Citizens *for* Midwifery news

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Safiyah Abdessalam, 14 months
born at home with a midwife
photo by Shahab Abdessalam

Midwives Model of Care™
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Postpartum Blues: Depression or Trauma?

By Carolyn Keefe

We've all heard a lot over the last year or so about postpartum depression (PPD) and its effects on mothering. However, a related concern seems to have been ignored by the media, healthcare professionals, and even many birth advocates – posttraumatic stress disorder (PTSD). Given the level of intervention in birth and of depression among new mothers, it's important to understand the differences and address the actual feelings, rather than assuming that new mothers must only be suffering from PPD.

Some of you are new parents, some work with pregnant women and new mothers, and others, like me, are around birth or advocating for change. Yet all of us know someone who has had (or is having) trouble processing her birth experience. I'd like to share what I've learned recently.

I've come across several references to posttraumatic stress and its effects on new mothers, including an article by an Australian psychologist, Barbara Gonda, *Postnatal Depression or Childbirth Trauma?* that emphasized the importance of differentiating between the two:

> By continuing to treat PND [postnatal depression] purely as a depressive illness, therapists can only treat the "irrational thinking" which in turn directly contests the woman's experiences of trauma in childbirth. ... Professionals may well be causing their clients more harm by overlooking the trauma and compounding and prolonging the patient's depression. This in turn may place further burdens on their psyches, their relationships, and their children.[1]
>
> Treating just the depression of a client may leave them with unresolved and seriously impacting issues. Underlying and suppressed traumas, episodes that

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CfM at Universal Health Care Action Network (UHCAN) Conference

By Susan Hodges

As President of Citizens for Midwifery, I attended the UHCAN conference (November 15-17 in Baltimore, Maryland) to help make ensure a "seat on the bus" for midwifery when Universal Health Care finally takes off. No other midwifery or maternity care group had a participant present.

Founded in 1992, UHCAN is a "national network of organizations and individuals who believe in health care for all." Its mission is "to create and strengthen nationwide momentum for justice in health care." The vision is a US health care system that is "universal, comprehensive, high quality, affordable and publicly accountable." (quotes from the UHCAN brochure.) Find out more at <www.uhcan.org>.

The HMO revolution of the last decade or so has profoundly changed health care, turning it into a commercial commodity by focusing exclusively on the "bottom line" rather than on health needs or a goal of healthy people. More people than ever are uninsured, under-insured, or burdened with deductibles that are prohibitively high. Preventive care is rarely covered. Many activists have come to "health care for all" as a justice and civil rights issue.

In the course of the conference I learned about the breadth of problems and the many issues related to and driving universal health care activism. I brought attention to the importance of maternity care (economic and health) and why midwifery (the Midwives Model of Care) is essential for any universal health care plan. I met new people and learned about other state and national organizations and coalitions. Many

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Citizens *for* Midwifery

Who Are We?

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

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

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

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

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

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

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

CfM News Credits:
Editor: Susan Hodges
Editorial Review: Susan Hodges and Paula Mandell
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become lost in disassociation, and socially unacceptable issues, may remain untreated, intensifying the symptoms and prolonging the recovery period. ... Depression is more acceptable when it is labeled as a medically treatable condition such as PND than as childbirth trauma. ... The loss of self-determination in an event as pivotal as childbirth may lead to preferred actions and choices becoming futile, with depression a likely outcome.[2]

One way of differentiating between PPD and PTSD is to recognize that postpartum depression may be either biological or may relate to the circumstances around mothering and how supported the mother feels. Posttraumatic stress is related to an event, in this case the birth, and the extent to which that event relates to what the mother perceives as normal and leaves her feeling powerless.

Post Traumatic Stress Disorder is a severe anxiety reaction to a traumatic event that occurs outside the range of usual human experience. People with PTSD persistently re-experience the event in at least one of several ways: recurrent distressing dreams; recurrent recollections of the event; a sense of reliving the experience (flashbacks); and intense distress at events that symbolize an aspect of the event (such as anniversaries).[3]

There is also a strong taboo in this culture to expressing displeasure about one's birth experience and many women find that no one is interested in listening to them sort out their feelings.

Unless the outcome is blatantly catastrophic, birth is presumed to have been "successful," well worth any complications, difficulties, and disappointments. Such a limited perspective on trauma leads to a further denial of the potential aftereffects for the mother and baby, and also for the family, friends, and professional caregivers who bear witness. ... Trauma is not an event. It is a set of responses that arises when a person perceives that she is facing (or witnessing) serious danger that she is powerless to avert. Thus trauma is a very subjective experience. ... A mother may be haunted for years by a birth that was just another routine delivery for her doctor. Clearly, an understanding of trauma must be based upon a willingness to honor the perspective of the person who experiences it.[4]

The recently released *Listening to Mothers Survey* (see page 3) from the Maternity Center Association shows that virtually all women in the US are subjected to high levels of technological intervention. There may be many more women out there with trauma than previously realized:

One in three women (33%, 164/499) reported a stressful birthing event and three or more trauma symptoms. (p. 106) ... As women experienced more obstetric intervention, their satisfaction with care decreased. (p. 109) ... The incidence and severity of trauma symptoms identified in the present study is of grave concern. As a consequence of adverse birthing experiences, women are more likely to experience psychological morbidity in the postpartum period. (p. 110)[5]

And many may have buried it, only to have the trauma resurface in unexpected ways and places: "PTSD can occur as an acute disorder soon after the trauma, or have a delayed onset in which the symptoms occur more than six months after the trauma.[6] A friend of mine who is a longtime doula and childbirth educator call this the walking wounded, who re-experience their own trauma when they see a pregnant woman, even a stranger, and pour out their horror stories. This may be their only outlet for processing the trauma.

There are very few services available to women who have experienced a traumatic birth and need a place to resolve it. In Albany, we have started a Birth Circle that meets every three months at a local library. It offers a safe, supportive atmosphere for women to come and tell their birth stories and gives women some outlet. Women who have had surgical (cesarean) births and are fortunate enough to have an International Cesarean Awareness Network (ICAN) chapter or other cesarean support group in their area have an additional source of support.

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I have also looked for web sites that might offer support. While some organizations and site address birth trauma, most focus on babies. There is a list of resources on the Gentle Birth site at <http://www.gentlebirth.org/archives/ppdepres.html> and ICAN has a great online support group <http://www.ican-online.org/community/fensende.htm>. There are also resources for women suffering PPD (at <http://www.postpartum.net/links.html>.

Awareness of maternal birth trauma is growing, slowly. We all need to respect each woman's perceptions of her own birth and allow her the opportunity to process and resolve her feelings without dismissing them or labeling them depression. As advocates, we must also remember to include the emotional dimension of this most profound experience when working for change. ✳

[1] Gonda, Barbara. "Postnatal Depression or Childbirth Trauma?" Psychotherapy in Australia, v4 n4, August, 1998.
[2] IBID.
[3] "Emotional Recovery: Postpartum Depression and Post-Traumatic Stress Disorder," White Papers, International Cesarean Awareness Network (ICAN), http://www.ican-online.org/resources/wp_ppd_ptsd.htm.
[4] Radosti, Sue. "Dynamics of Trauma in Childbirth" *Special Delivery*, Vol. 22 No. 1, Spring 1999, Pg. 2.
[5] Creedy DK, Shochet IM, Horsfall J. "Childbirth and the development of acute trauma symptoms: incidence and contributing factors." *Birth,* 2000 Jun;27(2):104-11.
[6] "Emotional Recovery," ICAN

ICAN 2003 Conference
The Proactive Pregnancy:
Defeating Cesarean Prenatally

May 9-11 in St. Petersburg FL

The program includes workshops on topics such as Childbirth Activism and Evidence-based Practice.

CfM President Susan Hodges will address ***VBAC Attack and Midwifery.***

The conference brochure, including program and registration materials is available online at <http://www.ican-online.org/conference/index.html>. Register now!

Download the brochure above to register or contact Anita Woods at <conference@ican-online.org> or (816) 645-8539.

Listening to Mothers Survey Unveiled

On October 24, 2002, the Maternity Center Association (MCA) released the results of their *Listening to Mothers Report of the First National US Survey of Women's Childbearing Experiences*.

A printable version of the complete survey report, executive summary and recommendations, and survey questionnaire can be obtained through the MCA website <www.maternitywise.org>.

According to the website, "The Maternity Center Association (MCA) developed the *Listening to Mothers Report* to better understand women's maternity experiences and ways to improve these experiences. This historic survey is the first time that women in the US have been systematically polled at the national level about their maternity experiences." The survey explored areas seldom investigated (including attitudes, feelings and knowledge from the birthing-women's perspective about various aspects of giving birth and maternity care), new data items (practices, positions, etc.) for which data has not previously been collected, as well as information typically collected but often under-reported on birth certificates and in hospital records.

The survey was conducted and analyzed in collaboration with Harris Interactive ® (the Harris Poll ® group); MCA developed recommendations based on the results. Survey participants were healthy women with term pregnancies who had given birth within the previous 24 months.

This survey is well worth reading and provides information available nowhere else. For one example, the survey asked women what position they were in when their baby was born, information not recorded on birth certificates or other official sources of birth data. According to the survey results, of the women who gave birth vaginally, 74% reported that they "lay on their backs while pushing their baby out and giving birth," generally the worst position for giving birth.

Certainly these high rates of interventions for healthy women giving birth vaginally to term babies cannot all be medically necessary. Prior to this survey this kind of documentation had either been very hard to obtain or completely unavailable.

Thanks to MCA, we now have new and up-to-date facts and figures to back up assertions concerning the overuse of interventions in hospital births for healthy mothers with term babies.

NOTE: The MCA website also has the entire text and tables of *A Guide to Effective Care in Pregnancy and Childbirth* (Oxford University Press, 2000) courtesy of the authors: Murray Enkin, Marc J.N.C. Keirse, James Neilson, Caroline Crowther, Lelia Duley, Ellen Hodnett and Justus Hofmeyr. ✳

Here are just a few results for *women having vaginal births* (p. 4):

- 93% had continuous electronic fetal monitoring
- 85% had IVs
- 71% were not able or were not allowed to walk during labor
- 67% had artificial rupture of membranes (to start or speed labor)
- 63% were given artificial oxytocin to speed labor
- 59% had epidural anesthesia
- 35% got an episotomy
- 58% had uterus checked inside with gloved hand after birth
- 49% labor induction was attempted

"… there were virtually no "natural childbirths" among the mothers we surveyed. … Less than 1% of mothers gave birth without at least one of these interventions, and almost all of these came from the very small group (also less than 1%) of home births in our sample …"

(Declercq ER, Sakala C, Correy MP, Applebaum S, Risher P. *Listening to Mothers: Report of the First National US Survey of Women's Childbearing Experiences.* New York: Maternity Center Association, October 2002.)

President's Letter

Dear Friends,

By the time you read this newsletter, the holidays will be memories, 2003 will be well underway, and at least in some parts of the country, spring is just around the corner. Looking back ...

2002 Was a Very Busy Year!

Read about our many accomplishments of the past year in the Annual Membership Meeting report (page 5). Since that meeting in October, I represented CfM at the Universal Health Care Action Network conference (see page 1). We also contributed written comments to the National Children's Study, a new federal study that will look at the effects of environment (in the broadest sense) on the health of 100,000 children, pregnancy through age 21.

Last year saw yet another challenge as the American College of Obstetricians and Gynecologists publicized a study on "planned home birth" (see Fall issue), misrepresenting the results and failing to note the serious methodological flaws in the study. We responded by posting a ready-to-print double fact sheet on the website enumerating the problems with the study and pointing out ACOG's misrepresentation of the study results.

We expect that in 2003 midwives and midwifery advocates again will be challenged by hostile legal and political strategies, by internal challenges to our own unity of purpose, and by aggressive dis-information from some professional medical associations. We will need all the strength we can muster along with a willingness to improve our own communications and to work in coalition with other individuals and organizations. The voices of consumers, and the information and fliers available on the CfM website, will be needed more than ever.

Economic Challenges and Needs

One other significant challenge is the impact of the slow economy. Citizens for Midwifery, like most non-profits, is feeling the pinch. Noticeably fewer people have included even small donations with their memberships, and unlike most previous years, we have received almost no substantial contributions for general support.

With that being said, there are many conferences and important networking opportunities coming up that will involve costs for CfM. Board members Willa Powell and Carolyn Keefe will represent CfM at the Coalition for Improving Maternity Services' First Mother-Friendly Childbirth Forum and meeting in February (CfM is one of only two national consumer-based organizations involved with CIMS). Board member Paula Mandell and I will represent the CfM Board at joint board meetings with MANA, MEAC and NARM in April. Willa will also represent us at the Steps to a Healthier US Conference in Baltimore, Maryland in April, hosted by the US Office of Disease Prevention and Health Promotion, publishers of the Healthy People 2010 Report. I have been invited to give a workshop at the ICAN Conference in May (see page 3).

Even with volunteers, CfM's work takes time and money. E-mail is inexpensive, but it cannot replace the need for telephone and travel … and printing and postage costs must also be paid.

In 2003, will Citizens for Midwifery have adequate funds to continue speaking out for the Midwives Model of Care and the interests of "consumers"? That depends on you!

"Many Hands Make Light Work"

This is the idea behind paid memberships– pooling modest membership fees from many people makes it possible for an advocacy organization to exist and carry out the tasks needed for public education, networking and advocacy projects.

To make a difference, to be heard and be taken seriously, we need many, many voices to speak together!! In addition, we need many members who are committed enough to this cause to join and to contribute what they can.

We have estimated that we need more than 1000 members to meet minimum operating expenses, but we have not reached this goal. The "good news" is that there are lots and lots of future CfM members out there who have not yet joined!

You Are Appreciated and Needed!

Most of you are members already, and your much-needed continued support is very appreciated! A few of you are midwives who are including a membership in CfM for each of your clients. That helps to support CfM as well as informing more parents about midwifery advocacy and related issues. A big "thank you" to each of you!

Some of you are not yet members, and I urge you to join. If there is a six-digit number to the right of your name on the mailing label, you are a member. If there is a two-digit number, or no number at all, you have received a complimentary copy. There is a membership form on the last page of every newsletter, or you can join through CfM's website.

Encourage Others to Join!

Everyone can encourage others to join. Do you have friends or relatives who support choices for maternity care and setting? Tell them about CfM, and encourage them to join. Are you on any e-lists where you could make a positive mention for CfM, the CfM website, and membership? Could you offer to help your midwife, doula and/or childbirth educator provide CfM information and brochures to their clients? CfM now has attractive postcards and CfM brochures available for birth professionals to give to their clients, but maybe your midwife, doula or childbirth educator doesn't know about them or is too busy. Could make sure they know about these and offer to send for the postcards?

Give!

Contributions beyond memberships really help. Most of us are feeling strapped. But perhaps there is something in your life that you would be willing to do without, so you could afford a membership or make a contribution. Every donation, no matter what size, helps support CfM's efforts to promote the Midwives Model of Care and present a "consumer voice" in maternity care.

So this "President's Letter" is an appeal to each of you to help CfM grow and strengthen. If we don't rise to the challenges … if we don't act to preserve safe childbirth choices and fight to have the Midwives Model of Care … who will?

CfM Annual Membership Meeting

Over 30 people attended the Citizens for Midwifery 2002 Annual Membership Meeting held on October 25 during the MANA 2002 Conference in Boston. In addition to Board reports and elections, there were energizing discussions and networking among those in attendance.

Reports

Treasurer Willa Powell provided a Financial Report. Overall, CfM has had a healthy bank balance, but much of this has been "pass through" money for special projects. The slower economy means CfM is less likely to receive substantial grants and donations, increasing the importance of building the membership base.

Susan Hodges reported that our efforts to contact and work with midwives through MANA have begun paying off with an increase in new memberships. However, we are still far short of our goal of 1000 members at this point.

Paula Mandell reported that the web site revision is largely complete, and everyone agreed that it looks great! The goal is to have a clean, well organized, up-to-date website to serve as a clearinghouse for people wanting information on midwifery and the Midwives Model of Care. The CfM website shows up high on search engine lists, which benefits consumers and others researching midwifery on the Internet.

Projects and Accomplishments

Susan reviewed our many accomplishments this past year. Besides publishing four newsletters, we have distributed more than 10,000 Midwives Model of Care brochures, redesigned and expanded the website, and created new "free issue" postcards for birth professionals to let their clients know about CfM.

Citizens for Midwifery has been networking with other organizations and collaborating on specific projects. We continued a good relationship with the Midwives Alliance of North America, who welcomed our participation in the MANA 2002 Conference (see page 6) and our work to bring both US midwifery advocates and keynote speakers from New Zealand to the conference. In various capacities we have connected with the Maternity Center Association, Coalition for Improving Maternity Services, International Cesarean Awareness Network, and Chicago March of Dimes. Our literature was at the International Confederation of Midwives and the American College of Nurse-Midwives conferences. Internationally, Susan was invited to speak at the CASA Midwifery Conference in Mexico, and the New Zealand College of Midwives requested permission to adapt the Midwives Model of Care brochure text.

CfM board members have continued to be available for consulting about issues ranging from grassroots organizing, to communications and strategy challenges within states, to wording for legislation, to prosecutions of midwives. We have written letters regarding midwifery legislation and regulations for Vermont, New Jersey and Texas, and also letters in support of Alternative Link's ABC Codes (see page 14).

Those attending the CfM Annual Meeting were asked to fill out a questionnaire rating the value of past accomplishments and giving input for future work. The improvements in materials and the website were most valued. For future projects, some kind of national media campaign (probably in collaboration with other organizations) and increasing membership got the most support.

Elections

Ballots were counted and the current board members were re-elected for the 2002-2003 term (none were opposed). The board members met later and agreed to serve the following offices: Susan Hodges, President; Paula Mandell, First Vice President; Michelle Breen, Second Vice President; Willa Powell, Treasurer; Carolyn Keefe, Secretary.

Post Agenda Networking

General discussion followed regarding midwives and consumers working in partnership toward a common goal. Glynette Gainfort, New Zealand midwifery consumer activist and conference presenter, said that in her experience this partnership is essential to achieving effective legislation and putting midwifery in the public eye as a viable choice in maternity care.

The group also discussed how to increase CfM's membership base and encourage midwives to become more active in informing clients about CfM. Hopefully the new "free issue" postcard will be a good start to improving this situation.

Becky Martin brought up the importance of getting involved with the Universal Health Care Action Network (UHCAN) to ensure that midwifery and the Midwives Model of Care will be included. (Subsequently, Susan Hodges represented CfM at the UHCAN conference – see page 1.)

It was wonderful to hear people across the country tell what's happening in their states. Overall, the meeting, like the rest of the conference, was a wonderful opportunity to come together, take care of business, and learn from each other! ✳

Photo by Marilyn Holmes

CfM 2002-2003 Board of Directors (l-r) Carolyn Keefe, Paula Mandell, Susan Hodges, Michelle Breen, Willa Powell

MANA 2002 – A Great Experience!

By Susan Hodges

Many thanks to MANA, Massachusetts Midwives Alliance, Massachusetts Friends of Midwives and the many individuals who worked so hard to make MANA 2002 a wonderful and inspiring conference! Additional thanks for including Citizens for Midwifery and welcoming midwifery advocates from across the country!

The "consumer" track of advocacy workshops were well-attended. Forty-one people from 23 states registered as "consumers" for MANA 2002, most of them leaders, both in their state organizations and in efforts to promote the Midwives Model of Care.

We look forward to future collaborations on conferences that can benefit all of us. As Marsden Wagner has noted, "In every country where I have seen real progress in maternity care, it was women's groups working together with midwives that made the difference." Creating events where midwives and advocates can mix together and share ideas and concerns can only strengthen the movement. MANA welcoming advocates and advocacy workshops, as well as CfM meetings as part of the conference, really helps midwifery advocates by providing a place and focus for meetings, networking and inspiration that we would be hard-pressed for us to pull off by ourselves.

Keynote speakers Maggie Banks and Glynette Gainfort from New Zealand inspired activists and midwives alike and were generous in sharing their experiences in workshops and other meetings. We missed Miriama Kupe-Wharehoka, a Maori midwife from New Zealand, who could not come at the last minute due to a death in her family.

CfM was primarily responsible for collecting funds to pay for the airfares from New Zealand. Although we were a bit anxious in September, conference attendees were wonderfully generous with donations! After all the numbers are tallied, we will have raised enough funds to cover the airline tickets! Thank you very much to all who contributed!

A First Hand Report

By Carolyn Keefe

I found the MANA 2002 Conference to be a whirlwind of workshops, meetings, and great conversations. Between my own presentations and CfM Board responsibilities, I was going all the time and thoroughly enjoyed it! I really enjoyed meeting my fellow Board members and talking to so many other people from around the country who are working toward change. To be surrounded by people who share the same vision and frustrations was affirming and encouraging.

I had a wonderful opportunity to visit with New Zealand midwife Maggie Banks while Willa Powell took us on an unexpected tour of Boston. We had a great dinner and compared experiences between New Zealand and the US. Learning about New Zealand from Maggie and Glynette Gainfort was inspiring and troubling. Even with all their legislative and regulatory successes, women in New Zealand are still seeking technology and drugs in labor. It made me realize again the continuing importance of public education, even after the legislative and legal battles are won.

With so many interesting workshops, even beyond the consumer track, I sometimes had trouble choosing. My BirthNet friends and I decided to split up for some, so we could cover more ground. In addition to most of the consumer workshops, I went to the one about the Listening to Mothers survey. What an eye-opener! Even with all the interventions, women still say that they have positive birth experiences and that they are involved in decision-making. Yet as many as one-third didn't know they had the right to refuse procedures and one-fifth experienced some degree of depression. Again, public education is key to helping women understand their full range of options and the risks and benefits of each – if we don't know we have options, we don't have any.

I came home exhausted but renewed, knowing that we're not alone out there, and that by coming together we can learn from each other and grow stronger as an organization and as a movement.

Partnerships

By Michelle Breen

I have been involved with midwifery advocacy for ten years, and after attending this year's MANA conference in Boston, I am beginning to embrace a new concept. Partnership. This may sound strange to you. The strangeness of the concept is haunting me. Isn't this what advocacy is all about? Isn't this what I have been doing? What about all the meetings I've attended in the past 10 years? Meetings with midwives, meetings with public health professionals, meetings with consumers – weren't all these meetings about forming partnerships? The answer is "yes, but..." The "but…" is how I perceived my role in the partnership. I viewed my relationship with midwives as advisory, and my voice without the power to vote. Glynette Gainfort, a New Zealand midwifery advocate who spoke at the conference, turned my brain upside down.

On the last day of the conference, Glynette addressed the attendees of the Citizens for Midwifery meeting with the following words: "The one thing I noticed right away about the US is that everyone speaks of about the need for consumer support behind the midwives. The midwives don't need consumers behind them. They need consumers beside them."

Photo by Marilyn Holmes

CfM Board of Directors with Maggie Banks (New Zealand), Jim Henderson (Massachusetts Friends of Midwives) and Glynette Gainfort (New Zealand) at MANA 2002 Conference.

Glynette also observed that the conference was organized into very separate consumer workshops and midwife workshops. Here's another "but…" – to be effective, the advocacy workshops should be inclusive of midwives. "If we were in New Zealand, half of the people in this room would be midwives." Clearly New Zealand embraces the concept of consumer partnership beyond what I ever considered. The midwifery regulatory board in New Zealand has consumer representation. Consumer members are selected from the recommendations of the consumer organization. To assure that the consumer voice is strong, the board includes a group of consumers (not just one or two). Additionally, midwives participate in a mandatory annual review. The review committee consists of two midwives and two consumers. Glynette believes the consumer representation on the review committees has significantly impacted the type of care provided by midwives, including midwives who work in hospitals.

What can we do in the US to improve our partnerships between midwives and consumers? Here are some suggestions: Midwife organizations can welcome and encourage consumer membership. Organizations can draft policy statements encouraging strong consumer representation on boards and committees, including regulating boards and review boards. Individual midwives can support partnership by recruiting new members. As Glynette said, "Midwives have political power because they have clients. Midwives NEED to politicize their clients."

Advocacy organizations need midwives to provide clients with education on the importance of joining local and national organizations. We all know that state organizations ebb and flow. Interest in keeping advocacy groups going is based on local birth politics as well as the luck of having an organized group of energized and committed individuals. Glynette witnessed this in New Zealand. After the midwives became fully integrated in the health care system, the strength of the New Zealand advocacy groups diminished. While the instability of local organizations is always a challenge, we are fortunate to have a very stable national grassroots advocacy group in Citizens for Midwifery. CfM has developed effective tools that can be used to facilitate partnerships. There are beautiful print materials, including membership brochures, a quarterly newsletter and introductory postcards. These materials can be used as teaching tools for midwives to "politicize their clients."

Photo by Pam Maurath

"Wow!" Susan Hodges is thrilled and surprised at being presented with the First Annual Citizens for Midwifery Award at MANA2002

If your state is fortunate to have a local organization, CfM offers an affordable partnership relationship with local advocacy groups. Individuals can join CfM at a reduced rate when they join (or renew membership in) their local organization at the same time. For more information on CfM's materials or the joint membership program, contact CfM at info@cfmidwifery.org.

Of Friendships and Chocolates

By Paula Mandell

I spent 12 years as an independent midwife before joining the Board of Directors for Citizens for Midwifery. This gives me a unique perspective on the work we do at CfM, as I've experienced life as the midwife and also as the consumer advocate.

It's been three years since I retired from catching babies. While I relish a full night's sleep, I do miss the direct connection I had with midwives across the country. I have great memories of traveling to midwifery conferences and meeting up with both old and new friends. Something very special happens when you get a roomful of midwives together. Whether we were talking about herbal remedies, prolonged labors, or simply the correct way to eat fudge covered Oreo cookies, there was an unmistakable connection between midwives. I would come home recharged and excited to continue doing what I loved.

These memories returned as I made my way through the MANA 2002 conference in Boston. While there were no fudge covered Oreos on the menu, there was that familiar excitement in the air. Hundreds of women in the same place … various backgrounds … various styles of practice … all with a common bond.

The beauty behind this particular conference was that it had a prominent consumer component, which attracted midwifery activists from across the country. Not only was the conference charged with the energy of midwives, it was also fused with the energy of people who, while not midwives themselves, actively support midwifery and the Midwives Model of Care.

While the consumer workshops ran side-by-side with the midwifery-focused workshops, it was good to see both consumers and midwives attending some of the same workshops. There is much to be said for midwives and consumers working together to keep midwifery safe, legal and available to birthing women and their families across the country. It is something that I hope will garner more focus in the months and years ahead.

While the data does not support that consumers share the same need for vast amounts of coffee and fudge covered Oreos (or any form of chocolate), it was clear that the same energy and excitement that bonds midwives also bonds midwifery activists! ✳

UHCAN Conference continued from page 1

people were motivated to work for universal health care because of access and affordability problems, with HMOs denying needed care etc. In contrast to many aspects of health care where HMOs have lead the way in questioning and/or denying every detail of care, for maternity care the opposite seems to be true. While access is still a problem, the standard for maternity care seems to be too much and/or inappropriate care as liability fears and profit motives drive increases in interventions, regardless of the cost.

Most people at the conference were unaware of the economic significance of maternity care and of the growing (and costly) problem with over-intervention in childbirth. The US is the only industrialized country without universal health care, and all countries with better maternity outcomes compared to the US have both universal health care AND professional midwives attending the majority of births. It is hard to see how the US could achieve affordable health care for all unless most normal maternity care is handled by midwives. CfM prepared a special fact sheet on the importance of midwives and consumers in any universal health care plan.

The theme of the conference was "Building Alliances," but other aspects were addressed also. There was recognition of the need to build organizations and coalitions at the state level, to build state and national alliances among organizations, to reach out to new groups. In fact, the health care for all movement has many similarities to the midwifery movement: diversity of issues, interests, concerns and priorities, the need to organize at the state level, the need to form coalitions of diverse interest groups at state and national levels, etc. Also there are a number of strategic questions for which there are differences of opinions and no simple solutions (multi-payer vs. single payer concepts; incremental vs. universal strategy; federal vs. state level efforts; proactive vs. defensive priorities).

Organizations represented at the conference included a broad range of groups, from state "health care for all" coalitions, to consumer/citizen groups like the League of Women Voters, the Urban League and the Grey Panthers, to provider groups such as the National Coalition of Mental Health Providers and Consumers, and the American Medical Students Association, and others like Community Catalyst and National Association of Community Health Centers. Participants included physicians, nurses, PhDs, retirees, medical students, psychologists, and others. One of the challenges for UHCAN is to bring together so many different groups each with a special focus, to work together on the big issue.

One group of particular interest was the American Medical Student Association. Although it was started by the American Medical Association, AMSA is now a completely independent organization, and quite progressive. The group was honored for their actions for universal health care. AMSA's strategic priorities are universal health care, leadership development, resident work hour reform, personal wellness in medicine, and increasing diversity awareness. Minesh Shah, AMSA Jack Rutledge Fellow, noted that with all the economic changes for medical care and health insurance in recent years, medicine is no longer regarded as a sure-fire way to make a lot of money, and that is changing the nature of medical students – more are coming with altruistic aspirations rather than just for prestige or money.

UHCAN's 2000 effort, the U2K Campaign, was support for the formation of the new Congressional Universal Health Care Task Force, chaired by Rep. John Conyers (D-MI) and launched in April 2000, and for the Health Care Access Resolution (H Con Res99), the first product of the Task Force. This Resolution was conceived as an organizing tool, a vehicle to raise the level of unity regarding universal health care, and a means to educate about health care principles. The Resolution is subtitled: "Directing Congress to enact legislation by October 2004 that provides access to comprehensive health care for all Americans." <http://www.uhcan.org/HCAR/resolution.htm>.

Conclusions: Consensus was not reached on an overall strategy, other than that at this point there was no one strategy that clearly is the best way to go. Therefore, people will continue to work on many aspects for now, both to defend health care programs like Medicare and Medicaid, and to work toward health care for all, at state and national levels. While many aspects of universal health care may seem unrelated to midwifery and maternity care, access to health care is a particular problem for women (see Womens Health Insitute <http://www.wuhi.org/#I>). I am convinced that it is crucial for midwives and midwifery advocates to be knowledgeable about and involved with this movement so that maternity care will be not "business as usual" and midwifery will not be lost along the way. In addition, we can find new allies by being part of this movement. ✳

A Few Facts:

- According to the WHO, the US is 39th in overall "health status" in the world
- 41.2 million people were uninsured for all of 2001. That's one in seven Americans under 65, and does not include the millions more who were uninsured for less than 12 months of 2001. (U.S. Census Bureau, 9/30/02)
- 50-60% of uninsured are working full time
- >80,000 deaths/year due to no insurance
- Find more information at <www.UHCAN.org> and at <www.wuhi.org/pages/articles.html>.

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

CONNECTICUT

Attention in Connecticut has been focused on four Certified Professional Midwives under investigation by the Connecticut Department of Public Health (DPH). As reported in the Fall *Citizens for Midwifery News*, two are being charged with practicing medicine without a license, while the other two are being investigated for possible violations of nursing and/or nurse-midwifery regulations. The cases all arose from appropriate transfers with good outcomes.

A hearing for the two charged with practicing medicine without a license originally set for December 11, was finally convened on January 7, 2003 before the Medical Examining Board hearing panel (an attorney, an RN and an MD).

In her opening statement, the midwives' attorney, Diane Polan, made the point that the practice of midwifery cannot be considered the practice of medicine as defined by Connecticut law, a law that is quite explicit in its definition. She also reviewed the birth in question and pointed out the appropriate responses of the midwives at each point during the birth.

The hearing panel went into executive session to discuss the Connecticut law defining the practice of medicine. When they reconvened, the panelists stated that their purpose was not to get into the issue of whether midwifery is the practice of medicine, but whether these two midwives were practicing medicine without a license.

The DPH's first witness was a paramedic called to the birth in question, which occurred in the car on the way to the hospital. During cross-examination Diane Polan was quickly able to establish that this paramedic's experience with birth was very limited. However, the hearing ended at noon; Diane will continue with her cross-examination of the paramedic when the hearing reconvenes, likely sometime in April.

We recognize that this is just the start of a long and expensive process of fighting for the right to choose how, where and with whom we give birth in Connecticut. We have an e-list, and fundraising projects are underway. This is a critical time for Connecticut midwives and they need your help! Donations are now being accepted to help keep midwifery safe and available for all who choose the care of midwives. Please make checks payable to United Families for Midwifery Care, write "Legal Defense Fund" in the lower left corner of all checks, and mail to: United Families for Midwifery Care, Midwives Legal Defense Fund, P.O. Box 460, Colchester, Connecticut 06415.

For more information call Susan Allen (860) 642-6976 or Barbara Soderberg (860) 228-3106.

ILLINOIS

On November 20, the Illinois State Supreme Court heard oral arguments in Yvonne Cryn's case against the Illinois Department of Professional Regulation (IDPR). The question to be answered is whether or not the State of Illinois can interpret the Advanced Practice Nurse Act as also regulating direct entry midwives. The State says that any midwife in Illinois is practicing certified nurse-midwifery, and if she is doing so without a CNM credential, she is subject to prosecution. Midwifery advocates believe that the State must be precise in its definition of midwifery (there is none in Illinois law), and that there is no proper jurisdiction over an undefined and unregulated profession. Yvonne is also still waiting to see if she will be retried on the criminal charges, which the State has already vowed to do. Yvonne and her attorney claim that to do so would be double jeopardy, and that case is currently awaiting oral arguments in the Appellate Court.

In the case involving Valerie Runes' nursing license, the Board of Nursing recommended that Valerie be placed on indefinite suspension for a minimum of three years, followed by a two year probationary period, and that she also be fined $2,500, complete a 12 hour ethics course and be advised not to misrepresent herself as Advanced Practice Nurse/Certified Nurse Midwife. This recommendation, which goes to the Director of the IDPR, is extremely harsh in comparison to other disciplinary actions. Valerie's attorney has filed a motion for a rehearing. It is expected that this motion will be refused, and the next step would be to file a complaint in Administrative Review in the Cook County Circuit Court.

The good news is that Illinois will be hosting a Regional (Region IV) MANA Conference, co-sponsored by the Illinois Council of Certified Professional Midwives, June 6-8, in Suburban Chicago. Ina May Gaskin will be the keynote speaker, and the conference will offer advocacy workshops. For more information, contact Vicki Johnson at <Babylady55@aol.com> or (815) 885-3370) or visit the website at <http://www.flyingpigsoapworks.com/mana.htm>.

Advocates in Illinois are also working on legislative issues and plan to file another bill for the spring legislative session. The Illinois Bridge Club is supportive of efforts to license Certified Professional Midwives. Members of the Bridge Club invited consumer advocates Colette Bernhard and Michelle Breen to make a presentation about CPMs at the last meeting of the Illinois Chapter of American College of Nurse-Midwives. Michelle and Colette were given a warm reception and are hopeful about future opportunities for collaboration with the Illinois Chapter of the ACNM.

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

MONTANA

Home VBAC Preserved

During the first years of state licensing (1991-1995) Montana licensed midwives attended VBAC births without any rules to follow. The midwives were cognizant of the tenuous nature of this but chose to "leave well enough alone." Subsequently, a baby died after a couple with two previous cesareans attempted to have a vaginal birth at home with a licensed midwife. We all thought this could be the end of home VBAC in Montana. However, the parents did not want their birth to end the option of VBAC at home and were determined to help in maintaining the right.

Five years after the initial rules were established a review study of all home VBACs was completed. The review showed that there were no uterine ruptures, no morbidity of mothers and the repeat cesarean rate was in line with the national rate.

An investigation of the birth by the midwifery licensing board showed the midwife did not violate any rules or law. This caused the medical community (physicians, nurses and hospital personnel) to complain bitterly to

Chicago Advocacy Groups

2003 brings homebirth advocates in the Chicago area a new resource for networking, renewing friendships and making more friends. The Chicagoland Homebirth Group meets regularly. Each month will feature a topic of interest to homebirth families and guest speakers. Our first meeting was a tremendous success. The topic was "Meet the Midwives" and featured a homebirth DEM, a homebirth CNM and a hospital-based CNM. Attendance exceeded expectations of both planners and the staff at the health food store where the meeting was held!

The Chicagoland Homebirth Group is cooperatively sponsored by three local birth organizations: BirthLink, Chicago Community Midwives and Illinois Families For Midwifery. There is no charge to attend; however registration is requested. For more information on the community meetings, contact Jo Anne Lindberg, (847) 733-8050 or <BestBirth@BirthLink.com>.

BirthLink is a member-based organization offering free referrals to parents seeking birthing services. BirthLink is dedicated to offering parents all the options for birthplace and providers. Referrals are made for midwives, homebirth birth instructors, labor support, postpartum care and other health care practitioners. BirthLink has 150 members offering services in 20 categories. For more information, contact Jo Anne Lindberg at (847) 733-8050.

Chicago Community Midwives (CCM), founded in 1990, is a nonprofit, tax-exempt organization, dedicated to the advancement of maternal-child health. CCM's efforts focus on providing community and professional education about the Midwives Model of Care, out-of-hospital birth and breast-feeding. For more information on CCM, contact Michelle Breen, Executive Director, at (847) 658-2318. Information on the Midwives Model of Care is available online at <www.midwivesmodelofcare.org>.

Illinois Families For Midwifery (IFFM) is a statewide volunteer consumer organization that supports access to out-of-hospital midwives. IFFM educates the public on issues related to the Midwives Model of Care and out-of-hospital birth. IFFM also encourages consumers to get informed and stay involved in the legislative process, especially promoting licensure of Certified Professional Midwives. For more information on IFFM, contact Pat Cole at (309) 722-3345 or <iffm2000@yahoo.com>. ✳

the board. They of course wanted the board to ban VBAC at home. I was proud of our board because they did not immediately react defensively or acquiesce to the complaint demands. It was decided to review all sides of the issue, and in 1997 a meeting was called with representatives of all agencies, including the parents that lost their baby.

All research was presented at the meeting. The bottom line was that VBAC was no more dangerous than other possible complications. The parents spoke and there was not a dry eye in the room. There is nothing to compare to a face-to-face talk with individual people about a controversial issue that disarms the most hardened opponent.

The board had received many highly emotional and negative letters encouraging them to ban home VBAC births. They also had many supportive letters from families that had had successful VBAC births. It was amazing how passionately people felt about this issue. After considering all the information, including a survey of all licensed states' VBAC status, the board decided to allow VBAC births at home with some restrictive rules and agreed to complete a four year study of home VBACs in Montana.

Five years after the initial rules were established a review study of all home VBACs was completed. The review showed that there were no uterine ruptures, no morbidity of mothers and the repeat cesarean rate was in line with the national rate. This gave the board enough power to continue with home VBAC. A report was available to the public, and one OB-GYN came to the board meeting to voice her displeasure. In response to new research and the physician's complaint, a couple more rules were added to the original.

Montana licensed midwives continue to attend VBAC births at home and are happy to have this as an option for families. We all learned a lot about how to diplomatically handle an emotional issue and how home VBAC takes more thoughtful consideration for each family depending on their history.

Submitted by Dolly Browder, LM, CPM <dbrowder@qwest.net>.

NEW JERSEY

Activism Cools Hostile Legislation

THANK YOU ACTIVISTS!!!! This is a thank you letter to all who responded to our recent call for help in New Jersey!

Here in New Jersey, we were feeling good about our new (draft) regulations for all midwives, including both the CPM and the CM (more about this below). The new rules were possible through the use of a 1910 statute that outlines how to become a licensed midwife in New Jersey (no mention of nursing credentials in this statute).

Then we heard that Senator Bennett had put before the health committee an amendment to this statute that would make it mandatory for all midwives to be RNs as well. With the help of Citizens for Midwifery and MANA, we drafted a great letter and sent it out via e-mail to all interested parties. The New Jersey chapter of ACNM did the same. We also sent a list of contact information for State Senators. Consumers were encouraged to contact their senator, especially Senator Bennett, and members of the Health Committee. This amendment was to be heard in the Health Committee session on November 25. On the preceding Friday we learned that there had been so much opposition that the amendment was withdrawn from the scheduled hearing!

In one week we had educated and rallied enough people who were concerned enough to act, and act they did! We overwhelmed the senators with our calls, emails, faxes and letters! Of course we need to be vigilant, but this proves that we can all make a difference. When consumers, midwives and their organizations work together, we become a force to be reckoned with!! We will keep you abreast of happenings in New Jersey. Thank you again for all your support and actions!!!! YOU DID IT!!

Rules and Regulations Progress

On December 16 the CNM liaison group to the Board of Medical Examiners passed the regulations they had been working on for four years – rules and regulations for the 1910 midwifery statute. These regulations were open to public comment at least three times over four years. Each time there was a lot of interest; both from the public and from care givers.

One of the biggest changes is that these new regulations make CNMs, CMs and MEAC schooled CPMs legal. This is great news! Prior to this, legal status for the CM and the CPM credentials was not really available, although one CPM did get licensed under the old statute. New rules and regulations for the 1910 statute opens the door for more. Also CMs will be able to work in New Jersey as well. More Midwives!! YES.

On the down side, all midwives – Licensees, as they are referred to in the regulations – must have a doctor collaboration. This is not an easy task anywhere in these United States. The obstetricians have problems of their own and are not anxious to sign on with midwife practices. This was one of the points brought up repeatedly at the hearings. All the professional organizations that speak for midwives – ACNM, MANA, NARM and CFM – spoke on this issue. However, at the meeting to accept these regulations, the fact that collaboration is hard to find was labeled as "anecdotal." Therefore, I would encourage any midwives looking for doctor support in New Jersey to document any rejections they get; such documentation will help establish that this is indeed a problem.

Other concerns raised at the hearings included that the regulations prohibit midwives from attending post dates and VBAC births at home. Although comments by the public were evidence-based, while supportive information was "anecdotal," the liaison group passed these rules as written.

Now these new regulations go to the State Board of Medical Examiners for approval. If the Board approves the regulations, they will apply to all midwives in New Jersey. Maybe the doctors will see a way around the collaboration issue, to everyone's advantage. Lets hope they don't hit any snags with the "multiple routes of entry" part of these regulations. The liaison group worked hard on these regulations, and even though they are not perfect, they are a huge improvement.

Reported by Linda McHale <midwifemchale@mac.com>.

NEW YORK

On Saturday, November 16, New York Friends of Midwives sponsored its statewide organizing event: *(brain)Storming the Barriers to Birth Options in New York*. The purpose of the forum was to call upon consumers and midwives from across the state to recognize and identify barriers imposed by the Professional Midwifery Practice Act. This is the law in New York that defines and regulates midwifery practice and education, and the law under which women have been birthing and midwives have been practicing for the past ten years.

The event was successful on several different levels, and an important first step in outlining the direction the movement takes in New York as we enter our second decade of advocacy.

Despite the first snow and ice storm of the season, there was remarkable representation of consumers and of midwives from all areas of the state, many traveling hundreds of miles to join us! We had newcomers expressing an interest and willingness to get involved, as well as seasoned activists from the consumer and midwifery communities, some of whom have been immersed in this issue for close to three decades. We had members of the New York State Board of Midwifery, the directors of two distinguished and vastly different midwifery schools, a handful of midwives from diverse educational and credentialed backgrounds, and a room full of doulas and moms, several with new babies – all together in the same room and all willing to come to the table with respect for one another and for birthing women in New York. We all recognized and were frustrated by the same thing: that we experience consistent barriers, regardless of our backgrounds, when it comes to accessing or providing the Midwives Model of Care in the state of New York.

We identified two universal barriers – first and foremost among them was the need for more public education about the normalcy of birth and about midwifery care for pregnancy and for life. These things that we take for granted in the birth community are not widely known in the broader community. Everybody can and must engage in public education. We provided valuable packets of information as to what can be done and how it can be done. For information on public education ideas, contact <birthnetalbany@yahoo. com>. The second unanimous barrier we identified is the written practice agreement, which we ALL agreed needs to be removed from the language of the law.

Finally there were several suggestions that emerged throughout our daylong process that will set the course for various actions, some of which we can engage in immediately, and others that will be longer term. We have a petition that must be circulated statewide and must reflect the opinion of tens of thousands of New York families regarding removal of the written practice agreement in the law, recognition of the CPM credential, and insurance coverage for all midwifery care, out of hospital birth, and professional labor support. Please contact NYFOM at <tgnyfom@aol. com> for copies to disseminate. We also need New Yorkers to join NYFOM and CfM. Joint membership in both organizations is discounted and provides the support necessary to organize and educate.

We also achieved a consensus that the landscape of midwifery has dramatically changed in the past 10 years across the country, particularly with regard to developments in the recognition and endorsements of the CPM credential. In light of these developments, it may be time to reexamine the status of this credential and the regulations that govern licensure in New York.

Through it all, what was most remarkable

> ***"If you obey all the rules, you miss all the fun."***
>
> ***— Katherine Hepburn***

was the courage it took for people of diverse backgrounds and dramatically distinct views to come together in a consumer-focused collaborative effort to chart the course for moving midwifery forward in New York. Acknowledging that this was just the beginning or a new road on this long and ongoing journey, we have agreed to reconvene in the spring, probably in March 2003, to plan the next steps along the way. We hope we will have better weather and will once again have consumers and midwives coming together to work toward change.

Provided by Tisha Graham, NYFOM <tgnyfom@aol.com>.

OHIO

Legislative Update

HB 477 was introduced in 2002. This bill was the state's first legislative attempt to recognize non-nurse midwives. The bill would have created a midwifery board to establish voluntary licensure of direct-entry midwives. Non-licensed midwives would retain clear legal status under this proposed law. HB 477 was assigned to the Commerce and Labor Committee and then further assigned to subcommittee, which resulted in one hearing on the bill. HB 477 expires at the end of 2002 and efforts are underway for reintroduction in 2003.

Ohio Midwife in Jail

Freida Miller, Mennonite midwife (Berlin, Ohio) was ordered to incarceration at the Holmes County Jail on October 23. Holmes County is the heartland of the Amish/Mennonite population in Ohio and records the largest number of home births in all of the 88 counties of the state.

Freida was found in contempt of court in the grand jury investigation into her source of the prescriptive drugs (pitocin & methergine) utilized to control postpartum bleeding at a 2001 home birth, which resulted in hospital transport. This investigation occurred five months after Freida had accepted a plea bargain settlement on the three original felony charges of that case. The court has ordered her to jail until she gives the name(s) of such individual(s) to the satisfaction of the court.

A first appeal of the contempt of court charge was filed with the Holmes County Court by new legal representation. A petition for Freida's release on bond pending the appeal was also filed and denied by Judge Thomas D. White.

The contempt of court charge has been further appealed to the 5th District Circuit Appellate Court and included a petition for Freida's release on bond. On December 16, the 5th District Court granted Freida's release on bond and she is once again back home and serving her clients. Her supporters and midwives everywhere celebrate her release.

Legal and public strategies continue to evolve on this case as the appeal court process is expected to occur in a few months. Concerned Parents of Ohio was born as a grassroots organization working toward Freida's release and protection of parental rights. This group will continue working to help Freida and raise awareness in the state.

National interest in this case was ignited by an article written in the National Review <www.nationalreview.com/comment/comment-wiker120302.asp>. Additional legal defense has been obtained in Freida's case including the Rutherford Institute's desire to participate in her defense.

Legal expenses are expected to continue increasing. Anyone desiring to contribute to Freida's legal defense can mail donations to: Benefit Fund for Freida Miller, Commercial Savings Bank, Walnut Creek Office, PO Box 146, Walnut Creek, OH 44687

Anyone desiring to write a letter or card of encouragement to Freida, can do so at the following address: Freida Miller, 5552 Rhine Road, Berlin, OH 44610.

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

VIRGINIA

Virginia Friends of Midwives – VFOM

Virginia Birthing Freedom (VBF), a local consumer group, has been undergoing some changes lately. Over the summer VBF transitioned from a sole leader –its founder, Steve Cochran – to leadership by a Board of Directors (Tammi McKinley, President).

The VBF Board of Directors is making some changes, the most visible of which is our name. We want to change the name to reflect a renewed commitment to working with likeminded groups of other consumers and midwives. Therefore, the group formerly known as Virginia Birthing Freedom is now Virginia Friends of Midwives. The Board of Directors will stay the same, and we have filed the necessary paperwork to reflect the name change and maintain VFOM as a 501(c)(4) organization. Visit us on the web at <www.vfom.org>.

We remain committed to the mission we publicized this summer: advocating for improved access to the Midwives Model of Care for women and families in Virginia. Our primary focus will continue to be lobbying for legislation that will move us closer to that goal.

On the legislative front, the Virginia General Assembly session opens in January. Our bill patron, Delegate Phil Hamilton, has asked Legislative Services for drafts of three bills this year. One is a redraft of the Study resolution that passed the House of Delegates last year (but died in a Senate subcommittee). The second is a bill that would remove the part of existing law that restricts the practice of midwifery to certified nurse midwives. And the third would be the bill submitted last year to have the Board of Medicine regulate certified professional midwives. By the time this newsletter has been published Delegate Hamilton will have filed one or more of these bills and our lobbying effort will be in full swing!

Submitted by Ellen Hamblet <ehamblet@bellatlantic.net> Vice President, Virginia Friends of Midwives

Midwifery Options for Mothers – MOM

MOM community classes taught by local midwives are continuing around the Northern Virginia area. These classes are free to the community. Several more classes are scheduled for early next year in central Virginia.

Our first "Study Circle" was called together in November in Leesburg, Virginia. A mixed attendance of physicians, midwives (CNM and CPM), educators, politicians, doulas and mothers with varied birth experiences explored Virginian women's access (or lack of access) to positive birth outcomes and options. This study circle will meet again in the spring to brainstorm "solutions" and "actions." Two more study circles will be started in April in Charlottesville and Harrisonburg.

Committed to community education as a means of advocacy, the MOM group hopes to see study circles happening all over the state, with a clear understanding of community obstacles and bridges, as well as more professional and personal understanding of one another, we hope to see change happen in this very conservative state!

The MOM group met with the Virginia chapter of ACNM. Both groups are looking forward to working together in the upcoming year.

In the new year, please look for an updated website – we're working hard to offer more information, links and up-to-date news.

Donations are always welcome: Midwifery Options for Mothers, Post Office Box 176, Front Royal, Virginia 22630.

Submitted by Doran Richards, Cordinator, <dandora@rmaonline.net> (540) 636-3342 and Sheryl Rivett, Coordinator, <pocoshar@earthlink.net> (540) 338-2850.

WASHINGTON

OB Loses Hospital Privileges

In December Dr. Danae Steele, a valued obstetrician and perinatologist who has consulted with many homebirth midwives over the years, summarily lost her privileges at her local hospital in Olympia, Washington. This situation was not the result of any bad outcome, but was related to her willingness to consult with home birth midwives and to support women birthing normally.

Dr. Steele was told that by accepting home-to-hospital transfers of care, she increased the liability risk for the hospital. In the last seven years, all relevant state committees (the State Midwifery Advisory Committee to the Department of Health, the State Perinatal Advisory QA/QI committee, the Medical Assistance Administration Homebirth Oversight Committee) have had a stated goal of improving consulting relationships and decreasing barriers to transport from home-to-hospital in order to improve outcomes for women and babies. Clearly, the action against Dr. Steele is not about the health and welfare of the families in our community.

Hospitals all around the country are putting the squeeze on health care providers, forcing them to place liability concerns (risk management) before ethical evidence-based health care and the unique needs of the families served. When someone refuses to compromise basic ethics in client care, and insists on putting clients' health care needs first, they put themselves at great professional risk. This is what has happened to Dr. Steele. She is courageous in standing for her convictions in a time when physicians are in fear from litigation and often feel compelled to protect themselves first. Dr. Steele believes in women, and for standing by women's rights during childbirth. Losing this compassionate obstetrician would be an unspeakable loss for the community, for mothers and for midwives.

If Dr. Steele permanently loses her privileges in Olympia, she will likely be unable to maintain privileges anywhere, as the cascade of attacks on her credentials and privileges elsewhere are inevitable, regardless of just cause. This is the climate of the health care industry. She is rightfully tired of the fight. We as the childbirth community are called to respond, both for her sake in supporting her to fight back as she is able and willing, so that she can choose in the future if she ever wants to return to practice, but also for a greater cause. The increasingly regressive policies affecting childbirth choices nationwide, and evidenced by this most recent event, should not go unchallenged.

Dr. Steele has hired a private attorney for her hearing, appealing her loss of privileges. She is now in the process of contacting expert witnesses to support her case and her evidenced-based management of the second stage of labor in particular, which was questioned.

In the meantime, she has had to refer out most of her clients; she faces potential bankruptcy, loss of her life work in obstetrics, and loss of her home. She is fighting for her privileges and right to practice, and continues to ask for and be grateful for support from the birth community. The supporters in Olympia are fundraising for a legal defense of Danae's privileges. Send donations (not tax deductible at this time – sorry) to: "Dr. Steele's Fund," account number 250000718, South Sound Bank, (bank routing number for online banking: 125108609), 4530 Lacey Blvd. SE, Lacey, WA, 98503

Provided by Marijke van Roojen <Vroojen@aol.com>.

New Group Forms

The Western Washington Childbirth Advocacy Alliance (name may change) met for the first time in December, and will meet again in May. The group identified several focus areas, and will meet regularly as small groups between now and May. The four groups are: 1) Protection and Promotion of the Midwives Model of Care; 2) Protection and Promotion of Home Birth in Washington State; 3) Protection and Promotion of Vaginal Birth after Cesarean (VBAC); 4) Protection of Vaccination Exemption and Vaccine Awareness Group. The groups are making plans and gathering information to share.

For more information, and to be on the e-list, contact Michelle Viers, <birthandbeyond@msn.com>. ✳

Addendum Regarding Gloria Le May (see *CfM News*, Fall Issue *Midwives and the Law,* pg. 9)

For most controversies, there is more than one viewpoint. In the Fall issue we quoted Leilah McCracken on Gloria Le May. The College of Midwives of British Columbia also has a viewpoint. Visit their website at <http://www.cmbc.bc.ca/index.htm>. Scroll down to "Illegal Midwifery Practice" to read their official news release concerning Gloria Lemay. Citizens for Midwifery tries to provide information on controversial situations, which rarely are all bad or all good. ✳

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.

Alternative Link: Health Care Codes

Integrative Healthcare Billing Codes Fill Critical Gaps in HIPAA (Health Insurance Portability and Accountability Act of 1996) Code Sets

Imagine if an American Food Association controlled the assignment of UPCs (bar codes) instead of the unbiased Uniform Code Council. The AFA could essentially control the grocer's business and profitability. The AFA could keep international foods off the shelves by merely withholding coding for international food products. Without competition from international foods, American food manufacturers would be able to charge higher prices and assure that the store carried no international foods. The grocer would not even know that he could make more money stocking Italian, Mexican, Chinese or other food products through lower acquisition costs, higher retail pricing and greater profit margins.

UPCs support research, supply chain management and electronic transactions in the grocery industry. UPCs are largely responsible for grocery industry efficiencies. This is because UPCs are "pure" tracking, management and transaction support tools. Every new food product that seeks a code gets a code.

Healthcare practices also need a uniform coding system for insurance reimbursement. Conventional physicians have government-sanctioned codes owned by the American Medical Association, but other practitioners lack adequate codes. Complete coding is essential for controlling healthcare access, quality and costs. The undocumented areas of care are the ones most likely to support wellness, prevent complications, arrest disease progression, minimize invasive procedures, and reduce costs. Currently these critical gaps in the national health information infrastructure disenfranchise an estimated three million alternative medicine, nursing and integrative healthcare practitioners. The gap in coding blocks public access to high quality integrative healthcare services, including midwifery services.

To fill the gap, Alternative Link, Inc., (a privately funded company) and The Foundation for Integrative Healthcare (a not-for-profit organization) in collaboration with integrative healthcare organizations and subject matter experts, has created over 4,200 procedure and supply codes (ABC codes) for complementary and alternative medicine (CAM), nursing and integrative healthcare practices, including midwifery. These codes facilitate managing care, claims and outcomes for integrative healthcare and fill critical coding gaps that have existed for over three million integrative healthcare practitioners, including midwives. The Department of Health and Human Services has been assessing ABC codes and ways that they might be recognized and put into use.

Breaking News!

In early January, Department of Health and Human Services Secretary Tommy Thompson approved the first exception to the Health Insurance Portability and Accountability Act (HIPAA) rules. The exception, signed by the Secretary of HHS on January 16, 2003, allows ABC codes for alternative medicine, nursing and other integrative healthcare (mental health, midwifery, nutrition counseling, indigenous medicine, occupational therapy, etc.) to be tested as a potential national standard for HIPAA transactions.

The Midwives Alliance of North America, Citizens for Midwifery, American Nurses Association and many other national associations of alternative and integrative medicine supported ABC codes throughout the years leading up to this approval. Alternative Link and The Foundation for Integrative Healthcare (FIHC) are working with MANA and other national practitioner associations to further refine ABC codes.

Alternative Link would like to thank Citizens for Midwifery and Susan Hodges for their strong and continued support of the ABC codes.

For more information, please visit our website, <www.alternativelink.com>, or feel free to email Connie at <connie.koshewa@alternativelink.com> or call her at the Albuquerque office of Alternative Link at 505-875-0001. ✳

New E-List for "Midwifery Consumers"

This is a new and independent Yahoo! Group, intended for midwifery consumers and advocates worldwide – a great place for activists to bring up issues for discussion, share organizing strategies, and ask questions of the other list members!

You can sign for this list at <http://groups.yahoo.com/group/midwifery_consumers>.

The Midwifery Consumers e-list is different from the already-existing news-only Grassroots Network, an e-news list for midwifery advocates. To sign up and for more information about the Grassroots Network, go to: <http://cfmidwifery.org/gm.asp>.

Mothering Magazine

<www.mothering.com>

Many of you are familiar with Mothering *Magazine*, the "natural family living" parenting magazine full of great articles and Publisher Peggy O'Mara's inspiring editorials. *Mothering* has published articles about midwives, home birth, problems with drugs in childbirth, and advantages of breastfeeding, among others. But did you know that *Mothering Magazine* also has a great website? You can peruse the current issue's table of contents, subscribe, sign up for *Mothering's* e-newsletter, join a discussion, and look up favorite topics, authors and articles in the index to *Mothering* issues 17-103. Check it out!

(And when you pick up your copy of *Mothering Magazine* at your local store, be sure to check out CfM's ad on page 84 of the Jan/Feb edition!)

Alphabet Soup Directory

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

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

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

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

***MEAC* Midwifery Education Accreditation Council**
220 West Birch, Flagstaff, AZ 86001, (928) 214-0997 (MT), <www.meacschools.org> <meac@altavista.net>

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

***CPM* Certified Professional Midwife** (direct entry credential administered by NARM)

***ACNM* American College of Nurse-Midwives**
818 Connecticut Avenue NW, Suite 900, Washington, DC 20006, (202) 728-9860 (ET), <www.midwife.org> <info@acnm.org>

***CNM* Certified Nurse-Midwife** (advanced practice nursing credential administered by ACNM)

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

***DEM* Direct Entry Midwife** **(not a credential, designates midwives who came directly to midwifery, not through nursing)**

Order *CfM brochures and packets!*

Use this form to order brochures in bulk.
• For a single brochure, please call toll-free or e-mail your request.
• The packets contain tips and "how to" information that you or your organization may find useful.
• You are welcome to reproduce packets for use in your area.

Send to (PLEASE PRINT):

Name _____

Street Address _____

City _____ State & Zip _____

Home Phone _____ Office Phone _____

Fax _____ e-mail address _____

CfM Member? _____ Yes _____ No

CfM brochures and packets are available to you free of charge. However, if you would like to help make CfM's funds go further (printing and postage do cost money), a donation to cover costs is always appreciated!
Contact CfM regarding prices for other quantities.

_____	Packet of 25 CfM brochures (Send SASE for sample copy)	(suggested donation $5)	$ _____
_____	Additional brochures, same order	(our cost $.10 each)	$ _____
_____	Packet of 25 CfM brochures and 25 "Free Issue" postcards	(suggested donation $6)	$ _____
_____	Organizing Packet, including legislative hearings and presenting testimony (approx 50 pp)	(suggested donation $5)	$ _____
_____	Public Education Packet (approx 25 pp)	(suggested donation $4)	$ _____
_____	Using the Media Packet	(suggested donation $4)	$ _____

FOR SALE:

_____	50 Midwives Model of Care brochures [ ] English [ ] Spanish	($20 includes postage)	$ _____
_____	100 MMofC brochures (or .30 ea + shipping) [ ] English [ ] Spanish	($38 includes postage)	$ _____
_____	Pocket Guide to Midwifery Care (see *CfM News* 4/99)	($9 includes postage)	$ _____
_____	Midwives: A Living Tradition (1998, 68:30 min.)(see *CfM News* 4/99)	($30 includes postage)	$ _____

_____ **TOTAL ITEMS ORDERED / AMOUNT ENCLOSED** *(Check payable to Citizens for Midwifery)* $ _____

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

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

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

Citizens *for* Midwifery
Learn, Connect and Take Action

Yes!

I want to help promote the Midwives Model of Care.

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

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

Name _____

Street Address _____

City _____ State & Zip _____

Home Phone _____ Office Phone _____

e-mail address _____ Fax _____

I originally learned about CfM from: _____

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

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

___ Student	$15	
___ **Suggested**	**$25***	
___ Supporter	$50*	
___ Best Friend	$100*	
___ Guardian Angel	$500*	
___ For overseas addresses, add	$10	
___ Additional donation	$ _____ *	
TOTAL ENCLOSED	$ _____	

I am a (check all that apply):

___ Concerned Citizen ___ Parent
___ Childbirth Educator ___ Doula
___ Midwifery Student
___ Midwife (__ CPM __ CNM __ LM __ DEM)
___ Other (_____)

** Your contribution is tax deductible except for your newsletter subscription valued at $15 annually.*

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

How can you help? Join today. Volunteer with CfM. Become informed!
By joining CfM you are helping to make a difference! Thank you for your support.

Getting in touch with CfM: Call: (888) CfM-4880 E-mail: info@cfmidwifery.org Visit our website: www.cfmidwifery.org