Citizens *for* Midwifery news

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Susan Jenkins, Susan Hodges, Ina May Gaskin
MANA 2003 - Austin, Texas
Photo by Paula Mandell

Midwives Model of Care™
SUPPORTER

Breastfeeding and Birth – Parallel Paths Coming Together

By Carolyn Keefe

Many of us who work to improve maternity care and improve access to the Midwives Model of Care are also supportive of successful breastfeeding (and vice versa), each seeing these two basic needs as different parts of a larger whole. Though we often work separately on our own pieces of the puzzle, we also cross paths fighting against similar hurdles. It's worthwhile for those of us who work primarily on birth issues to have a clearer understanding of what is happening with breastfeeding advocacy. (See resources listed on page 4.)

There is a growing awareness that the two are much more closely linked than we may have realized and that birth influences breastfeeding profoundly. In some ways, breastfeeding advocates have had more success getting their message across and working with policy makers, but as you'll see below, obstacles still abound. One of these obstacles is language – how we talk and think about birth and breastfeeding. Whether we're working on behalf of improved birth outcomes or improved breastfeeding rates, there's plenty of work to go around. By working together, we can all be a stronger force for change.

Bringing Mother and Baby Back Together

Both the World Health Organization (WHO) and the Coalition for Improving Maternity Services (CIMS) have tried to address the issue of separate care for mothers and babies. In 1989, the WHO and UNICEF

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ACOG Ethics Opinion: Elective Cesareans Are Ethical

By Susan Hodges

On October 31, 2003, the American College of Obstetricians and Gynecologists (ACOG) released their Ethics Committee Opinion "Surgery and Patient Choice: The Ethics of Decision Making." The key sentence is buried in this Opinion: "If the physician *believes* that cesarean delivery promotes the overall health and welfare of the woman and her fetus more than vaginal birth, he or she is ethically justified in performing a cesarean section." [our emphasis] (p. 5)

Obstetricians usually are paid more for cesareans, which also can be performed in much less time than vaginal births. The same obstetrician who counsels the healthy pregnant patient will benefit substantially if more patients "elect" cesarean surgery, a clear conflict of interest. Yet conflicts of interest are addressed only in a single sentence buried on page 4 of the Opinion, which states that obstetricians should be aware of potential conflicts of interest and "must guard against this as an influence when giving guidance to patients…"

The complete document can be found on the ACOG website at <http://www.acog.com/from%5Fhome/publications/ethics/> (scroll down to "Surgery and Patient Choice").

The abstract reads: "The purpose of this Committee Opinion is to provide the obstetrician-gynecologist with an approach to decision making based on ethics in an environment of increased patient information, recognition of patient autonomy, direct-to-consumer marketing, and many alternative or investigational treatments. A process for ethical decision making in surgery is discussed, illustrated by an example of elective cesarean surgery."

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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:
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Rally for Independent Midwives in Prague

By Eva Labusova

Photo by Jiri Jiracek

We are not the only advocates struggling to protect and preserve independent midwifery and normal birth from legislative attack. The following article was sent to CfM by Eva Labusov, from the Czech Republic. It is printed exactly as it was written.

On Tuesday, January 20, 2004, was in Prague, Czech Republic, held a public meeting in support of independent midwives. Its convocation has not been prepared for long time and it spontaneously resulted from the fact, that the bill on non-doctors, intending to prevent midwives in CR to perform their profession, is going to be discussed in the Senate...It is not nearly accepted so unanimously in the upper chamber as in the lower one, therefore the main aim of the public meeting was to show senators that independent midwives' services are really wanted.

In the park in Klarov rallied about two hundreds people – men, women and children...

Banners announced desires of the protesters:

With independent midwifes to EU!
We want the possibility of choice!
Kind of births – kind of society!

Thanks for your support!
~ Eva

Photo by Jiri Jiracek

Photo by Jiri Jiracek

President's Letter

Dear Friends,

Thank you to each one of you who has recently joined CfM or renewed your membership. Your memberships and donations keep CfM going and also encourage the CfM Board members!

Your financial support has made it possible for Citizens for Midwifery to be represented at several conferences.

Amy Chamberlain, President of TfM-Austin and Susan Hodges at the MANA 2003 Conference in Austin, TX

MANA2003

In October CfM's First Vice President Paula Mandell and I attended the MANA 2003 Conference in Austin, Texas. On opening day, I had the honor of leading a march of midwives and advocates of all ages from the conference hotel to the Capitol building for a rally. Well-organized by Texans for Midwifery, the rally included music and speakers to protest the dismissal last year of nurse-midwives from two Austin hospitals, action which has left women in the area with no alternatives to obstetricians.

In the course of the MANA conference itself, I presented two workshops and was part of a panel, all focused on consumer action. In between, I helped Paula "man" our CfM information table, handing out brochures and engaging in conversations with many midwives and student midwives, as well as a number of midwifery advocates from around the country.

Public Health Conference

In November, I traveled to San Francisco for the annual conference of the American Public Health Association (APHA), an incredibly huge event with around 900 workshops, spread over several hotels! There I gave a PowerPoint presentation, "Consumers and evidence-based practice for maternity care," to the "Innovations in Maternity Care" part of the Maternal & Child Health section. My presentation explained the reasons why consumers should be included in research planning and policy development regarding maternity care. Look for the PowerPoint presentation on the CfM website soon.

I also helped staff the booth with information about MANA, NARM, MEAC and CfM. The exhibit hall had hundreds of exhibitors; I took time to visit other booths, striking up conversations with people, gleaning information and letting them know about midwifery and the work of Citizens for Midwifery.

National Childrens' Study Meeting

Living very near Atlanta, I was easily able to participate in a meeting in December for the National Childrens' Study, an ambitious plan to study 100,000 individuals from before conception through age 18, paying particular attention to environmental effects. A report of this meeting can be found at: <http://www.nationalchildrensstudy.gov/news/assembly_meeting_022004.cfm>.

As we have written to the planners, while the study will look at many environmental factors, the effects on the baby of drugs and interventions during labor and birth are nowhere to be found. I brought handouts and CfM brochures, and took every opportunity to speak of this need.

Find out more information about this complex study, still in the planning stages, at the National Childrens' Study home page <http://www.nationalchildrensstudy.gov/>.

CIMS

At the end of February CfM's Secretary Carolyn Keefe, Treasurer Willa Powell and I will participate in the Coalition for Improving Maternity Services' Forum and Annual Meeting.

Each of these conferences is an important opportunity for CfM leaders to speak up for consumers and for sane, evidence-based childbirth practices. By attending, speaking, meeting people and networking, we can become more effective as a "consumer voice." Your memberships and donations have made it possible for CfM board members to attend and increase our visibility as an organization.

New CfM Brochure

We have redesigned and simplified the brochure about CfM, and the new version is now available. The new colors (sage green and a soft blue-violet) blend well with the Midwives Model of Care brochure as well as with other CfM literature. As before, these brochures are available at no charge, although a donation to cover costs is always appreciated. Send a SASE for a free copy.

New Buttons

Citizens for Midwifery has designed a new button which reflects the current legal and political climate around the country with respect to midwifery. The button, with a blue and white design, is a reminder for "Liberty and Justice for Midwives." Wear this button on your shirt, jacket or backpack when you visit your legislators or attend local baby fairs. A helpful tool for both individuals and state organizations, the buttons are a visual reminder that midwifery care is an important issue in this country. See the order form in the back of this newsletter; individual and bulk orders available.

Susan

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jointly published *Protecting, Promoting and Supporting Breastfeeding: The special role of maternity services*, and in 1996, CIMS's Mother-Friendly Childbirth Initiative included the WHO-UNICEF "Ten Steps of the Baby-Friendly Hospital Initiative."

In 2003, WHO adapted the Mother-Friendly Childbirth Initiative for inclusion in the new publication *Infant and Young Child Feeding: A tool for assessing national practices, policies and programs*. Recognizing that birth practices can interfere with breastfeeding outcomes, this tool attempts to encourage practices that are more humane and supportive of birthing mothers. The inclusion of the MFCI in this document is thanks largely to the work of Mary Kroeger, who together with Linda Smith, has written Impact of Birthing Practices on Breastfeeding (see review on page 10). These publications make it clear that birth and breastfeeding are closely related and that breastfeeding success is influenced by maternity care practices. Of course, knowing is only half the battle.

Formula Companies Step In

Just as it looked like the U.S. Breastfeeding Committee was making some real progress with a national advertising campaign, the formula companies stepped in and got the American Academy of Pediatrics (AAP) to run interference with the Secretary of Health and Human Services (HHS). This story will not surprise those of us who have tried to work for change, only to have more powerful and wealthy opponents step in at the last minute, but it's an important cautionary tale anyway.

As you may know, the Ad Council, a nonprofit group, has been developing an advertising campaign for the federal government to promote breastfeeding. The campaign focuses on "the risks associated with not breastfeeding" – particularly increased risks of asthma, diabetes, leukemia, obesity and ear infections.

Though the campaign was expected to start in December 2003, attempts by two formula companies, Ross Products (of Abbott Laboratories) and Mead Johnson (of Bristol-Myers Squibb), to change the content of the ads put the campaign on hold and pushed back the launch date. As reported in the *New York Times* and *Hip Mama*, executives of the American Academy of Pediatrics (AAP) complained to the federal government about the tone of the ads and science behind them.

The AAP's president, Carden Johnston, and executive director, Joe Sanders, wrote letters to Secretary Tommy Thompson expressing their concerns about the content of the ads shortly after meeting with formula company representatives at the AAP's annual meeting last year. The government decided to eliminate some of the spots and removed all specific statistics from others.

Both formula companies are large donors to the AAP, and some members believe that AAP executives cooperated with the companies to appease them. Some members of AAP and the United States Breastfeeding Committee (USBC) were outraged by the watering down of these ads and have tried to ensure that the public is informed about these changes.

After reviewing the risk-based approach of the ad campaign, the Department of Health and Human Services informed USBC members on January 22 that it will proceed with most of the ads already produced, though risk ratios have been removed. Only the ads relating to increased risks of leukemia and juvenile diabetes have been pulled for further research by HHS. The campaign is now expected to launch in March 2004.

Language Matters

One of the reported alterations in this ad campaign is a change of language from the very strong "not breastfeeding may be harmful" to the more ubiquitous and seemingly balanced "breastfeeding is healthier."

"Watch Your Language," by Diane Wiessinger, is a terrific article about the importance of language that is also useful for birth advocates to read and consider in our work. Ms. Wiessinger's primary point is that the language we generally use to discuss breastfeeding actually makes it seem more difficult and separate from the normal course of life. When we say that breastfeeding is optimal and special, we imply that artificial feeding is the norm.

"Our own experience tells us that optimal is not necessary. Normal is fine, and implied in this language is the absolute normalcy – and thus safety and adequacy – of artificial feeding. Artificial feeding, which is neither the same nor superior, is therefore deficient, incomplete, and inferior. Those are difficult words, but they have a place in our vocabulary."

In addition to analyzing literature that weighs the pros and cons of each feeding method in an attempt at "balance" and taking on the issue of health care providers who abdicate informed consent and parental education in the name of supporting choices, Ms. Wiessinger discusses some other aspects of assumed bottle-fed normalcy. In particular,

Resources

Articles:

"Babies Were Born To Be Breastfed! Breastfeeding Campaign to be Launched in the Spring", USBC press release, 1/22/04, http://www.usbreastfeeding.org/Issues-and-Responses/USBC-Press-Release-2004-01.html

"Breastfeeding Ads Delayed by a Dispute Over Content" by Melody Petersen, New York Times, 12/4/03, http://www.nytimes.com/2003/12/04/business/media/04adcol.html

"The Milky Way of Doing Business" by Katie Allison Granju, Hip Mama, 12/19/03, http://www.hipmama.com/node/view/588

"Watch Your Language!" by Diane Wiessinger, MS, IBCLC, Journal of Human Lactation, Vol. 12, No. 1, 1996

Organizations and Web Sites:

World Alliance for Breastfeeding (WABA) – http://www.waba.org.br/

US Breastfeeding Committee – http://www.usbreastfeeding.org/

La Leche League International – http://www.laleche.org/home_intro.html

International Lactation Consultants Association (ILCA) – www.ilca.org

LINKAGES Project – www.linkagesproject.org

A world wide project to improve infant and young feeding and to provide technical information, assistance, and training to organizations in breastfeeding to a wide range of organizations

World Health Organization (WHO) – http://www.who.int

Publications about breastfeeding – http://www.who.int/nut/publications.htm#inf

Coalition for Improving Maternity Services (CIMS) – http://www.motherfriendly.org

(Breastfeeding ... continued from previous page)

she notes that the emphasis on the benefits of breastfeeding tends to de-emphasize the hazards of artificial feeding.

"Health comparisons use a biological, not cultural, norm, whether the deviation is harmful or helpful. ... Because breastfeeding is the biological norm, breastfed babies are not 'healthier;' artificially-fed babies are ill more often and more seriously."

Ms. Wiessinger also takes aim at the oft used excuse for avoiding the truth: "we don't want to make bottle-feeding mothers feel guilty:"

"Help a mother who says she feels guilty to analyze her feelings, and you may uncover a very different emotion. Someone long ago handed these mothers the word 'guilt.' It is the wrong word. ...

"Let's rephrase, using the words women themselves gave me: 'We don't want to make bottle-feeding mothers feel angry. We don't want to make them feel betrayed. We don't want to make them feel cheated.' Peel back the layered implications of 'we don't want to make them feel guilty,' and you will find a system trying to cover its own tracks. It is not trying to protect her. It is trying to protect itself. Let's level with mothers, support them when breastfeeding doesn't work, and help them move beyond this inaccurate and ineffective word."

Indeed, the APP officials mentioned above explained that their primary concern with the original ads was "that the advertisements could make mothers who chose not to breastfeed feel guilty if their child later developed leukemia or another medical condition." This is not unlike obstetricians who discourage informing women about the risks of cesareans and epidurals because women who have accepted them might feel guilty. Many aspects of this approach are also useful for those of us working to change birth.

To say that midwifery, un-medicated birth, and home birth are "alternatives" is to imply somehow that obstetrics, drugs, and hospital birth are the norm – and therefore safe and adequate. After all, midwives, un-medicated birth, and home birth were the norm for over 100,000 years before obstetricians, drugs, or hospitals came along. Our species would not have survived to this day had any of those things been required for normal birth. Those few women who have medical need of this technology aside, the majority of women are at risk if this level of intervention continues to be the norm. Perhaps our emphasis should be on the risks of obstetricians attending healthy women, of drugs and technology, and of hospitalization for a normal, healthy physiological process.

To worry about not making mothers "feel guilty" for using pain relief drugs or having surgery deprives us of a real opportunity to tap into the groundswell of anger and betrayal that lies beneath the surface in the hearts of so many mothers. Unfortunately, that anger is all too often directed at us, perhaps because we stir up the hornet's nest of pain without pointing out that they made the best choice they could at the time with woefully inadequate information and a high level of manipulation.

Reaching the Same Goal

We are fighting the same fight on behalf of both baby and mother, just from different perspectives. We also have many of the same powerful interests arrayed against us. There is plenty of work that must be approached from many perspectives; working together more closely will get us to our goal of healthier mothers and babies sooner. Whether change comes on behalf of the baby or mother – before, during or after birth – keeping them together is in the best interests of both and will make us a stronger force to be reckoned with in the long run. ✳

The Unkind Cut

"Episiotomy Is Common Among Private Practices" by Marilyn Chase appeared in the December 31, 2003 issue of the *Wall Street Journal*. The article reports on a recent study (Nancy L.S. Howden, Leslie A. Meyn et al, *J ObGyn*, Dec. 2003) of nearly 28,000 women who gave birth at two Pittsburgh hospitals between 1995 and 2000 that found 55% of the women had an episiotomy cut, although rates did decline during the years studied, and in 2001 the national rate was about 28%.

Most striking: The study found that private practitioners' episiotomy rate was 67%, compared to 18% for doctors who work for teaching hospitals. When maternal age, infant's weight and other factors were accounted for, private doctors still performed episiotomies seven times as often as did teaching hospital doctors.

Chase writes, "As recently as 1987, 62% of vaginal deliveries were performed this way. However, by the 1990s, the procedure fell from favor as studies showed that pain and complications were actually commoner after a routine episiotomy." According to Chase's article, "Risks of routine episiotomy: anal laceration; longer healing time; delayed resumption of sexual activity; and fecal incontinence."

Chase reported that "Charles Lockwood, obstetrics chairman at Yale University School of Medicine and director of obstetrics and gynecology at Yale-New Haven Hospital, said he was "shocked by the magnitude" of the episiotomy rates in the study, adding they don't reflect all regions." ✳

> ***"In a branch of medicine rife with paradoxes, contradictions, inconsistencies, and illogic, episiotomy crowns them all. The major argument for episiotomy is that it protects the perineum from injury, a protection accomplished by slicing through perineal skin, connective tissue, and muscle."***
>
> ***~ Henci Goer***

ACOG ... continued from page 1

The justification for addressing "elective" cesarean sections as an ethical issue is very shaky. The Opinion claims that there is a lack of "data regarding relative short- and long-term risks and benefits of cesarean versus vaginal delivery." Clearly this is not the case, especially for risks, which are enumerated in multiple places; a good resource (with references) is the CIMS fact sheet "The Risks of Cesarean Delivery to Mother and Baby" at <http://www.motherfriendly.org/Downloads/csec-fact-sheet.pdf>. As Raymond De Vries points out in his *Washington Post* article (Feb. 4 "Businesses Are Buying the Ethics They Want"), this should have been addressed by a committee on obstetric clinical practice with a thorough examination of the literature. Sending it to the Ethics Committee resulted in "transforming a decision that should be driven by data into one with no "right" answer."

Black's law dictionary describes "fraud" as "A false representation of a matter of fact, whether by words or by conduct, by false or misleading allegations, or by concealment of that which should have been disclosed, which deceives or is intended to deceive another so he shall act on it…"

The problems regarding evidence go further. The Opinion states (p. 5) "Finally, given the lack of data, it is not ethically necessary to initiate discussion regarding the relative risks and benefits of elective cesarean birth versus vaginal delivery with every pregnant patient." How does a patient know if she is being given full information? On what basis does the obstetrician decide who is to get any information and who gets none? In addition, the Opinion claims that women are requesting elective "cesarean delivery", "prompted by a perception of lower risk to the woman (of pelvic floor and sexual dysfunction)…" ACOG has never offered ANY evidence of any number of women actually asking for cesarean sections. Furthermore, where did women get this perception? From ACOG! ACOG spokesmen have been spouting this false information on TV news shows and publishing the same in popular media for the last few years, despite the fact that the evidence in the published literature shows that cesarean sections do NOT protect women from pelvic floor dysfunction (except presumably from the damage caused by common harmful obstetrical practices in typical OB-managed vaginal births).

The Opinion compares the ethical issue of "elective cesarean" to the ethical issues of prophylactic removal of ovaries to reduce risk of ovarian cancer and to making a decision about which of several possible treatments for leiomyoma should be chosen in the absence of side-by-side comparisons of those treatments. The glaring disconnect is that while ovarian cancer and leiomyoma are diseases, childbirth in a healthy woman is neither a disease, nor does vaginal birth in and of itself cause disease. The comparisons are not parallel and just don't hold up.

Included in the Opinion is a summary of four models of the "Physician-Patient Relationship." While only one is named the "Paternalistic Model," the basis for all is paternalism, as the obstetrician decides which model he/she considers "appropriate", and is apparently under no ethical obligation to inform the patient which model is being used. Most give the obstetrician wide latitude in what information will or will not be given to the patient. There is basically no mention of "informed consent" except in the context that to ensure that the patient's consent is informed "the physician should explore the patient's concerns." Huh?

To add insult to injury, the Summary begins "Although informed refusal of care by the patient is a familiar situation for most clinicians … acknowledgement of the importance of patient autonomy and increased patient access to information … has prompted more patient-generated requests for surgical interventions not necessarily recommended by their physicians." The Ethics Committee Opinion on Informed Refusal is barely mentioned anywhere on the ACOG website, and is not published anywhere on the website, so it is difficult to understand how patients are supposed to be familiar with it. If patient autonomy is important to ACOG, why do patients only have autonomy to choose care and practices that benefit obstetricians (like cesarean sections), but ACOG works very hard to prevent women from choices that do not benefit obstetricians, such as midwifery care and out-of-hospital birth?

In his *Washington Post* article mentioned above, De Vries makes the case that bioethicists, though presumably well-intentioned, "are sometimes being used as cover, allowing corporate conundrums to masquerade as ethical problems, often with solutions that serve corporate interests." Of course, if we can know who the ethicists are, we can assess to some degree whether or not there is bias or any conflicts of interest. ACOG has not made public any names or biographical information about the members of its Ethics Committee; they are not posted on the ACOG website, they do not appear on the published Opinion, and the ACOG office would not provide any such information to me upon e-mail and telephone requests. We can only wonder why…

In response to De Vries' article, ACOG's deputy executive vice president Stanley Zinberg, published a letter to the editor (Feb. 14) defending ACOG and its Ethics Committee Opinion, trotting out the same false arguments as are in the opinion. In fact, ACOG's Ethics Opinion conveniently lets obstetricians falsely blame women themselves for the ever increasing (and lucrative) cesarean rate (26.1% in 2002), rather than acknowledge that standard obstetrics is failing dismally to help healthy women give birth normally. How is this ethical? Where is the accountability to women in American obstetrics? ✳

Other News Releases responding to ACOG's Opinion:

From ICAN: <http://www.ican-online.org/news/111003.htm>.

From Lamaze International, American College of Nurse-Midwives (ACNM), Doulas of North America (DONA), Coalition for Improving Maternity Services (CIMS) and the Association of Nurse Advocates for Childbirth Solutions (ANACS): <http://www.midwife.org/press/display.cfm?id=355>.

State by State

ALABAMA

Consumers in Alabama are submitting a revision of last year's bill to the Alabama State House of Representatives. This is the third attempt to pass a legislation that would recognize and allow the practice of direct-entry midwifery in an out-of-hospital setting.

For more information, contact Chloe Raum <chloe@AlabamaMidwives.com> or Lisa Clark <lisa@AlabamaMidwives.com>.

ARKANSAS

The new proposal for changes to the Arkansas Rules and Regulations for the practice of midwifery are still in development. The midwives, frustrated with years of no progress on regs changes, wrote significant changes and took that proposal straight to the Board of Health, bypassing the Health Department's perinatal health team which oversees the program. The Board of Health responded well to the proposal, but tabled the vote for study by a subcommittee.

Just days before the subcommittee vote, the perinatal health team submitted their own proposal, which did not contain the significant changes toward autonomy that the midwives wanted. At that meeting, the Board voted to accept the department proposal and to send it to public hearing. The midwives met and discussed the department's proposal, and wrote a letter to all members of the Board of Health strongly disagreeing with the proposal. Again, just days before the Board meeting, the department came back with another, slightly better, proposal.

The midwives feel that these last minute proposals do not give enough time for the midwives or the Midwifery Advisory Board to respond to the proposal, so they intend to ask the Board to table the vote until the affected groups have a chance to meet and discuss the proposal. Many midwives feel that the old regulations are better than the new ones. There are some good changes in the new proposal, but not enough to counter the more restrictive nature of other changes. So, we hope to keep revising the proposal until there are enough benefits in the new regs to warrant the change.

Submitted by Ida Darragh, <ivd@aol.com> 501-663-6051.

CONNECTICUT

The Connecticut chapter of NOW has stepped up to organize and facilitate discussions among nurse midwives, direct-entry midwives and consumers about possible ways of working together toward improving maternity care and increasing access to midwifery care in Connecticut. We had a preliminary "brainstorming" meeting in January that included two consumers, two nurse midwives, CT NOW representatives, and a direct-entry midwife. This meeting led to setting up a larger meeting in February which included representatives from the CT ACNM, their lobbyist, direct entry midwives and their former lobbyist (who also helped facilitate the original regulation of nurse midwives in Connecticut), consumers, a childbirth educator who is running for office in the state legislature, a naturopathic physician, an obstetrician who is supportive of midwifery and a representative from the state's Permanent Commission on the Status of Women.

The goal of this initiative is to create a vision and strategy for implementing evidence-based maternity care practices in the state. This meeting was a good start to a much-needed joining of forces among all midwives to discuss their needs, fears, possibilities, and goals. We are excited and pleased about this initial discussion. In the near future we are planning to bring midwives from neighboring states (such as Massachusetts) to Connecticut as guest speakers so that we might learn from their experiences of bridging the CPM and CNM communities – finding out what worked and what failed – and learning about the ways they came to work together in an effort to improve care and access for mothers and babies.

The Department of Public Health's hearings for four CPMs (see previous CfM newsletters for details) are ongoing. Various fundraising events and activities continue to take place in efforts to defray the mounting legal costs of the cases.

Submitted by Sharon Reilly <sharonrose2@sbcglobal.net>.

GEORGIA

Last fall Claudia Conn, CPM, was contacted by an investigator from the Medical Board regarding "unauthorized practice of medicine." The investigation is not related to any particular course of action Claudia took with any client, but has more to do with practicing midwifery and her visibility at Kennestone Hospital. The investigation is underway; however, so far nothing has come of it. Claudia has directed the investigator to contact her attorney. In response to this situation, Georgia Friends of Midwives is getting better organized, and a tax-exempt GFOM Foundation is being developed.

Meanwhile, midwifery advocates are continuing to work a Study Resolution (to study the CPM credential). While the Chair of the Rules Committee has kept this bill completely stalled for several years, it appears that some recent procedural changes in the General Assembly will send the Resolution to the Health and Ecology Committee, and maybe a fresh start. Additional legislative options are also being explored.

Submitted by Susan Hodges, <shodgesmwy@earthlink.net>.

IOWA

Although nurse-midwives still do not have privileges with Iowa Health Systems, another hospital in Des Moines, Mercy Hospital, has hired a nurse midwife and Methodist Hospital hired two nurse midwives (though they only have a six month contract).

We are working on building blocks toward ensuring hospital privileges from a variety of angles. We are going to Administrative Rules Committee to ask that rules of enforcement are written to support the current law, which states the CNM license cannot be used as grounds to restrict access to the hospital.

The existing CNM chapter became inactive because some people felt they no longer wanted a political organization. A new chapter has been created that emphasizes the need for political action.

One a happier note, Iowa now has two new birth centers in Davenport and Des Moines, both of which are accredited by NACC.

Submitted by Carrie Ann Ryan, <midwife@gentlebirth.com>.

MASSACHUSETTS

The midwifery bill is currently sitting in the Health Care Committee. There is no action expected until at least March. Hopefully at that time it will be sent to the Ways & Means Committee, where it will need considerable support from midwives and consumers in order to move forward.

In the current version CPMs and CMs will get a provisional license, along with all those who meet the "grandmothering" criteria. Among other things, the bill contains a section on regulations that will be written with DPH to include a formulary of medications that all licensed midwives would be able to obtain, carry and administer to clients.

Peggy Garland reported that the CNMs have a separate bill pending to change prescriptive privileges. CNMs currently may practice independently, but prescription privileges must be under an MDs license. This severely limits true independent practice. This bill would change the prescriptive language to a collaborative relationship.

Submitted by Kirsten Kowalski-Lane, <ktklane@comcast.net>.

NEBRASKA

There's a New Group in Town!

Consumers have come together to establish Nebraska Friends of Midwives (NFoM). Our initial goal is relationship building with the DEMs and CNMs in our state, as well as amongst consumers themselves. As we continue to reach this goal we will focus on our primary objective of educating the public on the many benefits of the Midwives Model of Care.

On April 21 Nebraska Governor Johanns will be signing a proclamation in recognition of International Midwives Day. We're looking forward to a gathering of consumers at the State Capitol!

If you would like to get involved with some exciting grassroots efforts, contact us at or (402) 238-2479. NFoM will also have a website up and running in the next few weeks. Check us out at <www.nebraskafriendsofmidwives.org>.

Submitted by Christina Williamson, <gentlebeginnings@cox.net> or (402) 238-2479.

NEW YORK

While 2003 was a difficult year for midwifery in New York, it ended on what seems like a positive note. The NYS Board of Midwifery met in executive session on December 9 to review the NARM exam with NARM representatives Ida Darragh and Joanne Gottchall and psychometrician Gerald Rosen. By all accounts, the exam was well received, though the Board had some further questions. Unfortunately, the terms of most Board Members expired on December 31, and not enough new members have been appointed to hold a vote. We're hopeful that the Board will reach its minimum membership requirements soon.

Shortly after that meeting, NYFOM met with the Elan McAllister and Christing Leising of the new group Choices in Childbirth in New York City. We hope to work together to bridge the upstate/downstate divide that so often affects New York State politics, and perhaps work together for changes in the laws, regulations, and perspectives that provide barriers to access for women in New York.

We plan to hold a statewide meeting this spring to talk about New York's failure to progress regarding access to midwifery care.

Submitted by Carolyn Keefe, New York Friends of Midwives, <NYFOM@birthnewyork.org>.

SOUTH DAKOTA

South Dakota jailed two midwives in 2003. One was Judy Jones, a CPM, who spent 30 days in jail, and the other Margo Wyatt, a DEM, who spent five days in jail. This spurred South Dakota Safe Childbirth Options into action, raising $10,000, hiring a lobbyist and introducing two bills into the legislature in 2004.

Historically in South Dakota, midwives have always attended homebirths. In 1979, the CNM law was passed. Homebirth midwives had an office in Piedmont, South Dakota in 1980. They were given birth certificates from the Department of Health. Midwives continued practicing until 1994, when Judy Jones was brought to trial for practicing as a CNM. The jury heard the history and she was acquitted. In 2003, she was charged with practicing midwifery without a license and the judge banned the history testimony. Judy was found guilty, fined and jailed.

The Senate bill set up an advisory board under the control of the Board of Nursing. It lost 6-1. We tried to resurrect it by "smoking it out," but it failed by one vote.

The House bill restricted the use of the CNM law to nurse midwives, so the courts wouldn't be able to use it against non-nurse midwives. The testimony for the House bill seemed so convincing that we really expected to pick up some votes.

This year the House bill failed 11-0. What reason did the legislators give for voting against this bill? Control! These home birth midwives would be running around out of control. Who was controlling those midwives for 24 years before they were jailed? The consumer. That is called popular sovereignty and is one of the foundational principles of our nation. The committee evidently believes in medi-garchy or the sovereignty of the state, the incompetence of its subjects, and their need for "protection."

Submitted by Michelle Havener and Kari Rettig for SDSCO.

Update on Elizabeth Seton Birth Center

Elizabeth Seton Childbearing Center (ESCbC)was forced to close its doors last September, but the Friends of the Birth Center have been busy ever since. Friends of the Birth Center is now a non-profit organization with many volunteers well on the way to tax-exempt 501(c)3 status. Fundraising and other plans are in the works, with the hope of re-establishing a free-standing birth center in Manhattan (in New York City). A book of ESCbC birth stories is one fundraising project being planned, and a website <www.friendsofthebirth center.org> is under construction. (Until then, read updates at <http://birth center.typepad.com/>.) In the mean time, Erica Lyon, ESCbC's Childbirth Education Coordinator, and the childbirth educators at the former birth center have joined together to start a maternity education and postpartum support center called Realbirth <http://www.real birth.com/>.

Information at <birthcenter.typepad.com>.

TEXAS

The Austin chapter of Texans for Midwifery and MANA organized a Rally to Support Midwives on October 30. With CfM's Susan Hodges leading the march to the state Capitol, hundreds of midwives and supporters gathered to hear Ina May Gaskin, other midwives, parents, physicians and a state representative speak out in support of midwives! The rally helped TFM build its membership base and keep local media attention on the fact that midwives no longer practice in Austin's hospitals. Links to stories can be found at <texansformidwifery.org/Austin>.

The rally also spurred the attention of media outlets, including National Public Radio, which aired a story in January on midwives and "OBs as barriers to hospital midwifery care."

The new city-owned hospital in Austin will not contractually require its managing agent (University of Texas Medical Branch) to provide midwifery services, though TfM-Austin's pressing of the issue has drawn support of council members who have urged city staff/UTMB to find a way to bring midwives in.

In response to consumers' protests that midwives no longer practice at its hospitals (where physician sponsors are required to be on site for all CNM-attended births), Seton Healthcare Network has convened a committee to examine how midwives might practice at their network hospitals in the future and plans to issue its report in February.

TfM-Austin is dedicating 2004 to building our organization in preparation for the 2005 state legislative session, which promises a fight to keep documented midwives' governing board from moving to the medical Board of Nurse Examiners. This move was attempted in 2003 by a lobby of physicians who want more control over midwives, even though midwives do not practice medicine.

In Houston BIRTH, a nonprofit organization of parents, midwives, physicians, childbirth educators, doulas and lactation consultants, has dedicated itself to supporting family-centered birth. In October, it held its second annual BIRTH Fair to educate the public. Visit <www.houbirth.org> for ideas on organizing one in your area!

Submitted by Amy Chamberlain, <achamby@swbell.net>.

UTAH

Utah's legislative session for this year began on January 19. We have a terrific sponsor for the bill (Rep. Jackie Biskupski) who really understands our issues and our opposition. As I write, our bill has been submitted for numbering with not only our sponsor, but also nine other co-sponsors who run the gamut from very liberal to very conservative. We have both male and female co-sponsors. One of our co-sponsors chairs the committee that will first vote on our bill in the House. So, right now, things are looking good!

Our bill attempts to legalize midwifery for all midwives, yet only requires certification for midwives who want to legally carry medications. There is no physician supervision clause, so midwives would remain fully autonomous whether or not they choose to certify.

Update!

As this newsletter goes to press, we have word that on February 18 the bill passed the Utah House 46-28 with support from "unexpected quarters!" You may read the bill at <http://www.le.state.ut.us/~2004/htmdoc/hbillhtm/hb0227.htm>.

Submitted by Suzanne Smith, CPM, BetterBirth, LLC, 230 W 170 N, Orem UT 84057, 801-225-5668, <www.BetterBirth.com>, or e-mail <midwife@qwest.net>.

VIRGINIA

Virginia is for Lovers, but nine months later don't try to have your baby at home. That has been the apparent motto that consumer activists and midwives have been trying to overcome in a General Assembly dominated by the Medical Society (MSV). With no limits on campaign contributions, the MSV is one of the highest contributors to legislative coffers each year.

As of this publication deadline, we have good news. HB 581, a bill to license CPMs, has passed out of the House with a 91-9 vote, and has gone on to the Senate. The bill was "fine tuned" so that it is likely to pass the Senate without compromising on essential issues. After four years with the same bill, it was very gratifying to hear the discussion finally centering on the HOW not the IF regarding home birth and midwifery. Using a dual bill strategy, our Patron first offered a bill that would exempt CPMs from the practice of medicine, essentially legalizing midwifery without regulations. This radical departure from the method by which other health professions are handled made our regulatory bill look reasonable. It also sent a warning to the opposition, as the exemption nearly passed on a tie vote. You can read the Virginia bill at <http://leg1.state.va.us/cgi-bin/legp504.exe?041+sum+HB581>.

Whatever happens this year, we have made a huge breakthrough. Thanks to our consumer groups who have rallied their legislators to support midwifery: Virginia Friends of Midwives, Midwifery Options for Mothers, Richmond Families for Birthing Alternatives, Informed Birth Options of Central Virginia, Families for Natural Living and Virginia Birthing Freedom.

Submitted by Brynne Potter for Commonwealth Midwives Alliance <brynne@argon.org> 434-299-8326. ✳

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.

Resources

Book Review

Impact of Birthing Practices on Breastfeeding: Protecting the Mother and Baby Continuum

By Mary Kroeger with Linda J. Smith
2004 Jones and Bartlett Publishers, Inc.
http://www.jbpub.com/catalog/0763724815/
ISBN: 0763724815
Price: $39.95 (U.S. List) paper 274 pp

Reviewed by Susan Hodges

Finally, a thorough, research-based resource documenting what many of already "know" – that birthing practices do affect breastfeeding!

Mary Kroeger has produced a much-needed and serious work that examines many aspects of birth practices and how they affect both the mother's and the baby's ability and inclination to breastfeed. Thoroughly documented with research and global experience, Kroeger's book makes strong cases against many common interventions and practices that are problematic in the U.S. and interfere with normal labor, because they also interfere with breastfeeding.

The first chapter sets the stage with an historical and global overview of childbirth and breastfeeding. Then Kroeger devotes a chapter to "Evidence-Based Practice in Perinatal Care" with discussions about evidence and research, including the politics of research and problems resulting form the separation of obstetrics and pediatrics into separate medical specialties.

The bulk of the book consists of chapters that each focus on one aspect of maternity care and how it affects breastfeeding. Topics include labor support; maternal position; fluids, food and IVs; labor pain medication; episiotomy and surgical delivery; fear and stress; treatment of the newborn; and post partum bleeding. Each topic is covered thoroughly, including background, literature review, specific practices, and the state of available evidence, as well as conclusions and implications. Kroeger also discusses practices in developing countries, illuminating the problems both of too much "care" (i.e., interventions) as is common in the U.S. and of too little care experienced in developing countries and resource-poor areas.

An outstanding feature of the book is the chapter by lactation consultant Linda Smith on "Physics, Forces, and Mechanical Effects of Birth on Breastfeeding." I had never thought much about the many bones of the neonate's lower skull, jaw and neck, and the intricate pathways of nerves through this area. Making good use of diagrams, the chapter clearly explains how manipulations and pulling on the baby's head and neck during birth, as well as drugs administered to the mother and even suctioning, can seriously interfere with a newborn's ability to latch on and suck successfully.

The final chapter looks at recent trends and forward to challenges and hopeful models. Appendices include information about several national and international organizations working to promote better birthing practices and breastfeeding.

There are a few relatively minor drawbacks. The book is aimed at birth professionals; while it is very readable, some clinical and technical terms may require pulling out a dictionary. A few important topics are missing; one notable example is that immediate cord-clamping and its effects on the newborn are not mentioned (an omission the author says will definitely be addressed in a future edition). For most of us the book may seem pricey at $39.95 for a paperback. I could not find it on Amazon, but Barnes & Noble had it, for 20% less than the publisher's price.

All that said, in my opinion this book is definitely worth every penny. It is an essential resource and reference for the work of changing childbirth in this country. While the orientation is towards breastfeeding, the practices that promote breastfeeding are low-tech, Mother-Friendly, and consistent with the Midwives Model of Care. The value and benefits of breastfeeding for the newborn are thoroughly established and accepted in the medical world. When midwifery and home birth advocates are accused of wanting a "beautiful experience" at the "expense" of the health and well-being of the baby, give the accuser this book! A Midwives Model of Care, Mother-Friendly birth promotes breastfeeding, one of the best things any mother can do for her baby! ✷

Spinning Babies Website

<http://www.spinningbabies.com/index.html>

Malpositioned babies are a prime cause of long and painful labors, and interventions, as explained in Jean Sutton's book, *Optimal Fetal Positioning* (for sale on the ICAN website <www.ican-online.org>). Based on Sutton's ideas, spinning babies.com presents the basics for what a mother can do (or how a midwife or doula could help) when the baby is malpositioned prior to labor, in an easy to read format with great drawings to illustrate the different postures! Doulas Gail Tully and Betty Day designed this website and also offer training workshops. Check it out!

Fundraising Insights

What midwifery advocacy group doesn't need more money? CfM member Anne Boyd of Alabama, who also happens to be a development professional, recommends the following websites for good fundraising information. These will certainly take you way beyond garage sales and selling bumper stickers!

<www.grassrootsfundraising.org> (Ann especially recommends this site.)
<http://www.vcn.bc.ca/citizens-handbook/welcome.html>
<http://www.nfg.org/cotb/29choosing.htm>
<http://www.lsgstrategies.com>
<http://www.virginia-organizing.org/articles/grassroots_fundraising.php>

New Legal Resource for Midwives

An amazing collection of midwives, attorneys, and consumer-activists has been busy writing a legal manual entitled *From Calling to Courtroom ... A Midwifery Survival Guide*. The content includes "everything" that midwives should know – how to be prepared ahead of time, what to do (and not do) if you are investigated or arrested, how the court system works, and much more.

The development and creation of this book has been entirely on-line. It will be available soon FREE on the Internet, and announced on the Grassroots Network.

It is hoped that every midwife will have a copy of this manual, and that it will provide effective pro-active help when a midwife faces legal prosecution. Midwifery activists should also read this book to get a better understanding of how the legal system works and the very essential role consumers can play in supporting and helping their midwife survive an investigation or trial.

Alphabet Soup Directory

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

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

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

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

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

***NARM* North American Registry of Midwives**
5257 Rosestone Drive, Lilburn, GA 30047, (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)	$ _____
_____	25 CfM membership fliers (2-color flier – great alternative to brochure)	(suggested donation $3)	$ _____
_____	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:

_____	"Liberty & Justice for Midwives" buttons	($2/each or 10/$16 incl. postage)	$ _____
_____	50 Midwives Model of Care brochures [ ] English [ ] Spanish	($20 includes postage)	$ _____
_____	100 MMofC brochures (or .30 ea + shipping) [ ] English [ ] Spanish	($38 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

Citizens *for* Midwifery
Learn, Connect and Take Action

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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

Name _____

Street Address _____

City _____ State & Zip _____

Home Phone _____ Office Phone _____

e-mail address _____ Fax _____

I originally learned about CfM from: _____

Yes!

I want to help promote the Midwives Model of Care.

Please mail this form,
with your check or money order to:
Citizens for Midwifery
PO Box 82227
Athens, GA 30608-2227

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

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

___ Student	$20	
___ **Suggested**	$30	
___ 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 $20 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