consumers, and legislators. Our bill continues to affirm the rights and responsibilities of parents to make choices on behalf of their children, and embraces the CPM as the standard for midwives.

As we report on our website:

The 2006 Missouri Legislative Session was concluded on May 12, 2006 without a change in the law regarding midwives. Triumphs of the year include (to the best of our knowledge):

- First time we have had a senate bill and sponsor
- First time a midwifery bill has passed the senate committee.
- First time senate midwifery bill has been debated on the senate floor.
- We made many friends in the capitol!
- We are in an excellent position to come back next year!

We are currently making plans for next session.

Reported by Laurel Smith <smith.laurel@gmail.com> President and Membership Chair, Friends of Missouri Midwives <www.friendsofmomidwives.org>.

NEBRASKA

Nebraska has seen resurgence in organized consumer support with the forming of "Nebraska Friends of Midwives." <www.nemidwives.org>. The Nebraska Board of Health is currently conducting two "407 Reviews," that a CNM requested with the support of consumers. One is looking at expanding the scope of CNM practice to allow home birth and remove physician supervision and written practice agreements. The other review proposes licensing DEMs utilizing CPM credentials and creating a Midwifery Board. Nearly two-thirds of the way done with this process in mid-July, the outcome does not look favorable for final recommendations to reflect Evidence Based Practice and un-biased reviews. Consumers, midwives, and a few certified nurse-midwives are still hopeful for a fair and researched based conclusion. Regardless of the review outcomes, legislation is anticipated for the coming session in Jan 2007. Nebraska Friends of Midwives conducted a Postcard Campaign to show support for midwifery and home birth. It's estimated 1,000+ postcards were sent to the Board of Health during this campaign. CNM attended hospital births continue to rise, and families continue to have home births (unattended or with unlicensed midwives) and have had favorable newspaper coverage.

Contributed by Heather Swanson, CNM <heathersuzette@hotmail.com> <www.nursemidwifeheather.com> <http://www.nebraskaacnm.org/>

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NORTH CAROLINA

North Carolina is moving toward legislation once again. The work started in January with a Legislative workshop hosted by North Carolina Friends of Midwives <http://www.nchomebirth.com>. Ida Darraugh from NARM taught the workshop. Over 40 people attended from all across the state to learn effective strategies to bring legislation for direct entry midwifery to pass. It was inspiring to see so many come together to work for this common goal. Our new motto is, "Liberate Labor. Mandate Midwives." In May in celebration of International Day of the Midwife NCFOM held their 3rd Annual Meeting at the NC Zoological Park in Asheboro. Consumers shared ideas and networked at this fun, family event. T-shirts, tote bags and bumper stickers with our new motto were available to spread the word.

Submitted by Victoria Brown, Director NCFOM <NCFOM@aol.com> <http://www.nchomebirth.com>.

OKLAHOMA

The Oklahoma Midwives Alliance, Inc (OMA) has been the Direct Entry Midwifery organization in our state for 20 years. The OMA has provided a code of ethics, practice guidelines, continuing education, peer review and a grievance mechanism for midwives practicing in our state. This has been a voluntary process to date and the midwives who have chosen to adhere to the OMA guidelines have upheld a high standard based on the midwifery model of care. The OMA has never actively pursued legislation or state regulation in the past. The general consensus has been that we would not seek legislation unless there were signs that other agencies in our state were preparing to enact policies that would limit access to midwifery care for homebirth families. This has now come to pass. There are a number of state agencies and legislators looking at the possibility of regulating midwifery in Oklahoma. The midwives in our organization who meet or are currently working to meet the CPM standard are in consensus that it is time for us to seek to enact legislation. Our goals are to ensure safe access to care with a CPM and protect midwives who provide the highly effective midwifery model of care. We have an excellent bill that was achieved through the help and support of midwifery activists across the country and for this we are ever grateful. To date there is little opposition and we are receiving support on many levels. Although we are aware that this can be a long, time-intensive process to achieve the legislation that is truly an asset to midwives in our state, we are committed to our goals.

Reported by Michelle Robidoux, CM, Educational Director, Oklahoma Midwives Alliance, Inc <info@cmsmdiwfe.com>.

WISCONSIN

Legislation passed!

On April 10 Governor Jim Doyle signed Wisconsin Act 292, a CPM licensing bill that passed by overwhelming majorities in both houses on the same day (which is so rare no one can remember the last time it happened). The law takes effect in May 2007, and in the meantime CPMs will be working with the Department of Regulation and Licensing to establish administrative rules governing the practice of midwifery in Wisconsin.

A number of factors contributed to our ability to pass a licensing law in one session. The Wisconsin Guild of Midwives has spent years laying the groundwork. They encouraged members to develop collaborative relationships with other providers. As a result, we had the support of hundreds of CNMs, doctors and nurses who supported us even when their state organizations didn't, which was a huge help. The Guild also worked with public health officials to become partners in bringing the public health agenda to home birth families, particularly in Amish and Mennonite communities. The Guild also developed a highly successful campaign to work with the State Department of Hygiene to expand metabolic screening programs among plain-clothes populations. All of these efforts helped us earn the support of the public health sector and raise awareness about the safety of out-of-hospital birth.

We also benefited enormously from the work that went into the APHA resolution and the CPM 2000 statistics project, and from the outstanding work that Ken and Betty-Ann Johnson did on the BMJ study/article. Legislators were very impressed by our statistics and by the fact that Wisconsin CPMs had contributed to them. The study was another big factor in making concerns about safety a virtual non-issue. We owe a special thanks, too, to NARM and to CfM for all of the work that has gone into creating their folders, brochures and FAQ sheets. Having key information condensed into one-page sheets and easy-to-read, nicely produced brochures that could be presented in professional-looking folders made a strong positive impression on legislators, and it saved us untold amounts of time and energy. We were also very fortunate to have been able to draw on the vast knowledge and experience of veteran activists and advisors from other states. We're very grateful for all of their support and guidance and for all of the people whose many years of work on midwifery education/legislation we benefited from.

Another key component of our success was the fact that Jane Crawford Peterson, President of the Guild, and I were able to be in Madison nearly full-time from when we first started recruiting co-sponsors for our bill to the day it passed both houses (September to January). We spent long days at the Capitol repeatedly visiting offices of the most influential legislators, and we stayed at the same hotel where everyone (including lobbyists) gathers to socialize after-hours. As a result, we were able to develop solid relationships with a number of key aides, legislators and lobbyists whose insider knowledge of the Wisconsin legislative process helped us avoid a number of tactical errors and develop effective strategies for countering our opposition. We discovered early on that many of the people whose support proved crucial to our bill enjoyed being able to help non-professionals who were clearly the underdogs in a fight against powerful and well-financed groups (i.e. ACOG, the Wisconsin Nursing Association and various other medical organizations). Also, by the time these opposition groups organized to mount a full-on campaign against us, our allies at the Capitol knew and trusted us well enough to dismiss the various scare tactics and widespread use of misinformation. In the end, the most persuasive argument the nurse-legislator who lead our opposition had to use was that the Guild had "hoodwinked" everyone into supporting a "bad bill." Thanks to all of the time we were able to spend forging alliances at the Capitol, that argument largely fell on deaf ears.

Last, but certainly not least, our bill would never have passed had it not been for the incredible dedication on the part of midwifery clients and supporters from across the state, who sent emails, letters and faxes by the thousands and who always made sure we had huge crowds (100-200) at the Capitol during hearings and for the floor votes. Our

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Editor's note: Please take a moment to read this thoughtful and important article by Lynn Paltrow, founder and executive director of National Advocates for Pregnant Women. Women and babies will benefit if we can join together to work for reproductive health and rights even if we disagree about abortion. Consider attending the conference Paltrow is organizing (see box). Everyone will be challenged to hear different points of view and gain new awareness about issues and challenges they had not thought about before. This is a unique opportunity move beyond the limitations and divisions of the abortion issue and hopefully begin to find more common ground to work for healthy mothers and babies…

Abortion Issue Divides, Distracts Us From Common Threats and Threads

By Lynn M. Paltrow

I started my career defending a woman's right to choose abortion and now run National Advocates for Pregnant Women, an organization that works on behalf of pregnant women and families. No, I haven't had a political or religious conversion. What I have had is the opportunity to see how the abortion issue distracts us from shared political and family values.

While politics and media like to divide the world into neat bundles of opposites-pro choice vs. pro life-the reality of women's lives simply doesn't fit these patterns. For example, it is widely known that women who profoundly oppose abortions still sometimes have abortions.What is rarely discussed is the fact that most women who have abortions are already or will someday become mothers. In other words, the overwhelming majority of women who have abortions also have children they will raise and spend a lifetime worrying about. They have pregnancies they carry to term and, like other pregnant women, they hope their birthing experiences will be respectful, healthy, and supportive.

The abortion issue divides us and distracts us from common threats and threads. For example, we tend to think of laws restricting access to abortion and attacks on abortion providers as unique intrusions on women's reproductive lives. But women who want to have doulas present at their deliveries, or who prefer midwives to ob-gyns, also find that their choices are under attack – their providers are portrayed as dangerous, prohibited from being in the delivery room, or arrested for practicing without the right kind of license.

National Association of Pregnant Women (NAPW)

www.advocatesforpregnantwomen.org

Today, even pregnant women who vehemently oppose abortion are finding that they are hurt by claims of fetal rights that are being advanced as part of the campaign to outlaw abortion. Amber Marlowe, a deeply religious woman who is profoundly opposed to abortion, found this out when she went to deliver her seventh wanted child. Marlowe did not believe she needed a C-section and did not want to subject herself or her unborn baby to unnecessary surgery. The hospital disagreed, and, relying on the anti-abortion argument that fetuses are legal persons with rights separate and hostile to those of the pregnant woman, got a court order giving it custody of the fetus before, during, and after delivery-and the right to force Marlowe to undergo the procedure.

While still in labor, Marlowe fled to another hospital. There, she delivered a healthy baby-naturally.

Angela Carder was not so lucky. Based on the argument that a fetus is a separate legal person, she was forced to have a C-section: Both she and her baby died.

Anti-abortion and fetal-rights arguments have also been used to justify the arrest of hundreds of pregnant women who used an illegal drug, drank alcohol, or disagreed with their doctor's advice.These are not women who intended any harm to their fetuses; most personally oppose abortion, and most found that the health services they needed were simply not available to them. A Missouri woman who admitted smoking marijuana once while pregnant was arrested for child abuse. Women in Oklahoma,Tennessee, and South Carolina

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grassroots support was also crucial to our ability to recruit as our primary sponsors in the Assembly and the Senate two legislators who are widely known for their ability to build the kinds of alliances that are necessary to get a bill passed and signed into law. One of them was reluctant to sponsor our bill at first, but after his office was bombarded with constituent contacts asking for his support, he gladly signed on and our bill picked up momentum immediately. And early in September, when we were recruiting co-sponsors for our bill before it had a number or title, we repeatedly heard that we'd generated lots of "buzz" because it was the first time anyone could remember having constituent contacts from every single district about a bill that hadn't even been introduced yet or had any press coverage whatsoever. We went into the process at a disadvantage when it came to organizing, because we had no consumer group in place and because our bill moved much more quickly than we'd anticipated. This forced us to focus our resources on lobbying in Madison rather than on building a grassroots network. So the midwives took on the job of organizing their individual clients directly, and whenever we'd need a push in a certain office or leading up to a hearing, the midwives in that district would contact their clients and ask them and their families and friends to start calling/emailing offices, which proved to be a very effective strategy. People were willing to drop everything at a moment's notice when their midwives asked them to. The fact that we could muster so much grassroots activism in such a short period of time is a testament to the genuine affection and gratitude from their clients that midwives here, as everywhere, enjoy.

We feel confident that, thanks to the many factors that made it possible to pass our legislation last session, we should be in a strong position going into the rules process to develop and pass regulations that both midwives and clients will be able to support.

Information provided by Katie Prown, Legislative Chair, Wisconsin Guild of Midwives <kprown@prodigy.net>. ✳

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who suffered stillbirths have been arrested as murderers.

While abortion issues are used to divide the electorate, pregnant women and mothers are united by the fact that America is one of only three industrialized nations that does not require any paid parental leave. Similarly, millions of pregnant women, especially those who work part time or for small companies-and regardless of their views on abortion-lack legal protection from workplace discrimination based on pregnancy.

Other threats to bearing and raising healthy children persist as well. Consider that while President George W. Bush was signing the Unborn Victims of Violence Act into law and declaring his commitment to a "culture of life," he was deregulating coal burning power plants. Such plants release mercury into the environment, creating health hazards that are most dangerous to pregnant women, fetuses, and children. And while President Bush was reinterpreting the Children's Health Insurance Program to allow states to cover "unborn" children, 43 million Americans, including 8.5 million actual children, were without health care coverage.

Regardless of their views on abortion, women are likely to spend significant time working as mothers and homemakers. This labor makes up a huge part of U.S. gross domestic product, yet it is ignored or trivialized. A recent New York Times story, Survey Confirms It: Women Outjuggle Men, reported that the average working woman spends about twice as much time as the average working man on household chores and child care. According to this headline and the political culture it represents, child care and homemaking are what clowns do, requiring some skill at balancing but no real work.

Birthing rights activists and abortion rights activists, pro choice and pro life, Republicans and Democrats all need to work to change the conversation. We will continue to disagree about abortion, but together we must acknowledge that anti-abortion laws are being used to hurt women to term and that all of us are harmed by an overriding U.S. policy that fails to value mothers and families.

Lynn M. Paltrow is executive director and founder of National Advocates for Pregnant Women, New York. She can be reached at LMP@advocatesforpregnantwomen.org. Lynn was recently named one of "21 Leaders for the 21st Century" by Women's eNews and will be honored at a Women's eNews benefit dinner in New York City on May 17, 2005.

Number 13 Volume 3 Winter 2005 American Bar Association Perspectives 2 "Abortion Issue Divides, Distracts Us from Common Threats and Threads" by By Lynn M. Paltrow, published in Perspectives, Volume 13, No.3, Winter 2005 © 2005 by the American Bar Association. Reproduced by permission.

SAVE THE DATE!

NAPW's National Summit on Pregnant Women and State Control: Ensuring the Health and Humanity of Pregnant and Birthing Women Jan 18-21, 2007 in Atlanta, GA

While politics and media like to divide the world into neat bundles of opposites — pro abortion vs. pro-life, pro-choice vs. anti-choice — the reality of women's lives often do not fit these simplistic and divisive labels. We can disagree on many things, but we believe it is time to recognize common threats and CELEBRATE common threads that will ensure the humanity, dignity, and well being of pregnant and birthing women and their families.

We invite people across disciplines, faiths, ideologies, and states to come together for the first time to share knowledge, experiences and strategies to support, honor, and celebrate pregnant women and families. Please save the date, January 18-21, and join us for a unique gathering that will share information, build strength, identify new strategies and effective action and celebrate common commitments and concerns.

For more information go to NAPW's website: www.advocatesforpregnantwomen.org or contact: Matrice Sherman at <MS@advocatesforpregnantwomen.org>.

A longer "save the date" flier can be found at <http://advocatesforpregnantwomen.org/Save%20the%20DateF1.pdf>

Note: Citizens for Midwifery is one of many co-sponsors of this ground-breaking conference.

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.

Report on MANA 2005 Conference

By Susan Hodges

In late September I traveled to Boulder, Colorado, for the MANA 2005 conference "Standing Tall, Growing Together" to represent Citizens for Midwifery, take care of our exhibit table, attend various meetings, and present two workshops. Here are some highlights.

PR Initiative

Immediately on arrival at the conference site I attended a presentation organized by the MANA Board and attended by at least one person from each of MANA, MEAC, NARM, CfM, and NACPM. Some background: there is general agreement that the midwifery movement needs a national PR strategy. MANA received a grant of $10,000 from the Foundation for the Advancement of Midwifery (FAM) which they are using to initiate a PR campaign. MANA arranged for Vermilion, <www.vermilion.com> a Boulder company, to make a presentation outlining their ideas for an overall plan. This company does excellent work; as an organization they are issue-oriented, and midwifery is one that appeals to them. The MANA Board felt they were head and shoulders above other companies they had investigated. Vermilion would first develop an overall plan that likely would include a regional approach, a budget, and a lot of flexibility, recognizing that funding will be a challenge. In other words, within the overall plan, it would be like a buffet, so projects could be chosen and carried out as funding was available. We should have more news about this project in the future.

The CfM Exhibit Table

Our table was the very first one when entering the main exhibit room – a really wonderful place to be! Thanks to Mary Lawlor and Dolly Browder of the National Association of CPMs (NACPM) for providing CfM with a beautiful bouquet of flowers on our table!

Susan and Sheryl at the CfM table

In addition to our usual literature, we were happy to have a new booklet of birth stories "mothers & midwives: women's stories of childbirth" (see review page 16) and even more thrilled to have the author, Sheryl Rivett of Virginia, helping with the table! She was wonderful! Many midwives and midwifery students stopped to talk, pick up literature, and join or renew memberships. The new CPM 2000 fact sheet <http://www.cfmidwifery.org/pdf/CPM2000.pdf> was also very popular.

Statistics Issues

A big topic and focus of many discussions and several formal meetings was the issue of collected birth data and to whom it "belongs." However, as of July, these issues have been successfully resolved.

The Rally!

Saturday began with "Activating Your Voice to Speak up for Midwifery" during breakfast, a motivating address by Beth Osnes, a cofounder of Mothers Acting Up, (see box for more info). MAU started in Boulder, and Beth is a remarkable, charismatic and enjoyable person. She got us prepared for an outdoor rally in downtown Boulder over lunchtime led by MAU in conjunction with the local MANA conference organizers.

Diane Holzer, MANA President, on stilts at the rally

I was one of the first speakers at the rally. The day was beautiful, and the outdoor pedestrian mall in downtown Boulder was full of people, babies, artisans, trees, music and sunshine! I brought our CfM banner and many people made signs the night before. MANA President Diane Holzer, a stilt walker, was on her stilts in a colorful costume! Beth was her charismatic self! Besides Beth and myself, speakers included Elizabeth Moore (the local conference organizer) among others, and one mother's heartfelt remarks about her midwife were especially moving. Before, during and after there was fabulous music with local musicians. The point of the rally was to get information out about midwives and also to get the crowd to sign letters to legislators regarding the need for legislation to have midwife-attended out-of-hospital births covered by insurance. Overall the rally was well-organized, well-attended and fun! and got some good coverage in the local newspaper.

Workshops

My two workshops "Don't Just Talk! Listen!" and "Follow the Money! How Hospital Economics Shapes Maternity Care" were well-attended and well-received. In addition I attended two excellent workshops presented by members of MANA's Division of Research. One was about VBAC and Assessing the Quality of the Research, an excellent presentation by Wendy Hughes (she even had a slide with a quote from me on it!). The other very worthwhile workshop "Using Evidence to Your Advantage" was given by Saraswathi Vedam, a CNM with a home birth practice as well as a faculty member at Yale University.

Overall, an excellent conference and an important one for CfM's participation. ✳

Mothers Acting Up (MAU)

www.mothersactingup.org

MAU is an inspiring organization "dedicated to mobilizing the gigantic political strength of mothers and others to ensure the health, education and safety of every child, not just the privileged few." While the purpose is serious and very broad, MAU's hallmark is exuberance and the belief that you can have fun while taking action. Be sure to visit the beautiful and inspiring MAU website www.mothersactingup.org, which is filled with ideas and resources that are useful for any advocacy work. MAU is encouragement for mothers (all who "exercise protective care over someone smaller"), everywhere and anywhere, many or few, to get together and get to work on the issues affecting children, from very local to very global.

Remembering Hurricane Katrina: Jacob Elliot Abboud-Joffe's Birth Story

By Elizabeth Abboud

Note: The Abboud family lives in Uptown New Orleans where Elizabeth is a graduate student at Tulane University and has been attending births as a doula for the past year. Her first birth was in the hospital after a transport from home. She had planned a second homebirth and was due on August 29th, the day Katrina made landfall.

Sunday, August 28, 2005

Emmy, my midwife, had invited us to stay with her, in Ponchatoula, outside New Orleans. Her midwifery partner, Rebecca, was also planning to come to her house for the storm, so they'd both be there to help if I went into labor. How convenient!

That evening we went to bed more aware of what was about to happen, and prepared for the electricity to go out sometime in the wee hours of the morning.

I was still feeling ok, and I wondered if I would have a baby without water or electricity. I had been having more uncomfortable contractions since Saturday, the day we left New Orleans, but nothing regular and worth paying any attention.

Monday, August 29, 2005

I don't remember hearing any signs of a storm, but I heard the power shut off before daybreak and knew that things were about to get really uncomfortable. We all awoke as the storm was starting to make landfall. The storm itself was unremarkable. Emmy lost a piece of her chimney, but her house remained relatively unscathed. The power was off, and there was no running water, but we were okay for the time being. I was beginning to lose my sense of composure, as the heat intensified following the storm and the reality of our gloomy situation set in. I broke down crying on Monday out of frustration, discomfort, and lack of sleep.

Tuesday, August 30, 2005

I began crying again after a night of little rest and contemplating what my day was going to be like. So, John, Nadia (our daughter) and I took a ride to Baton Rouge in the air-conditioned car to cool off. After calling my aunt, I was able to find some relatives in Baton Rouge at a Comfort Inn where, amazingly, I was also able to get a room.

In the mean time my parents had tracked down Emmy and had been out searching the hospitals for us. They were happy to see that I was still pregnant and that we were all doing okay. They also got a room at the Comfort Inn. Emmy had made arrangements to stay with relatives about 10 minutes outside of Baton Rouge so that she could be nearby when I went into labor. Everyone left to do things but my dad, who stayed in our hotel room with me. I took a much-needed shower and lay down to rest a bit while there was some quiet. Not more than 10 minutes passed when I felt a pop. It was 6:30 pm.

I stayed lying down. I was trying to figure out how I could squeeze a nap in before labor started, but quickly realized that I was out of luck and had better get my wits about me. I calmly told my dad that my water had just broken, and he not-so-calmly asked what that meant and what he should do. I told him to get on his phone and try to get John, as I used mine to call Emmy. I could not reach Emmy, and Dad could only leave John a voicemail. Emmy called soon after to tell me that she had just arrived at her relatives. I told her that I thought she'd better get on over to the hotel as my water had just broken. She asked me to get up and check the color of the fluid. It was clear, but I immediately started to have contractions. That's exactly what I knew would happen, and the reason why I was staying in bed.

So there I was without support, sitting on my birth ball at the desk in my hotel room, breathing and moaning through contractions and then sniffing lavender oil and talking myself into relaxing in between contractions. I was my own doula for the time being, very happy that I had spent the past year attending births so that I was able to keep a clear head and focus at that moment.

John arrived after 10 minutes and we decided that my parents should take Nadia until further notice, and we settled in to have our baby. He decided to call our friend and doula, Crys, on the off-chance that she would be able to make it from Lafayette. She told us that she would try. John busied himself with applying counter pressure during my contractions (which were increasing in intensity quite rapidly) and getting things together in between.

By the time Emmy arrived, I was fairly sure that I was well into active labor. Emmy had not been able to get in touch with Rebecca (the phone situation was dire, with land lines down all over the place and cell phone circuits completely jammed) so at my suggestion she asked my cousin, Terri, who had been a surgery tech, to assist. Terri agreed, and I clearly remember watching Emmy give Terri a crash course in assisting a midwife.

The contractions continued to intensify and I asked Emmy to check me. I refused to lie down, and just told her to check me while I was on my knees. I was about 6-7 centimeters dilated and the baby's head was about 0/+1 so I decided to get up and walk around. The contractions were coming fine on their own and seemed to be only a few minutes apart and about a minute long. The timing of events gets fuzzy here, but at some point Crys arrived. We were astounded that she had made it, but ever so happy that she did! She jumped right in to lend support when I needed it, and gave John a break.

For the next hour or so I was walking around, leaning on John for support, in and out of the shower for relief. I had asked Emmy about bringing in her aquadoula earlier, but she didn't think there would be time to fill it before I delivered. However, I wasn't

progressing as quickly as expected, so she fetched it from her car and lugged it into the hotel like the trooper that she is.

Once the tub was full I jumped right in and immediately relaxed into the warm water. I remember telling Crys to remind me to relax in between contractions, and her telling me that I was quite relaxed! I guess I just thought I was tense. I remember floating on my back against John, and leaning forward on the rim while Crys applied counter pressure. I remember suddenly feeling more hostile towards the labor. I remember thinking I was sick and tired of it and just wanted it to get finished so I could sleep (why on earth I thought I would get to sleep any time in the next 20 years is beyond me). I kept telling Crys to help me, and in my head I knew what I was doing, but that was the only way I could express that I needed support even though I knew that my body could get through the labor.

I had her check me again, and I think I was about 8-9, with a huge bulging bag. I asked her to break it, which she did. She checked me again and there was a bit of a cervical lip, so I asked her to move it. The lip moved easily and at this point I was pushing involuntarily with contractions.

I was still in the tub, leaning forward over one side at this point. His head emerged within about three contractions, with a cord wrapped around. Emmy tried to release it but couldn't get his head out far enough, so Crys and John had to lift me up so that she could get the head out enough to slip the cord over it. Once she had cleared that, she realized that his shoulders were stuck. Crys, John and Terri had to maneuver me into a forward-leaning hanging squat so that Emmy could release his shoulders. Things were a bit tense, and Crys was clocking the time between the delivery of the head and body for Emmy. Emmy slipped her hands inside me to get his shoulders, and I had to push without contractions to get them to release. I was amazed that I had the strength left to do that, but what other choice did I have. The rest of his body promptly slipped out, and I sat down on the floor to hold him and check him out. He was a little slow to start breathing, but soon was doing just fine. I remembered to check for parts, and we were thrilled to find boy ones. We had a Jacob. It was 11:42 pm.

We cut the cord after it stopped pulsing and I got up to go to the bathroom. No placenta had emerged yet, so I figured the trip would serve two purposes. I sat down to pee, and Crys reminded me to "just let go" and out slid the placenta.

After the placenta was out, we returned to the bed to assess things. Jacob's breathing was a little rapid and raspy, so Emmy got him stabilized and then set to work on me. I was still losing more than a little blood, so we tried some homeopathic and herbal remedies first, and then decided that pitocin was in order. That made me start contracting much better, and the bleeding eventually slowed to normal. Emmy stayed the night on a makeshift bed on our hotel room floor so that she could monitor me. We all settled down around 2:30 am.

Wednesday, August 31, 2005

Emmy got a call around 5:30 am from another client that was in labor, so she did a quick check of Jacob and me and then headed out, promising to return when she was finished. We soon realized what was going on in the city from the constant news, and started to wonder what we were going to do about a place to stay. People were starting to flood Baton Rouge as New Orleans filled with water and it became clear that this was a disaster situation. I am horrified to think what could have happened if John, who almost didn't evacuate with us, had stayed.

Epilogue

As for the entire situation surrounding Jacob's entry to this world, that was much more of a challenge than any little five-hour labor. Fortunately our house did not flood, but returning to the city took a while, and it's been a challenging postpartum period. We've stayed in multiple places since his birth, showering at friend's houses, caring for small children under these circumstances, but now we are back to our house in New Orleans. Our electricity, gas, and water are finally back on. When I think about Jacob's birth retrospectively, I have no regrets. I wish I could have been at home, but the labor itself was wonderful. It has, to some extent, filled the void that was left as a result of the transfer to the hospital during my labor with Nadia. I knew that I would be able to birth my baby wherever I needed to; I just wanted to be as comfortable as possible while doing so. Having Emmy attend the birth was just as wonderful as it could be, and I am eternally grateful to Crys and Terri. Finally, I am totally in love with my husband for supporting my choices. Although I know that I probably could give birth without him, I wouldn't ever want to. ✳

> ***"The goats have no midwives. The sheep have no midwives.***
> ***When the goat ispregnant she is safely delivered.***
> ***When the sheep is pregnant she is safely delivered.***
> ***You, in this state of pregnancy, will be safely delivered."***
> ***— Recited by the village midwives and elders***
> ***among the African Yoruba***

Resources

New: Childbirth Connection

The Maternity Center Association has changed its name to Childbirth Connection and has a beautiful new website: <www.childbirthconnection.org>. The website is well-organized, searchable, and easy to use, with a wealth of information and tools for promoting informed decision-making based on evidence. Definitely bookmark this one!

"Midwifery is not the practice of medicine" now online

Suzanne Suarez' paper "Midwifery is not the practice of medicine," originally published in the Yale Journal of Law and Feminism, has been posted on a website <http://purplepanthers. com/mwart.htm>. While this was done without the author's permission, she is happy for people to have access to the paper.

If you want to contact Suzanne, go to her website <www.suarezlaw.com>.

Term Breech Trial discredited

Glazerman M, "Five years to the term breech trial: the rise and fall of a randomized controlled trial." Am J Obstet Gynecol. 2006 Jan;194(1):20-5

With this article Glazerman presents a strong critique of the Hannah "term breech trial" which had concluded that all breech babies should be born by cesarean section. Glazerman contends that there were so many problems with the study that "the original term breech trial recommendations should be withdrawn."

The Hannah trial strongly influenced hospitals to adopt policies for mandatory cesarean sections for breech babies. A single critique will not bring about immediate changes in hospital policies for many reasons, but this article provides useful support for normal vaginal birth when the baby is breech.

Multiple prior cesareans does not increase risk of uterine rupture

Mark Landon et al, "Risk of Uterine Rupture With a Trial of Labor in Women With Multiple and Single Prior Cesarean Delivery." Obstetrics & Gynecology 2006;108:12-20

Abstract at <http://www.greenjournal.org/cgi/content/abstract/108/1/12>.

A recently published study found that VBAC does not make uterine rupture any more likely in women who have had multiple c-sections than in women who have had one c-section. The study was widely reported. The Associated Press noted (Rita Rubin, USA TODAY Sat, July 1, 2006):

"A study out today could lead to an increase in the number of pregnant women who try for a vaginal birth after a cesarean section, a type of delivery called a VBAC. The study, published in Obstetrics & Gynecology, involved 17,890 women with a prior C-section who delivered at one of 19 academic U.S. medical centers from 1999 through 2002.

"It found that those who'd had multiple C-sections were no more likely to have a uterine tear, or rupture, than those who'd had only one C-section. Ruptures occurred in nine of 975 women with multiple previous C-sections, or 0.9%, and 115 of 16,915 women with just one prior C-section, or 0.7%.

"Gary Hankins, chairman of the American College of Obstetricians and Gynecologists' obstetrics practice committee, said he expects his group will now revise its VBAC advice for women who've had multiple C-sections."

Let's hope the ACOG committee sees the light!

Consider ordering your books online from Amazon.com through the CfM website <www.cfmidwifery.com>.

(Look for the Amazon link at the bottom of the CfM homepage.)

Every item you order generates a small donation to Citizens for Midwifery!

Cytotec webpage

Ina May Gaskin has been studying the off-label use of cytotec for years, in part because of the number of maternal injuries and deaths associated with its use. Now she has posted summaries or annotations of all 57 studies (published in English) about misoprostol/Cytotec, focusing on its use for cervical ripening and labor induction.

The first study was dated 1992, and the last was published in the Journal of the American Medical Association August 17, 2005. This last article is an extraordinary case study, and precedent setting, hopefully, because it involves the head of the OBGYN department at Beth Israel Deaconess Hospital in Boston. The author enumerates the "six errors" that contributed to the death of the W family's baby after Cytotec induction, although none of the errors mentioned (which were real enough) included giving the Cytotec.

Find the summaries on the home page of <www.inamay.com> by clicking on the heading, "The Misoprostol/Cytotec Controversy."

mothers & midwives: women's stories of childbirth

collected and edited by Sheryl Rivett

This is a wonderful and beautifully designed small collection of birth stories, and a bargain at only $2 a copy! While many of us involved with childbirth can never read enough birth stories, this collection would be a great introduction to birth for any pregnant woman or anyone wanting to know more about birth and about birth with midwives – just a variety of positive birth stories in the words of the mothers themselves. Sheryl has effectively used the interview format to provide some background and to include questions she asked and things she wondered about, giving the stories the kind of comfortable intimacy you might have if you set out to ask your best friends about their birth experiences. Sheryl has included information about the Midwives Model of Care, questions to ask a caregiver, and a one-page list of resources (books and websites).

Let's get this fine little booklet "out there" to the general public! Find out more at <www.womensvoiceswomenshealth.org>. Bulk orders are available – contact Sheryl Rivett at <pocoshar@verizon.net>. ✷

Book Review:

The Breastfeeding Café: Mothers Share the Joys, Challenges, and Secrets of Nursing

By Barbara L. Behrmann, PhD
2005 The University of Michigan Press, Ann Arbor
www.press.umich.edu
www.breastfeedingcafe.com
ISBN:047206875X
Price: $19.95 paper 311 pgs

Reviewed by Nasima Pfaffl

A sociologist by training, Barbara Behrmann weaves together social insight, a touch of feminism, women's own voices, and her own breastfeeding experiences to create a truly wonderful book. *The Breastfeeding Café* is well researched and built on interviews with a great diversity of mothers from across the country. References and quotes are sprinkled between women's stories, making this an informative but inherently easy book to read and enjoy. Certainly a book worth recommending to both expectant and experienced mothers who will find support and commonality in the great variety of personalities, subjects, and stories included in the book.

Barbara covers the gambit of emotions and experiences with nursing: from exquisite love and contentment at the sight of a sleeping child smiling with a nipple in its mouth; to great feelings of accomplishment and pride at watching a child grow healthy and big through the nourishment a woman's own body provided; to anguish and tenacity in the face of challenges; to healing from difficult situations. With great humor and affection she weaves together the intimate experiences of mothers and their babies as they nourish each other and navigate the sometimes ecstatic and playful to the difficult and sad relationship of nursing and weaning. Nine chapters' present women's stories grouped in themes.

Of special note chapter seven focuses specifically on the embodied nature of nursing and on the contradictions of sexuality and intimacy involved in this relationship and in society. She presents stories of women navigating nursing in public; some with stories of hiding in bathrooms to others standing their ground even in the face of insistent store and restaurant managers. My favorite ironic account is of a woman nursing a toddler in a Hooters bar and standing up to the scantily clad waitress who is telling her to leave. She also presents accounts of the sexualized nature of breasts and the realities of balancing closeness with your child and your partner. Women recounted stories of trying to have sex, nursing an awoken child, and then returning to try to have sex again. Don't many nursing moms understand this scenario? This book is remarkable for its intimacy and honesty of women's daily lives.

It's also remarkable for its humor and playfulness. This is the first book on breastfeeding I've come across that so intimately and sweetly shares the playfulness of mothers, babies, and breast. My favorite account details how a mother would playfully lift her shirt as her baby crawled toward her from across the room and as her baby got close she would hide her breast and the baby would squeal with delight. There are several similar stories of humor and antics included in chapter four. The book is filled with sweet honest moments like this that are seldom shared. Great cartoons from Baby Blues Partnership also accent the humor of nursing and mothering throughout the book.

In the closing chapter Barbara discusses the future of breastfeeding and makes suggestions for action. She states, "Telling our stories is an act of power, of taking control of our own life, of helping other women in theirs. It is, above all, a starting point. My hope is that the stories in *The Breastfeeding Café* will give women the courage and permission to dispel myths, reveal secrets, and be honest" (pg 292). I concur. There are many books out there that explore the benefits of breastfeeding, but *The Breastfeeding Café* lays open the trials and joys of real women who have been there at 3 am. Through these stories we can learn from each other and say "wow I wasn't the only one." The book makes nursing more visible, appreciated, and understood, and provides a critical opportunity for women to learn from and support each other in the day to day realities of breastfeeding in a bottle-feeding culture.

Overall I think this is a remarkable book. My only criticism is an academic one. As a sociologist myself I would have liked an appendix or small section that described her research methodology including information on how many women she interviewed or received accounts from online, when these were collected, how they were analyzed etc. For most readers this is hardly a drawback, but it's the one thing I was left wondering about.

Whether you've called them nanas, num nums, bas, boobies, milkies etc. you will find stories you can relate to and learn from in *The Breastfeeding Café.* Hats off to Barbara Behrmann on an excellent and much needed honest and delightful book on the many experiences we share in nursing and mothering our children. ✳

Some breastfeeding facts from UNICEF, November 2005:

- Breast feeding is saving the lives of 6 million babies a year. (In other words, failure to breast feed kills 6 million babies each year.)
- A total of 1.3 million lives could be saved each year if mothers followed its recommendation of exclusive breast feeding up until six months, then complementary feeding for at least two years.
- Global breast-feeding rates rose at least 15 percent from 1990 and 2000.
- Only 39% of infants in developing countries are exclusively breast fed; Unicef blames"lack of awareness amongst mothers, and lack of support from health workers and communities."

In the United States, 58 percent of babies were breast fed in 1994, compared with just 30 percent in 1974. (Centers for Disease Control and Prevention).

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- Your organization can collect a separate check for each CfM membership, or write one check to CfM for the collected CfM memberships.
- Your state organization forwards the CfM membership forms with payments to CfM.

CfM brochures are available at no cost (order forms are available).

State organizations may request a personalized digital file of this form by e-mail.

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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**
375 Rockbridge Rd, Suite 172-313, Lilburn, GA 30047, (888) 923-MANA (CT), <www.mana.org> <info@mana.org>

***MEAC* Midwifery Education Accreditation Council**
20 E Cherry Ave., Flagstaff, AZ 86001-4607, (928) 214-0997 (MT), <www.meacschools.org> <info@meacschools.org>

***NARM* North American Registry of Midwives**
PO Box 420, Summertown, TN 38483, (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, (240) 485-1800 (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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FOR SALE:

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_____	*Born In the USA* video ~ Special offer for CfM members only!	($89 ~ free shipping!)	$ _____
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