

Citizens for Midwifery

NEWS

VOLUME 10, ISSUE 1, SPRING / SUMMER 2005

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**Midwives
Model of Care™**
 S U P P O R T E R

Mothering Magazine Features Birth Advocacy

Have you seen the May/June issue of *Mothering Magazine*?

The cover story is "Speak up for Natural Birth: 10 easy things you can do," just one part of author Karen Brody's article "Take Back Natural Birth!" This article about birth activism is followed by Shawn Spry's "Networking for a Better Birth" that describes the various birth networks that have formed around the country based on the Mother Friendly Childbirth Initiative <www.motherfriendly.org>.

Amy Chamberlain, a supporter of Texans for Midwifery-Austin, writes: "I LOVED reading about others across the country doing many of the same things we are to talk about healthy birth options – organizing "Birth Fairs," rallying at the Capitol to protect our access to midwifery care, presenting to college students on the history of childbirth in America and on normal birth. There are some more good ideas in this issue, but I think the greatest value I got from it is knowing that I can be doing as little or as much as I can at a particular time. Volunteering with a local birth group, reading emails, or simply writing a \$10 check are all extremely valuable ways to make a difference!"

Karen Brody, a birth activist previously from Arkansas and now in the Washington, DC, area, has also written the play *Birth*. Shawn Spry is founder of birthNETWORK. The articles written by these two birth activists include "10 Ways to Get the Word Out," a sidebar about *Birth*, as well as a sidebar about CfM President Susan Hodges, along with several mentions of Citizens for Midwifery.

Thank you to Karen and Shawn for writing these articles, and to *Mothering* for featuring them! As Shawn Spry writes, "Get involved!" We hope these articles inspire many mothers and families to do just that! ☘

Landmark Study Reports Planned Home Births Are Safe!

By Susan Hodges

"Outcomes of planned home births with certified professional midwives: large prospective study in North America." Kenneth C Johnson, senior epidemiologist, Betty-Anne Daviss, project manager. *BMJ* 2005;330:1416 (18 June). Published online at <<http://bmj.bmjournals.com/cgi/content/full/330/7505/1416?ehom>>.

This long-awaited study, published in the June 18 edition of the *British Medical Journal*, found that for low risk women in the United States, planned home births with Certified Professional Midwives are as safe as hospital births, and accomplished with much less medical intervention, compared with low risk hospital births.

The researchers used prospective data on more than 5400 planned home births in North America attended by Certified Professional Midwives during the year 2000, and compared them to more than 3 million low risk hospital births.

The study results support both the safety of home birth and the effectiveness of Certified Professional Midwives.

Co-author Ken Johnson has stated that this is the largest study of its kind at this time. Previously published studies have been criticized for not being big enough, for not being able to distinguish between planned or unplanned births, and for being retrospective, that is, only looking at old records after the birth has occurred. This study cannot be written off for those reasons; it is large enough to be statistically meaningful even for rare

(continued on page 4)

Who Are We?

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

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

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

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

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

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

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

CfM News Credits:

Editor: Susan Hodges

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CfM Board of Directors (2005-2006)

Susan Hodges, President

Paula Mandell, Vice President

Carolyn Keefe, Secretary

Willa Powell, Treasurer

Citizens for Midwifery Copyright July 2005

CfM Participates in Conferences

Because many CfM members support this organization with donations in addition to the basic membership, CfM is able to participate in a number of conferences. As one of the only organizations representing "consumer" interests when it comes to maternity care, we think it is important to speak up and play a part in conferences to the extent that we are able.

In February CfM Board members Susan Hodges and Carolyn Keefe attended the **Coalition for Improving Maternity Services (CIMS) Annual Forum and Conference**.

As part of the Forum, Dr. Suzanne Haynes, Senior Science Advisor of the Office of Women's Health (U.S. Dept. of Health and Human Services) gave a fascinating presentation about the importance of exclusive breastfeeding and the development of the National Breastfeeding Awareness Campaign. For the campaign, the Ad Council conducted focus groups to determine how best to reach women who are not breastfeeding. I know I never would have come up with a man singing a country-western ballad about breastfeeding, but that has been the most popular radio spot! Speaking with Dr. Haynes over lunch was a valuable opportunity to ask questions and learn more about ways we might get federal government attention directed at the current problems with maternity care.

One highlight was a dramatic reading of Karen Brody's play *Birth* – a "testimony play about childbirth in America." (More information and photos at <www.birththeplay.com>.)

Also at the conference, ACNM's Executive Director Deanne Williams announced the ACNM's initiative to get Congressional Hearings to address the rising cesarean section rate. Read their press release "C-Section Crisis Demands Congressional Review" at <<http://www.midwife.org/press/display.cfm?id=469>>. CfM supports this effort.

Overall, the CIMS Forum and Conference provided many productive as well as enjoyable opportunities to network and develop ideas and connections with "movers and shakers" from across the country.

In early April Susan represented the CfM Board at the **semi-annual joint meetings** of the Boards of MANA, MEAC, NARM and FAM. These joint board meetings provide a way for our organizations to communicate and

keep up with what each one is doing and planning. While the entire CfM Board has not been able to attend, we are committed to having at least one representative participate.

In mid-May Susan attended a conference in Washington, DC, "**Expecting Something Better: A Conference to Optimize Maternal Health Care**" held by the Jacobs Institute for Women's Health <<http://www.jiwh.org>> "a nonprofit organization working to improve health care for women through research, dialogue, and information dissemination."

While most of the speakers and panelists were health professionals, Henci Goer was the keynote speaker.

The conference was organized around four subject areas: Achieving Safe Motherhood; the Health of Women and Girls Beyond Pregnancy; Disparities in Maternal Health and Health Care; Maternal Morbidity and Mortality; the Content of Prenatal Care. There was at least one commissioned paper for each topic, each of the four groups had a panel, and attendees were asked to join one of the workgroups, each of which was to come up with findings and recommendations. The papers and results will be published eventually as proceedings in the Jacob's Institute journal.

In addition to the many medical providers and public health professionals, representatives of ICAN and NARM and other CfM members, along with other individuals who support normal birth, participated and used this unique opportunity to speak up for midwifery, mothers and normal birth. I attended the maternal morbidity and mortality workgroup, where we had lively discussions and came up with a variety of excellent (in my opinion) recommendations. Jacobs Institute has set up a list-serve for each of the four topic areas, and we will continue to have input as the conference results are written up. Overall, I came home feeling that it was a worthwhile trip, even if all that comes from the conference is the Proceedings.

Finally, in addition to actually participating in these meetings, CfM has also sent literature or placed an ad in the programs of several other conferences, such as ICAN and Midwifery Today, and we plan to continue doing so. ☘

President's Letter



Dear Friends,

What exciting news we have in this issue! In not one but TWO new states direct entry midwives now will be able to practice legally! And the long-awaited study of home births attended by Certified Professional Midwives has just been published in the British Medical Journal!

Virginia and Utah Pass Midwife Licensing Acts

Congratulations to all the midwives and families in Virginia and Utah who contributed their time, energy and money to the successful legislative efforts in these two very different states. The Utah law gives legal status to all direct entry midwives, but provides for licensing that is required if the midwife uses any of a list of medications. The Virginia law provides for and requires licensing of CPMs, but does not provide for them to use any medications. Read more in the State to State section (Page xx). The passage of these two laws means that there are now **twenty-one states** that regulate direct entry midwives (plus a few more that give legal status to the ACNM's direct entry credential, the Certified Midwife).

Even when a state has a good licensing statute in place, vigilance and hard work are needed to keep the statute intact and improve rules and regulations, as Texans have discovered (see p. xx). There are ongoing struggles regarding malpractice insurance and coverage of home births by health care insurers in a number of states. Happily, there are new resources and ideas available to help with legislative strategy, some of which are described in this issue.

CPM2000 Study Published!

Read about the publication of "Outcomes of planned home births with certified professional midwives: large prospective study in North America." in the front page article!

I would like to express great appreciation and deep gratitude to Ken Johnson and Betty-Anne Daviss, the Canadian researchers who produced this very important study. Betty-Anne and Ken started serious data collection of midwifery statistics after analyzing the Ontario data of 1983-85 and spending several months at the National Perinatal Epidemiology Unit in Britain. Read more about these authors on page 5.

Many people do not realize that these two authors designed the study, collected and analyzed the data, and prepared the manuscript, all in their "free time" the time that was left after their full time jobs. Most of us have not had any experience doing this kind of research, nor do we have any understanding of the detailed care and many, many hours of work that go into carrying out and writing up this kind of research. It is a true gift to midwifery and mothers that researchers of their stature have been willing to contribute such an enormous effort. Thank you Ken and Betty-Anne! And thank you also to NARM, MANA and FAM, all of whom patiently supported this project in many ways.

CfM Annual Meeting, Needs, Nominations

You are warmly invited to attend CfM's Annual Membership Meeting in October (see sidebar). We are still planning this event, but for sure you will be able to meet the Directors of CfM, and express your interests and desires for CfM's future activities and developments.

Have you thought about how you might contribute to CfM's continuation and future as an organization? Have you considered that you might be a future member of the CfM Board of Directors? Are you interested in volunteering with some dynamic women in a supportive environment? We have many ways to get more involved – committees, state and regional representatives, and smaller tasks that will help CfM grow stronger and become more effective, and we are actively looking for new potential Board members. If you are interested or have questions, please contact any of the current board members (see <http://www.cfmidwifery.org/Contact/>) to find out more!

The Annual Meeting is also the culmination of voting. We are short one board member now, and will have another opening soon. We welcome nominations for the slate through August 31. Again, please contact CfM with any questions!

Happy Summer to all!

Susan

Citizens for Midwifery Annual Membership Meeting and Elections

Mark your calendar!
Saturday, October 22, 2005

Location to be announced.

Details about the Annual Meeting, as well as information for voting will be sent to all CfM members by mid-September.

You do not have to be present at the Annual Meeting to vote; you can mail in your ballot or bring it with you to the Membership Meeting.

MANA 2005 Conference: "Standing Tall; Growing Together"

**September 30 – October 2, 2005
Boulder, Colorado**

www.mana.org/mana2005/index.html.

Citizens for Midwifery will have a table in the exhibit hall, and CfM President Susan Hodges will be presenting two workshops. Please come by and say hello!

(CPM 2000 ... continued from page 1)

events, the data was prospective (initial data was submitted before the birth took place, so no births could be “left out”), and with the majority of births taking place in the US, the results are undeniably relevant to US populations and circumstances.

From the Citizens for Midwifery Press Release <<http://www.cfmidwifery.org/Resources/item.aspx?ID=85>>:

The study results belie the consistent claim of U.S. medical professionals and their organizations that “home birth is dangerous,” a belief that is not supported by the weight of scientific evidence.

“We challenge U.S. physician organizations to acknowledge the findings of this study and others like it, and to actively support legislative and regulatory changes that will promote access to out-of-hospital maternity care provided by professional (independent) midwives, such as Certified Professional Midwives,” said Susan Hodges, President of Citizens for Midwifery, a U.S. grassroots organization.

From the ICAN Press Release <<http://www.ican-online.org/press/articles/20050618-ican.pdf>>:

The result was a 3.7 percent cesarean rate among all mothers and a 1.7 percent cesarean rate among women who previously gave birth vaginally.

“Based on these study results, women who want to avoid a cesarean should consider planning a home birth with a Certified Professional Midwife,” said Tonya Jamois, president of the International Cesarean Awareness Network (ICAN). “We hope the positive results of this home birth study will move the American College of Obstetrics and Gynecology (ACOG) to review their protocols and guidelines to support women who choose home birth and to integrate Certified Professional Midwives into the health care system,” Jamois said. Currently, ACOG opposes home birth.

Results

Nearly 88% of the planned home births were completed at home, with only 12% transferring to hospital care; 5 out of 6 transfers carried out before delivery. Reasons for transport ranged from “failure to progress” and pain relief to serious situations such as sustained fetal distress and cord prolapse. Midwives considered their transfers “urgent” for only 3.4% of intended home births.

The authors looked at a number of common interventions, such as electronic fetal monitoring, episiotomy and vacuum extraction, and found much lower rates for the planned home births. For cesarean section, the rate was only 1.6% for multiparous

CPM Facts

- The North American Registry of Midwives (NARM) Administers the Certified Professional Midwife (CPM) credential.
- The first CPM was certified in 1994.
- As of June 2005, NARM has certified 1042 CPMs.
- CPMs are practicing in 46 states.
- Twenty-one states use the PM credential and/or the NARM written exam for licensing direct entry midwives.

For more information about Certified Professional Midwives <<http://www.narm.org>>.

women, and only 8.3% for primips, far lower than the national rate of cesarean sections for 2000.

Despite the low rates of interventions, the outcomes were excellent. There were no maternal deaths. With stillbirths and fatal birth defects excluded, the intrapartum and neonatal mortality rate was only 1.7 per 1000 low risk planned home births. The authors reported that these rates were comparable to the outcomes for low risk hospital births.

Overall, the study shows that for healthy women, a planned home birth with a trained midwife (ie, a CPM), is a safe and reasonable choice for maternity care, supported by the evidence. In addition, the results suggest that

low risk women giving birth in hospitals are over-treated with medical interventions that do not contribute to healthy outcomes. Furthermore, despite the fact that the midwives in the study included many who were not well-integrated into the health care system, mothers and babies that did need medical attention were appropriately identified and transported to hospitals and got the care they needed. Otherwise, we would not see the good outcomes that are comparable to hospital birth outcomes.

Useful for Midwifery Advocates

Clearly, the findings of this study will be very useful in confronting claims by physicians, and legislators’ fears, regarding “safety” and even the cost savings of avoiding unnecessary medical interventions.

“Our study of certified professional midwives suggests that they achieve good outcomes among low risk women without routine use of expensive hospital interventions,” say the authors, a Canadian epidemiologist and a Canadian midwife.

“This evidence supports the American Public Health Association’s recommendation to increase access to out of hospital maternity care services with direct entry midwives in the United States.”

This study should also be an important element for public education about home birth and midwifery care.

In addition, the study can be used to get press attention locally, even though by the time you receive this newsletter, several weeks will have gone by since publication. Are you a Certified Professional Midwife who participated in the study? Are you a mother who gave consent for your data to be submitted? If so, your local media (newspaper, radio, etc.) might be especially interested in doing a story about this study, because your participation makes it locally interesting.

Even if you had no involvement with this study, you can still use it to introduce yourself to the health reporter at your newspaper and start a friendship. Nurture that relationship to increase the likelihood of future news coverage on maternity care issues, and to increase

the likelihood that when such issues come up the reporter will call you for information or even a quote. If your state is working on legislation to license CPMs, meeting with a news reporter now about this study will provide really useful background information to incorporate into a future article when your bill is working its way through the legislative system.

Already in the News

With the British Medical Journal distributing their own press release to the media, the study was picked up by news services and reported in many newspapers and on-line news websites, and Canadian co-Author Betty-Anne Davis was interviewed on Canadian TV.

Some reporters were confused by the British Medical Journal's policy of not capitalizing titles. Not realizing that "certified professional midwife" was a title, not just descriptive words, some reporters quoted website information from the American College of Nurse-Midwives and called the midwives "certified midwives." This situation points out the need for CPMs and other direct entry midwives and midwifery advocates to be more proactive in terms of developing well-informed press contacts for future reporting that is more accurate. Despite these problems, many people saw headlines stating that "home birth is safe" – a very positive development. 🌱

Authors of the CPM 2000 Study



Ken Johnson is an epidemiologist, former head of the Birth Defects Registry of Health Canada and currently with the Surveillance and Risk Assessment Division, Centre for Chronic Disease Prevention and Control of the Public Health Agency of Canada. He has published a multitude of epidemiologic studies; his latest accomplishment is a signature study that shows a direct relationship between exposure to second hand smoke and breast cancer.



Betty-Anne Daviss is a midwife and activist who also has written extensively in the social sciences. She is presently working for the Safe Motherhood/Newborn Initiative of the International Federation of Gynecology and Obstetrics, in Ottawa.

CfM Membership State by State

Recently, CfM has been contacted several times by midwives and advocates wanting a list of CfM members to contact regarding situations where consumer support was desirable. In most cases the midwife or advocate was dismayed to discover how few CfM members were in their state.

CfM's membership has stayed around 500 for the last year or two, significantly lower than the 1000 or more members we expected by this time. A much larger membership would increase our national effectiveness as a "consumer" voice for midwives, the Midwives Model of Care, and normal (physiological, undisturbed) birth.

In the table to the right, most of the states with higher numbers of CfM members have at least one midwifery practices that is including a CfM membership as part of their service "package," and/or a midwife advocacy group

50 or more members

NY, OH

30 to 49 members

AZ, CA, ME, NJ,

20 to 29 members

MI, PA, TX, WA

5 to 19 members

AR, CO, CT, FL, GA, IL, MA, MD, NM, OR, SC, VA, VT, WI

0 to 4 members

AK, AL, Washington DC, DE, HI, IA, ID, IN, KS, KY, LA, MN, MO, MS, MT, NC, ND, NE, NH, NV, OK, RI, SD, TN, UT, WV, WY

that actively offers CfM's "special" membership." See the form on page 14 and contact

CfM to request a Word file customizable for your organization.

A tremendous "Thank You" to the midwives who include memberships for their clients, and to the state organizations who are encouraging and facilitating their members to join CfM as well as the state group!

Would you like to see more CfM members in your state? Free CfM brochures and fliers are available. Also, Chapter 2 of "From Calling to Courtroom" (at <www.fromcallingtocourtroom.net>) describes a number of ideas and strategies for getting midwifery clients more involved. Midwifery advocates can reach out to related groups and professionals that are working to reform maternity care in the U.S. and let them and their members and clients know about CfM! 🌱

State by State

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

CONNECTICUT

Good news: In mid-May the charges of “practicing beyond the scope of a nursing license” facing Barbara Soderberg and Bea Arzt were dropped, and a May 17 hearing was canceled! Barbara and Bea entered into an agreement with the Department of Public Health attorneys stipulating that they will not pursue renewal of their nursing licenses at any time (although they haven’t renewed their licenses for years). The agreement included no admission of wrongdoing on the part of the midwives. This doesn’t prevent the Examining Board for Nurses from pursuing charges of practicing medicine without a license in future situations, but for now at least the matter is resolved. As an update, the baby whose birth is associated with these charges is now a thriving five-year-old.

Despite this encouraging development, two other Connecticut midwives are still facing charges; no date has been set yet for Maryellen Albini and Joan Mershon’s next hearing. Friends of Midwives are encouraged to show support by attending the next hearing, where Maryellen and Joan are expected to answer questions from the Panel.

In addition, the Alliance of Connecticut Midwives is hoping to usher new licensing legislation through the Connecticut General Assembly soon, possibly as early as next year. Connecticut midwifery advocates are strongly encouraged to contact their state representatives and let them know how important this issue is to your family.

Submitted by Angelina Kendra e-mail <angelina@snet.net> or website <<http://www.ctufmc.org>>.

ILLINOIS

The year 2005 has been quite eventful in Illinois!

The Coalition for Illinois Midwifery was restarted by the original founding groups, the Illinois Council of Certified Professional Midwives, Illinois Families For Midwifery and

ARIZONA

Direct entry midwives have been licensed in Arizona since 1978. However, a legislative process is required for amending rules and regulations, so the need for educating legislators remains, despite the legal status of midwives in this state.

The Arizona Midwifery Institute

We are excited to announce the formation of the Arizona Midwifery Institute (AMI), a 501(c)3 organization dedicated to promoting the Midwives Model of Care in conjunction with a diverse group of healthcare providers and the community at large. Our organization is still in her formative stages, but our first board meeting was a rousing success with board members in attendance as well as committee members and state representatives. We were able to begin the process of outlining our foundation and created a mission statement.

The AMI originally was intended to be a school in Northern Arizona in the 1980’s. Through time the non-profit was handed down to various midwives until it came into my hands in 2003 in potential dissolution. At this time I was returning to Arizona from El Paso, Texas where I had been studying midwifery and working at Maternidad La Luz. I was incredibly motivated to have conversations with other midwives and determine what Arizona needed in order to address important midwifery needs throughout the state. It quickly became clear that there needed to be a voice for midwives in the legislative process, a voice that would be a formally recognized entity.

After many wonderful conversations and with the guidance of many women experienced in non-profit work, I began to envision a board of 13 members with the majority being midwives and the minority composed of consumers, physicians, and a healthcare facilitator. Fortunately, our board came together and is composed of amazing

women who have stepped into these roles somewhat blindly but courageously in order to help us formulate the foundation of a strong organization.

It also became clear that the board should run on consensus decision-making. This is a learning process for those of us who are used to the more standard Rules of Order, but by operating in consensus there is a lot more trust in an organization. MANA has been using consensus for peaceful decision-making, and AMI hopes to create this atmosphere in our own state.

Our next board meeting is in October, and we have subcommittees already formed to address our governance and legislative needs before that next meeting. We have state senators who are supporting our efforts and who will be meeting with our legislative committee members. AMI is also working on a survey to get a better idea of midwifery concerns and needs. This will be done with Sharon Flanagan-Hyde who has created large-scale surveys for hospital studies – we are very excited about this. We also hope to have some fun and ceremony by recognizing our sister midwives who have been in Arizona for many years.

As our organization develops and grows we are proud of the careful attention to detail that is happening. I believe that most of us involved recognize that a solid foundation will determine where AMI goes from this point. Arizona is in a state of change with new midwives coming in along with huge numbers of new families to be served. What the AMI hopes to do is create more awareness for the community while being a professional group dedicated to the Midwives Model of Care.

I am still attempting to keep the conversation alive with midwives. Please contact me if you would like to further discuss AMI or even start your own organization. By sharing our knowledge, midwifery will truly have a chance to increase the numbers of informed women and conscious childbirth choices.

Submitted by Marinah Farrell <zmarinah@earthlink.net>.

Chicago Community Midwives, to work on midwifery legislation. Initial efforts toward CPM licensure in February ended, as always, in committee.

Shortly after the licensure bill died in committee, the Coalition hired a professional lobbyist and reached out to more state lawmakers than ever before, culminating in the passage of a state senate resolution unanimously affirming that home birth is a healthy option and that the role of midwives should be included in discussions of maternity care in Illinois. The Coalition Steering Committee believes that the access and insight gained by hiring a lobbyist was well worth the cost, and they hope to engage the lobbyist again in the Fall session.

A summer effort to encourage consumers to meet with their state legislators and host local fundraisers for the Lobbyist Fund is being coordinated by the Coalition and Illinois Families For Midwifery.

Submitted by Colette Bernhard
<birthnews@earthlink.net>.

KENTUCKY

In Kentucky, the statute that allowed for the permitting of 'lay' midwives was orphaned in 1975. No direct-entry midwives, unless previously permitted, have practiced legally since that time.

There are relatively few trained midwives practicing in Kentucky, but our midwives' organization remains active with the promotion of continuing education, apprentice classes and workshops, the facilitation of quarterly peer review, and an annual summer picnic. In 2002, KYMA voted by consensus to seek legalization for direct-entry midwives using the CPM credential as the principle standard for licensure. The decision was made

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

Do you have photos from your conferences or local gatherings?

Maybe a good baby photo for the front page?

Send them along!

in 2004 to seek licensure for CPMs by way of legislation.

In the fall of 2004, midwives and consumers banded together to form the Kentucky Midwifery Taskforce (KMT), an organization committed specifically to working on licensing legislation for CPMs and lobbying in general on all relevant midwifery issues. We, KMT, are currently in the process of writing our first bill draft.

Meanwhile, our consumer organization, the Kentucky Alliance for the Advancement of Midwifery (KAAM), has recently reorganized and they are working on educating the community and building a consumer base.

Submitted by Candace Robinson, CPM, <empoweredbirth@qx.net> Kentucky Midwives Alliance (KYMA) and Kentucky Midwifery Taskforce (KMT)

MAINE

Supporters of the Midwives Model of Care in Maine are joining together as Friends of Maine Midwives. We are encouraging all to join CfM. Some of the midwives in our state include a membership to CfM in their birth package.

Our web page is <<http://www.midwivesofmaine.org/FriendsOfMidwives.html>>. We will be holding fundraising events to benefit midwifery and the homebirth choice, and we are hoping that Friends of Midwives will become a non-profit group soon. We are searching for folks interested in being on a volunteer board to complete this process.

Submitted by Brenda Surabian CPM
<midwifebren@adelphia.net>.

MISSOURI

In the 2005 Missouri legislative session, the combined efforts of the Missouri Midwives Association and Friends of Missouri Midwives resulted in progress few had thought possible. Missouri is one of the few remaining states that expressly prohibit direct-entry midwifery. It is the only state that prohibits it by including midwifery in the definition of the practice of medicine. House Bill 36 would have removed this language from Missouri law, as well as adding a new statute stating, "Nothing in Missouri law shall encroach on a mother's right to give birth in the setting and with the caregiver of her choice..." The bill passed out of its House committee unanimously, and out of the House thanks to strong

support from the House leadership. To read about the bill in more detail please go to <<http://www.house.state.mo.us/bills051/biltxt/commit/HB0036C.HTM>>.

While HB36 did not make it to a vote in the Senate, we came very close, and we are encouraged by the progress we made over the course of the session. We have made a name for ourselves at the capital, and it is a good name. We repeatedly heard appreciation expressed for our cheerful faces and voices, and our calm yet passionate reasoning. The legislators also think we make wonderful cookies! The progress we made could never have happened without the efforts of countless families and individuals making phone calls, writing letters, and traveling to Jefferson City to get face to face with the legislators. We also had a small but valiant group of women who were at the capital every day the last few weeks of the session, and they made great strides on behalf of families and midwives in Missouri.

We are in the planning stages for next year's efforts, and we look forward to continuing to work together as consumers and midwives to change things in Missouri.

Report provided by Laurel Smith <jdlsmith@charter.net> and Allison Dougherty <someonelovesyou00@hotmail.com>, Friends of Missouri Midwives.

NEW YORK

As with many states, it has been a busy year here in New York with many ups and downs.

For the first time, the New York State Board of Midwifery, which regulates the profession of midwifery in New York, is chaired this year by a direct entry midwife. Linda Schutt is a licensed midwife and CPM who has a homebirth practice in Ithaca, New York. Unfortunately, the Board is not fully appointed, so there is no quorum and some of the meetings have been cancelled. Even so, the Board has been working on greater access to out-of-hospital birth and protections for midwives and consumers with regard to insurance reimbursement and malpractice coverage.

A flurry of activity continues across the state in response to dwindling birth options and increasing medicalization for New York women. A Birth Summit took place in New York City in late April, bringing together a

full table of activists in the New York metropolitan region to discuss the closing birthing centers and the opening of new ones, the limited access to midwives, and ways of supporting midwives by addressing the policies that restrict their trade. A New York City based birth coalition was formed. Check out the fantastic resource for urban New Yorkers at <<http://www.choicesinchildbirth.org>>.

Also in April, members from New York Friends of Midwives (NYFOM) attended the New York State Association of Licensed Midwives (NYSALM) Lobby Day to encourage the Legislature to pass their Hospital Privileges bill. We hope this is the beginning of many efforts to work together.

Back in upstate, a May conference brought almost 100 participants, mostly birth professionals, together to explore strategies for "Promoting and Supporting Normal Birth," organized by the Greater Adirondack Perinatal Network. Featured presenters included Maureen Cory from the Maternity Center Association and Debra Pascali-Bonaro representing DONA and Lamaze International. Many attendees were amazed by the gap between evidence and practice and discussed strategies for closing that gap.

New York City activists also organized a picnic to promote midwifery-supported birth in Central Park on June 18th, sponsored by Friends of the Birth Center (see <<http://www.friendsofthebirthcenter.org>> and other organizations including New York Friends of Midwives.

For those living in the Capital Region of Albany, Spring brought the birth of BirthNet's website <<http://www.birthnewyork.org>>. BirthNet serves to educate the community about maternity care in an attempt to improve it for all women, using the Mother-Friendly Childbirth Initiative as an organizing guide and promoting the Midwives Model of Care as the standard for healthy pregnant women. The New York Friends of Midwives site is in the planning stages.

Finally, women in the Ithaca and Finger Lakes region of the state are laboring to give birth to their own birth network, and the growing number of such groups across various regions in the state is inspiring and exciting. They are using some of the information in the most recent issue of *Mothering Magazine* to help them get started. We believe this to be the only way to turn birth around in the United

States, building one network and educating one community at a time.

Submitted by Tisha Graham
<Tgnyfom@aol.com>.

TEXAS

Texas midwives and midwifery advocates celebrated the passage of the midwifery bill HB1535 on May 25 when the Texas Senate passed this legislation renewing the Midwifery Board, which licenses and regulates Texas midwives.

Despite efforts from organized medicine to weaken this legislation, midwives and their supporters prevailed when we visited, called and emailed legislators on the merits of this bill. In fact, challenges like these over the last two legislative sessions have made us stronger. Never before have midwifery supporters been as educated and organized as we have been these last several months! And we will NEED this level of organization in 2007, when we will face new challenges. Because of us, every legislative office knows what a midwife does and how much their services are valued by Texans. This is about more than midwifery, it is about protecting birth options and about keeping birth normal at a time when the cesarean section rate is approaching 1 in 3 births, more than double the rate that is considered necessary by the World Health Organization.

What this legislation will do as of September 2005:

1. The Midwifery Board at the Texas Department of State Health Services will continue to license and regulate midwives for 12 more years;
2. "Documented midwives" will shed this moniker for the more accurate title "licensed midwives," and,

3. Like other licensing boards at the Department, the Midwifery Board will have a majority of licensees serving on the board, while maintaining two public member positions and two physician positions.

Coming up in the fall: September is a big month for promoting normal birth in Texas. September 22-25, Austin plays host to Lamaze International's annual conference: "Taking a Stand for Normal Birth" <<http://www.lamaze.org/eventsnews/AnnConf.asp?parent=34>>.

Coinciding with this event in Austin is the world premiere of "Birth," the play <<http://www.birththeplay.com/home.html>> at the Vortex Theater. We hope to see you there!

Provided by Amy Chamberlain
<amychamberlain@speedpost.net> Texans for Midwifery – Austin <texasformidwifery.org/Austin>.

UTAH

After an intense battle, the Direct-Entry Midwife Act finally passed the Utah legislature in March, and as of May 2nd (after a scare that the Governor might veto it!) all direct-entry midwives became legal in Utah! However, those midwives who wish to use medications in their practice will have to become licensed to do so legally.

It was four years in the making, and it all came down to a single vote. A hostile senator tried and temporarily succeeded in substituting his own gutted version of the bill, but our sponsor managed to get it reversed the next day and the original bill passed 15-14 during the last three hours of the session on March 2. We are so grateful to all the legislators, midwives, students, friends, relatives, everyone

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.

who contributed to achieving this monumental feat.

So what does this mean for the midwives of Utah? All midwives, as of May 2, 2005 when the bill takes effect, will be able to legally provide prenatal, intrapartum, postpartum, newborn, and limited well-woman care (including pap smears and diaphragms). We will be able to order lab work and ultrasounds, recommend herbs, homeopathics, foods, etc., resuscitate a newborn with oxygen – in short, do the things midwives need or want to do, all without a license and without regulation.

If a midwife wants to legally use medications besides oxygen, however, she must become licensed. Requirements for licensure are the CPM credential, plus an approved pharmacology course. Unrestricted medications for licensed midwives include: oxytocin (protocol written into the bill), Rhogam, vitamins, eye ointment, vitamin K, sterile water, and oxygen. Licensed midwives may obtain and administer any other drug as long as a licensed health care provider who can legally prescribe that drug approves it. If an unlicensed direct-entry midwife uses medications, the crime has been reduced from a 3rd degree felony to a class B misdemeanor.

The Midwifery Board is independent (not under the Medical Board), and consists of four licensed direct-entry midwives and a member of the public. There is no physician supervision of midwives, licensed or not, under the Utah law.

We estimate the licensure portion of the bill will take a year to 18 months to implement. You can read the bill at: <<http://www.le.state.ut.us/~2005/htmdoc/hbillhtm/hb0025.htm>>. We will begin the rule-writing process in July, and are hoping the state can begin issuing licenses by January of 2006.

This was a monumental effort by midwives, friends of midwives, our incredible bill sponsor Rep. Jackie Biskupski and a handful of wonderful politicians in Utah. We are deeply grateful for all the efforts on behalf of midwives in Utah.

Submitted by Suzanne Smith <midwife@qwest.net>.

VIRGINIA

Legislation to license Certified Professional Midwives as independent, autonomous providers passed the 2005 Virginia General Assembly on March 22, and has been signed into law by the Governor.

This legislation includes provisions that prohibit the regulations from requiring any agreement, written or otherwise, with another health care professional or requiring the assessment of a woman who is seeking midwifery services by another health care professional. Licensed midwives must disclose to clients certain background information, including their training and experience, written protocol for medical emergencies, malpractice or liability insurance coverage, and procedures to file complaints with the Board of Medicine. Efforts to insert a requirement for midwives to carry malpractice insurance were effectively defeated. This legislation does not allow for CPMs to carry and administer any prescriptive drugs, though it is anticipated that follow-up legislation to allow for this will not be as difficult to pass as the licensure bill.

Efforts to establish legal direct-entry midwifery through legislation date back to 1998. Primary opposition through the years has come from the Medical community, and an uneducated legislature. Factors that influenced the passage of the bill this year were:

- An educated and supportive legislature;
- Media coverage of the shortage of OBs in the state, particularly in rural areas;
- Grassroots efforts on the part of Virginia Friends of Midwives and Commonwealth Midwives Alliance;
- The establishment of a legislative district-based database of midwifery consumers in Virginia;
- A VFOM Yahoo! group; and
- An advocacy guide and workshop, “Midwifery and Civics 101,” that was held in numerous locations around the state to educate and encourage consumers on how to speak to their legislators about Midwifery.

During this legislative session there was no “official” opposition to the licensure bills from lobbyists representing the Medical and Obstetric organizations (though there were individual OBs and a Nurse Midwife who opposed the bill during Senate committee testimony). This was officially due to the inclusion of an “immunity clause” for physicians. This immunity clause provides that physicians and other licensed providers who may, in the event of a medical transport of a mother from a home delivery attended by a licensed midwife, provide subsequent emergency or other services will not assume any liability for any negligent act or omission on the part of the licensed midwife. While this

clause appears to be common sense, it was actually precedent-setting for physicians, who feel that they are “under siege” from excessive malpractice premiums and settlements and perceive home deliveries as liability risks.

An Advisory Board consisting of three CPMs, one CNM or OB with out-of-hospital birth experience, and one consumer with out-of-hospital birth experience will assist the Board of Medicine with the drafting of regulations. The legislation requires that the regulations be consistent with the North American Registry of Midwives’ current job description for the profession and the National Association of Certified Professional Midwives’ standards of practice.

Questions or feedback can be sent to Brynne Potter, Legislative Coordinator for Commonwealth Midwives Alliance at <Brynne@argon.org>. ☸



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.

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More About Mortality Statistics....

By Carolyn Keefe, MLS

Mortality statistics are often brought up when discussing different models of maternity care, but they can be problematic. As a follow up to our recent Resources item about mortality statistics and information (see *CfM News* Vol. 9, issue 2, Fall/Winter 2004, p. 12), below is a further discussion about how statistics are collected and terms are defined – particularly infant and maternal mortality.

Infant Mortality

Infant mortality is pretty much defined the same everywhere – baby born alive dies under one year of age. As far as I can tell, infant mortality reporting is uniform worldwide. Even if data collection is more difficult in some developing countries, we are comparing ourselves to other *developed* countries, and this seems to be consistent across the board. It is nearly always reported as number of deaths per 1000 live births. This encompasses both perinatal mortality (within seven days of birth) and neonatal mortality (within 28 days of birth). It does not generally include intrapartum mortality (still births) or prenatal deaths (miscarriages).

Probably the best place to get a description and comparative chart is Child Health USA 2002, Maternal Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services, <http://www.mchb.hrsa.gov/chusa02/main_pages/page_22.htm>. I use this because it has an easy comparison chart and because government info is generally considered to be authoritative. They have also cleared out all the tiny territories, so comparisons are to other countries. If you need more information about data collection, etc, the best place to go is <<http://www.cdc.gov/nchs/about/major/dvs/mortdata.htm>>.

The Census Bureau's International Database <<http://www.census.gov/ipc/www/idbacc.html>> is more comprehensive, but includes a bunch of tiny territories. We really can't compare ourselves to the Faroe Islands for example. The other problem with these is that, while they *seem* more current, they are actually *statistical estimates*. I'm pretty sure that the Maternal Child Health Bureau data is

based on actual reporting as far as is possible. However, since this takes time to collect, the data is older.

The obstetric community likes to say that we really can't compare the US to other countries because we're bigger, more heterogeneous, and our population is somewhat different (poorer, less prenatal care, different health care system). Gene DeClerq pointed out at a CIMS meeting a few years ago that this is nonsense, and that even if one allows for that, we're still far below where we should be.

Maternal Mortality

Maternal mortality is much more tricky. This does have a definition problem – not with the mortality part, but with the maternal part. Ina May Gaskin's book, *Ina May's Guide to Childbirth*, devotes a chapter to this issue. Basically the problem is that the connection between pregnancy and death is not always made clear on the death certificate. The US recently adopted a check box on death certificates to indicate if a woman was pregnant within a year of her death. This is a very minimal first step. The other problem is that many countries only track up to one month or six months. Finally, even if the coroner (or whomever) knows the woman was pregnant, some conditions are not immediately recognizable as stemming from pregnancy or childbirth.

A good example is death from bowel obstruction nine months or more after a cesarean during which the initial problem developed. This is a maternal death, but would probably show up as a death from a condition of the digestive tract. The only good system for tracking maternal deaths is in England, and they do extensive investigations to accomplish this – very difficult in our highly litigious society.

Safe Motherhood USA and the White Ribbon Alliance <www.whiteribbonalliance.org> are trying to advocate for more

uniform reporting systems, as is Ina May <www.inamay.com>, but that will take both years to accomplish and much more cooperation from the obstetric community than is happening at this time. I've been using Save the Children's charts for purposes of international comparison. I'm not even sure how well that works. I just noticed that the White Ribbon Alliance says the US is 29th in the world, but they don't provide a source for this.

By coincidence, the *American Journal of Public Health* published a study in March 2005 showing that maternal death is underreported. I've only been able to access the abstract – <<http://www.ajph.org/cgi/content/abstract/95/3/478>>. This isn't exactly news, since the U.S. National Center for Health Statistics admits as much in every report on maternal mortality. Importantly, the leading cause of death for pregnant women is murder.

When I discuss these things, I generally do so in simple, basic terms that I can easily source –

- The U.S. ranks 28th in the world in infant mortality (the US government says so) – behind countries such as Cuba and Greece.
- Reported maternal mortality increased in 2002 for the first time since 1958 (again, according to the US government).
- As far as we know, our maternal mortality rate has not improved since 1982 and the government says it's underreported by 25% to 30%.

Finally, I would definitely stay away from particular numbers. They change and you're better off referring people to your source rather than trying to argue data collection methods that you may not be particularly familiar with. If someone has a problem with your source, they can take it up with the source. ☺

“ “ *The effort to separate the physical experience of childbirth from the mental, emotional and spiritual aspects of this event has served to disempower and violate women.* ”

— Mary Rucklos Hampton

Resources

Inspiring Birth Stories! **Book Review:**

Journey Into Motherhood: Inspirational Stories of Natural Birth

By Sheri L. Menelli

White Hart Publishing, CA. 2005

Reviewed by Susan Hodges

Most of us learn best from stories, but most birth stories today are very medical or horrific or both, filling women with fear and doubts about their ability to give birth. "Journey Into Motherhood" meets the need for "Inspirational Stories of Natural Birth." In their own words, a variety of ordinary women, giving birth in a variety of settings, share their stories of challenge and transformation, empowerment and love, illustrating both the real possibilities and the immeasurable values of giving birth as nature intended.

The book contains a collection of nearly 50 birth stories, told by the mothers. They include births in homes, birth centers, hospitals and the outdoors, mostly with midwives and a few unassisted births. Short stories and long ones, first births and later births, and a diversity of mothers and families are included. The common thread is that these are all positive stories, told by mothers who learned and grew and were empowered through these births. Regardless of the specific circumstances, all of the stories capture the amazing learning and empowerment that can occur with natural birth.

For most of the narratives, the mothers not only tell about the birth itself, but also provide some background, such as previous births or other experiences that led them to this natural birth. Many of the mothers tell about the reading, talking and other research they did that helped them make important decisions or be persistent in finding the right care-provider or setting or support people. However, the most important common thread was mothers learning to believe in birth and learning to trust their bodies for this marvelous process of having a baby.

Most of the stories are followed by a few comments from the mother – a bit of advice or something really important she learned – and sometimes also some tips or a bit of relevant information from Menelli. The comments from the mothers give an added perspective;

the mother does not just tell her narrative but steps back from it to bring attention to one or two things she learned or did that were particularly helpful, that she especially wants the reader to know.

At the end of the book are additional resources, including a collection of affirmations, a glossary, a section on different kinds of childbirth preparation classes, a comprehensive resource list, and the text of "Ten Questions To Ask" by the Coalition for Improving Maternity Services.

When I was first pregnant 20 years ago, I found Ina May Gaskin's "Spiritual Midwifery," and I think I read all the birth stories in one sitting. I couldn't get enough. I found them fascinating, and reading a collection of stories like that opened my mind to the uniqueness of every birth, an important lesson for me before my own first birth. Gaskin's book and its stories are now nearly 40 years old, and while birth itself does not change, what is done around birth and how we express ourselves does change. Menelli's book includes births of today, and the stories are written to be accessible to contemporary women, wherever they are in their journey toward birth.

The author has been a childbirth educator and a HypnoBirthing instructor, she has produced a radio show "The Real Side of Birth" and created guided meditation CDs. Her experiences with pregnant and birthing mothers have made her appreciate the need for women to become aware of their rights and options, as well as the need for women to hear good and empowering birth stories. This motivated her to produce this book, and she is working on the next one. Menelli also has created a website, where you can find additional positive birth stories and an extensive list of resources, read the ongoing blog, and sign up for a newsletter with birth-related articles and additional positive birth stories (that are not found in her book).

With "Journey Into Motherhood" Sheri Menelli and the contributing mothers have given us a wonderful collection of positive natural birth stories, a huge gift for today's pregnant women. I highly recommend this book!

Read these stories and be inspired! Then make sure your pregnant friends read this book, and persuade your local library to have a copy, too!

Learning from Stories: New Royal College of Midwives Normal Birth website

The Royal College of Midwives in the United Kingdom recently launched a "major new initiative" they are calling the Campaign for Normal Birth. The purpose is to "inspire and support normal birth practice in the midwifery profession" reflecting the RCM's "philosophy of pregnancy and birth as normal physiological processes, with a commitment to a positive reduction in unnecessary medicalisation, as outlined in Vision 2000 (RCM, 2000)."

As part of this initiative, they have posted a website: <<http://www.rcmnormalbirth.net/default.asp?SID=1>>.

From the website description:

"This website is built around a series of positive birth stories, each of which has several themes that can be explored in more detail. Stories appear to be a natural form of currency that midwives exchange to address the big issues to do with normal birth, particularly the emotional ones.

"The stories aim to inspire, but they also draw out themes that can be explored further. There's plenty of opportunity to share practical experiences of facilitating normal birth and see what others have to say. On top of that, there are tips for the busy practitioner – ideas, approaches and ways of thinking that can be put into action today."

The actual birth stories are quite short, and include both home and hospital births, but all attended by midwives. At the end of each story is a list of "themes" each of which is a link to a significant discussion of the

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(Resources ... continued from page 11)

theme, with tips and further reading suggestions included. Themes include communication-related topics as well as more clinical topics and discussions of appropriate use of technology. For example, one story concerned a midwife-diagnosed breech baby that the OB was sure was vertex. The themes for this story were:

- Normal breech birth – breech births can be normal too!
- Induction – hurrying things up can unleash a cascade of intervention
- Role modeling – we need to be the change we want to see
- Dealing with confrontation – learn to negotiate

While these positive stories are actually oriented for midwives, they are great stories for other birth professionals and for mothers as well! And while the stories are set in the UK, midwives and mothers in lots of other places can learn and benefit.

Do check out this website! 🌱

Chocolate Bars Get Attention of Legislators

By Leslie Payne, CPM,
Commonwealth Midwives Alliance

In Virginia we learned somewhere along the way that one of the ways to win the attention, if not the vote, of legislators, is through the gift of something clever and/or delicious. One year the Virginia Chapter of the ACNM baked apple pies (“Apple Pies, Moms, & Midwifery”) and served them in a conference room at the General Assembly Building. Great idea, but really labor-intensive!

Over the years we have tried different tactics. Sometimes constituents would bake cookies and take them to their own representatives and others who represented a key vote – also very labor intensive. Last year we made up little bags of fancy chocolates, each bearing a tag with “Please support HB ___” on them – more hard work as we had to make up

and deliver each of those little bags!!

We had all seen the cute chocolate bars some people use for birth announcements and wondered if we could use the same idea for our favors this year. Brynne Potter and Tammi McKinley did the web research. We finally settled on a company called Custom Candy Creations <www.customcandybars.com>. They offer many options for format, color, font, etc., and Jamie Heavilin was very patient and helpful both over the phone (1-888-881-CANDY) and by e-mail, in designing our candy bars. We ordered enough bars to give one to each legislator and aide, and have a few left over. Thank goodness, since they were very popular!

We “unveiled” our candy bars at a breakfast at the General Assembly Building sponsored by Commonwealth Midwives Alliance and Virginia Friends of Midwives. Invitations to the breakfast were issued to every legislator. We served juice, bagels and muffins, and showed a lovely slide show/power point about midwifery and home birth. Many constituents came that day to help out. We made sure a candy bar was hand-delivered to each office, just in case the senator or delegate didn’t make the breakfast. Fact sheets about midwifery and our bill went with each bar. It was simple and well worth the \$400 or so we spent. As I said, the company was easy to deal with, the bars came in plenty of time and great shape. They made a great impression. Please, use this idea if it would help in your state!!

By the way, the woman in the photo on the bar is my grandmother, Lois, who passed away in 1997. While Lois was not a midwife, she was definitely an innovator, and a beautiful, classy woman. My family was thrilled that she could help in this way, as I’m sure she is. We chose the picture since we thought Virginia legislators would respond well to her advice – she looks like she has something important to say. Seems like it worked. 🌱

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“Tips from a Veteran!” Strategies for Passing Legislation Based on Experience in Virginia

By Brynne Potter

Before the legislative session (with yearly assemblies, before your bill gets there):

1. Get organized: define your goals, name your core/active group, identify and assign tasks according to skill and interests.
2. Build consensus among your group. When there is disagreement, stop and listen! Working out the concerns will make for a better bill. There are no committees of one.
3. Hire a professional bi-partisan lobbyist and familiarize them with midwifery. If possible, hire a lobbyist who is familiar with health issues, and who also works well with grassroots groups (vs. high powered clients).
4. Create a consumer data base organized by legislative district.
5. Educate consumers about how to lobby their legislators. (Contact <Brynne@argon.org> for a copy of “Midwifery and Civics 101”, a power point presentation for Virginia consumers that can be modified to your state)
6. Consult with NARM, CfM, and other national midwifery activists about helping draft your bill.
7. Strategize with your lobbyist. Approach and find a patron or patrons for your bill.

During the legislative session:

1. Plan to have one (no more than two) midwives at the Capitol every day, if possible, from the time your bill is introduced until it has traveled its course. This provides you with invaluable lobbying time with individual legislators and allows you to create a clear and cohesive message. Consumers are very valuable too, but VA legislators wanted to talk to a midwife.
2. Develop talking points on key issues. (Contact the author at <Brynne@argon.org> for copies of Virginia talking points)
3. Activate the consumer database.
 - a) Whenever possible, try to have a consumer from the targeted

legislator’s district contact them just before you meet with them. Even better, bring a consumer along for your meeting.

- b) In VA, there is an 800 number that constituents can call M-F to voice their opinion on any bill. Each message is forwarded digitally to the legislator in “real time,” on the legislators’ desk tops even during votes. Find out if your state has a similar system and USE IT!!! Midwifery was one of the top call issues for the last three years in Virginia!
 - c) Work with the consumers to plan a Midwifery Breakfast or similar event at the Capitol. Have food and a slide show (contact us for a copy of ours). Coordinate with your lobbyist on “how it’s done” in your state. Invite all the consumers in the state to rally on that day and meet with their legislators. Be organized! Look professional, be polite!
4. Lobbying does take place in the lobby! Your key point person should not expect to make appointments for all the legislators. Some will have to be approached in the hall, stairways, committee rooms, etc. At first it does seem aggressive, but as long as you’re polite, they will understand. This is what they signed up for! I actually found that some legislators preferred to talk as they were walking somewhere, rather than be disturbed in their office at the end of the day. You can ask: “When would be a good time for me to speak with you for about 5 minutes about the Midwifery legislation?”
 5. If there is a public hearing, limit your speakers! Crowds are great for effect, but long testimony equals “controversial” to legislators. Keep your remarks simple and clear. Have one or two people represent the groups that are present. Most legislators will have made up their minds before the day of the vote, but good testimony can sway the fence sitters. Anticipate the opposition testimony (they will go last!), and pre-empt any obvious misperceptions that you think are brewing.
 6. If your bill fails: Be polite (no rioting!) and disperse your crowd. Folks will need a pep talk; see if you can get a friendly legislator to thank them for coming and encourage them to come back again.

7. If your bill passes: Don’t gloat! You may have just shocked the establishment. Act professional and look to the next hurdle...there always seems to be another one! ☺

NARM Legislation Strategy Workshop

The Board of the North American Registry of Midwives (NARM) has developed a workshop to assist midwives and consumers in preparing to submit legislation. This workshop has been developed with input from Susan Hodges of Citizens for Midwifery, Pam Maurath of the Midwifery Task Force, Debbie Pulley of the MANA Legislative Committee, and several midwives from Utah and Virginia who were successful in passing recent licensure legislation for CPMs.

Though the most intense work is done during a legislative session, the year preceding the submission of legislation is critical to successful passage. Legislators rarely have time for more than very brief discussion during the session, and their education about midwifery needs to take place between sessions, preferable in their home towns with their own constituents. This is best accomplished by a well-organized group, developing a database linking all state legislators with constituents who are supportive of midwifery. Strategies for effective lobbying, talking points, and dealing with controversial issues will be covered in the workshop. Making the best use of handouts and fact sheets, especially concerning the new CPM 2000 article recently published in the British Medical Journal, will be part of the workshop.

Although this workshop is designed for those who are working on licensure legislation, the information presented would also be helpful for those who are working on other midwife-related legislation, such as revisions to their licensure law, or Medicaid or insurance reimbursement laws. Lobbying and organization strategies would apply to any grassroots legislative proposals.

This workshop will be presented at the MANA conference in September in Boulder, Colorado (see <<http://www.mana.org/mana2005/index.html>> for conference information). NARM also offers this conference to state midwifery groups. For more information on presenting this workshop in your state, contact NARM at 1-888-353-7089. ☺

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your state group at the same time!

CfM now offers a financial break for people who want to be members of both their state midwifery-related group and CfM. If you join or renew your CfM membership at the same time that you join or renew your membership with your state organization (midwifery or midwifery advocacy), your CfM membership will cost you only \$20 (instead of \$30).

This offer is only good when processed by your state midwifery advocacy group.

How it works:

- ▼ **Your state organization should use copies of the Special Membership Form** to the left, which may be personalized with your state organization name at the top and the name and mailing address at "Thank you!" box near the bottom.
- ▼ Fill out this form, in addition to whatever forms your organization uses for memberships, and **give these forms and the membership fees to your state organization.**
- ▼ **Your state organization must collect the CfM special membership forms and payments.** (Regular CfM membership forms may also be used, but must be labeled with your organization name and submitted by the state organization to take advantage of this special offer.)
- ▼ Your organization can collect a separate check for each CfM membership, or write one check to CfM for the collected CfM memberships.
- ▼ Your state organization forwards the CfM membership forms with payments to CfM.

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

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

**Please contact CfM if you have any questions
about this Special Membership Deal!**

**We want to make it easier for people to belong
both to their state organizations and to CfM!**

Alphabet Soup Directory

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

CfM Citizens for Midwifery

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

CIMS Coalition for Improving Maternity Services

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

MANA Midwives Alliance of North America

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

MEAC Midwifery Education Accreditation Council

515 East Birch Ave., Flagstaff, AZ 86001, (928) 214-0997 (MT), <www.meacschools.org> <info@meacschools.org>

NARM North American Registry of Midwives

PO Box 420, Summertown, TN 38483, (888) 84BIRTH (888-842-4784) (CT), <www.narm.org> <info@narm.org>

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

ACNM American College of Nurse-Midwives

818 Connecticut Avenue NW, Suite 900, Washington, DC 20006, (240) 485-1800 (ET), <www.midwife.org> <info@acnm.org>

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

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

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

Order *CfM brochures and packets!*

Send to (PLEASE PRINT):

Name _____
 Street Address _____
 City _____ State & Zip _____
 Home Phone _____ Office Phone _____
 Fax _____ E-mail address _____
 CfM Member? _____ Yes _____ No

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.

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) | \$ _____ |
| _____ 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:

| | | |
|--|-------------------------|----------|
| _____ 100 MMofC brochures (or .30 ea + shipping) [] English [] Spanish | (\$38 includes postage) | \$ _____ |
| _____ <i>Born In the USA</i> video ~ Special offer for CfM members only! | (\$89 ~ free shipping!) | \$ _____ |
| _____ <i>Midwives: A Living Tradition</i> video (1998, 68:30 min.)(see <i>CfM News</i> 4/99) | (\$30 includes postage) | \$ _____ |
| _____ "Liberty & Justice" advocacy buttons | (\$2 each or 10/\$16) | \$ _____ |
| _____ Other advocacy buttons (call or e-mail for available selection) | (\$2 each or 10/\$16) | \$ _____ |

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

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

PO Box 82227 • Athens, GA • 30608-2227

*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!*

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.

| | | | | |
|--|--------------|---------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Student | \$20 | <i>I am a (check all that apply):</i> | <input type="checkbox"/> Concerned Citizen | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Suggested | \$30* | | <input type="checkbox"/> Childbirth Educator | <input type="checkbox"/> Doula |
| <input type="checkbox"/> Supporter | \$50* | | <input type="checkbox"/> Midwifery Student | |
| <input type="checkbox"/> Best Friend | \$100* | | <input type="checkbox"/> Midwife (<input type="checkbox"/> CPM <input type="checkbox"/> CNM <input type="checkbox"/> LM <input type="checkbox"/> DEM) | |
| <input type="checkbox"/> Guardian Angel | \$500* | | <input type="checkbox"/> Other (_____) | |
| <input type="checkbox"/> For overseas addresses, add | \$10 | | | |
| <input type="checkbox"/> Additional donation | \$ _____ * | | | |
| TOTAL ENCLOSED | \$ _____ | | | |

* 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