

# Citizens for Midwifery

# NEWS

VOLUME 8, ISSUE 2, FALL 2003

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Photo by Iris Bicksler  
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Midwives  
Model of Care™  
S U P P O R T E R

## Setting Up a Library Display for Public Awareness

By Karen E. Wallace

When I win the lottery, I plan to buy billboard ads on the nation's highways with statements such as "Midwives do squat" and "Consider a Midwife" and questions such as "Was your great-grandmother a midwife?" and "Was a midwife at your birth?" Since I will not win the lottery, I have a suggestion for a free way to increase awareness of midwifery care, which takes about two hours each month. I have a traveling display that I set up in libraries to make the public aware of midwives and the Midwives Model of Care.

Many libraries have one or more locked display cases, which they use to display items such as collections, artwork, or information for community education. Displaying information to educate the public about midwifery is an excellent idea that we should all try.

Some people have never heard of the word "midwife." The primary purpose of the Citizens for Midwifery/Friends of Midwives Library Display is to educate the public about midwives. By reading brochures (such as Citizens for Midwifery's brochures) and by reading books, library patrons can learn about midwives from fiction and nonfiction and in the present as well as in history.

Some librarians are very enthusiastic about the Friends of Midwives Library Display. Recently one librarian told me about the house her son bought where the "borning room" with a fireplace has been converted to a bathroom. In one library, the director did not want my display because they usually just exhibit artwork. Since my high school social studies teacher is now a librarian there, she used her influence so that I could set up the display. Generally the person in charge of the library display is very receptive. Some librarians have confided to me that they use midwives.

*continued on page 2*

## Annual Membership Meeting and Election Results

The Citizens for Midwifery 2003 Annual Membership Meeting and Elections took place on Saturday, September 20, at the home of Board member Michelle Breen in Algonquin, IL. CfM Board members enjoyed meeting with CfM members from the Chicago area, followed by a delicious potluck supper complete with adorable babies and children!

### The Year in Review

While CfM members Jennifer Slate and Diane Bajus-Aberhalden counted ballots, the CfM Board members presented a review of our activities and accomplishments of the past year. These included increasing our membership (now well over 500!), having a representative at national conferences for MANA, UHCAN, CIMS, ICAN and the International Professional Midwifery Conference in Mexico (and having literature at several other conferences), working with other organizations to create a press release and packet in response to the Washington Home Birth Study by Pang et al, creating new fact sheets on the website, developing the "free issue" postcard for client packets, and promoting the Grassroots Network. These were in addition to producing the newsletter and carrying out the usual tasks associated with maintaining a membership organization. We also discussed goals, projects and possibilities for the coming year that came out of Board meetings prior to the Membership Meeting. (See CfM Board Plans for 2004 on page 5.)

*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](mailto:info@cfmidwifery.org)>.

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

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

### CfM News Credits:

*Editor: Susan Hodges*

*Editorial Review: Susan Hodges and Paula Mandell*

*State News Editor: Misty Richard*

*Design & Composition: Paula Mandell*

*Database Coordinator: Victoria Brown*

### CfM Board of Directors (2003-2004)

*Susan Hodges, President*

*Paula Mandell, First Vice President*

*Michelle Breen, Second Vice President*

*Carolyn Keefe, Secretary*

*Willia Powell, Treasurer*

*Citizens for Midwifery Copyright October 2003*



*One example of the library display case set up by Karen Wallace.*

When I pick up the display, the librarians frequently tell me that it was different from their usual display and that patrons really enjoyed it. I have received some interesting telephone calls from people who have seen the display. If they look very closely they can find my telephone number as the Community Education Chair for New Jersey Friends of Midwives. One woman called who was working at a shelter for abused women. She said that when the women tell their birth stories they sound like rapes. She wanted to donate money to Friends of Midwives because midwives support positive births. A novelist called researching information for his book, which was going to have a homebirth midwife as a minor character. A midwife once called who had read about the display in her local paper and was very pleased that a Friends of Midwives display was in her local library.

I have set up this display in Connecticut and now in New Jersey. My system is to select about five libraries to contact at one time. I introduce myself to the person in charge of the library display case and say, "I am calling on behalf of New Jersey Friends of Midwives to request a month to put our display in the display case. The display consists of mostly books, a sign that says 'midwife means with woman' and a few photos of newborns being held. The primary purpose is to educate the public that midwives exist."

Some librarians offer me a month immediately. If they do not, I offer to send them information, which includes a picture of the display, a brochure about the organization, and an inventory of the display. Some will

call after receiving the information to set a date. I have been told that the brochure shows the worthiness of the organization. It also helps legitimize Friends of Midwives, Citizens for Midwifery or whatever organization you represent. As Susan Hodges says, "As a member of an organization, you have more power than as a mere individual."

Requesting space for the display is fairly straightforward. About one out of every three requests ends up with the display in the library. Some libraries have availability in the next month or two, whereas, some have a year or more for the next available booking. I call the librarian a few days before I am scheduled to set up the display to confirm the date. Each display case is different and I set up the display to fit the case or cases. It is helpful to take tape and push pins in case I need them. I wish I remembered to photograph my display at every library.

I strongly believe that setting up the library display so that more of the general public realizes that the Midwives Model of Care exists is one of the best things I do to support midwives. I wish that all states had one or more volunteers to set up library displays. On rare occasions, the librarians request that we also give talks about midwifery.

Please consider contacting your local library to set up a display and educate the people in your community about midwives and midwifery! ☺

*A list of display content and a cover letter are available from the author at <[karenewallace@yahoo.com](mailto:karenewallace@yahoo.com)>.*

# President's Letter

Dear Friends,

I am writing this in the midst of preparing for the MANA 2003 Conference being held in Austin, Texas. Citizens for Midwifery will have an exhibit table, and I am excited to be presenting two workshops and participating on a panel. Among other meetings and events, I am looking forward to meeting Texas midwives and advocates who have been working hard to keep nurse-midwives in Austin after they were dismissed from two area hospitals.

As we have noted in previous newsletters, both nurse-midwives and direct entry midwives have experienced increasing challenges across the country. Birth centers have been closed, nurse-midwife practices have been shut down or greatly curtailed, and increasing numbers of direct entry midwives are being investigated and charged just for practicing, even in states previously considered "alegal" but safe for practice. The news is not all bad. Many practices and birth services are remaining open, new birth centers are opening, and births attended by nurse-midwives have been steadily increasing and are now at least 10%. However, this is a wake-up call. Organized actions and public education efforts are needed now more than ever.

## Liability Insurance Issues

The real reasons for these closings are not entirely straightforward. In New York City all but one freestanding birth center has been or is being shut down. All were affiliated with hospitals. The main reason given has been greatly increased liability insurance rates. However, insurance rates are no more set in stone than the sticker price on an automobile. How much effort did these hospitals put into negotiating the rates? Or were the high rates just a "good excuse" for getting rid of the birth centers?

Based on my informal conversations with midwives in several states, liability insurance rates seem to vary widely around the country. The rates are no longer based on actuarial tables, but on what the market can bear. In every state that has capped pain and suffering awards, the liability premiums have increased anyway.

Do you have a story to tell about your experience with liability insurance rates, or do you know of someone who does? I would like to hear from you! Write to me at <susan@cfmidwifery.org>.

## A Survival Guide for Midwives

Midwives and others on an e-list are working on a resource book for midwives so they are prepared in the event that they are the target of an investigation or legal charges. See page 13 for details. The book will have a wealth of information and resources, and best of all, will be published on the Internet for FREE!

## CfM Membership News

The Citizens for Midwifery Board of Directors works to keep the organization financially solvent while overseeing projects that serve our mission.

Part of this work is to build our membership base, and our efforts are beginning to show! Since last Fall, our membership has increased by 50%!! We are now approaching 600 members! We need many more, but we are going in the right direction. Growing an organization like CfM means growing our resources and growing the strength and volume of our voice.

A special thank you to several midwives who are regularly signing up every client for one year of membership! And thanks to each of you who have renewed your own membership, and to each of you who have told others about CfM and encouraged them to join.

## Renew Now! Membership Rates to Increase January 2004

As you will read in the report (page 6), after analyzing our finances, the Board reluctantly decided to increase membership rates for the first time since we started in 1996. As of January 1, student/joint rates will be \$20, and the basic suggested rate will be \$30. Don't wait to renew your membership or sign

up new members! Take care of it before January 1 to take advantage of the current rates.

If you have a supply of Citizens for Midwifery membership forms (brochures or fliers), you may continue using them, but please change the amounts of the two membership rates. We are also working on a new CfM Brochure that will include the new rates and should be available by the end of December.

## Thank you!

Many of you have joined or renewed as "Supporter" or "Best Friend," which means that you included a substantial donation. THANK YOU!! These additional donations add up to essential financial support; because of your generosity, Citizens for Midwifery can continue with basic operations and projects that are not fully funded with the basic memberships alone.

Looking forward to the coming holiday season. May we all experience joy and hope!



*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.*

Annual Meeting ... continued from page 1

### Election Results

All candidates for the five directors slots were incumbents and ran unopposed, and there were no write-in candidates. Eighty six ballots had been received and votes were counted:

|                |    |
|----------------|----|
| Michelle Breen | 84 |
| Susan Hodges   | 86 |
| Carolyn Keefe  | 83 |
| Paula Mandell  | 86 |
| Willa Powell   | 82 |

In accordance with our bylaws, the directors later met and elected officers. The officers of the Citizens for Midwifery Board are the same for 2004 as they were for 2003 (as noted on page 2).

### Award Given

A high point of the meeting was the presentation of the second annual Susan Hodges Award "for outstanding consumer service in support of the Midwives Model of Care." This year's recipient was Pamela Maurath, a fellow midwifery advocate and consultant who has worked closely with Citizens for Midwifery, and who was a key influence in the development of the Midwives Model of Care concept. Since the very beginning of CfM in 1996 Pam has been a stalwart supporter, always giving generously of her time and expertise. Pam has also served as the Director of the Environmental Grantmakers Association and Public Interest Projects. This past January she started New Leaf Strategies, an organizational consulting business. Unfortunately, Pam was not able to be present, but we were able to read her words of acceptance (see box).

The official meeting was adjourned, but everyone stayed (and more folks arrived) enjoying the outstanding food while mingling and networking! 🌸

## Susan Hodges Award: Pam Maurath's Acceptance Speech

*The following speech was read at the Annual Meeting in Pam's absence, after she was presented the 2003 Susan Hodges Award for outstanding consumer service in support of the Midwives Model of Care.*

Welcome and greetings from afar to everyone who has gathered for the Annual Citizens for Midwifery meeting. It is with my deepest apologies and regret that I am also not able to attend. However, know that I share with you the spirit of this work and am grateful for the efforts that each of you brings to midwifery advocacy.

Let me begin by saying that I am deeply honored at being selected to receive this year's Susan Hodges Award. I also want to express my gratitude to the foresight of those who conceived of this award. It creates an opportunity to reflect on the fact that this work of accomplishing social and cultural change is a collective effort, one that requires many minds, many hours, and great selflessness.

It is also an opportunity to reflect on the progress of the movement – to assess what could be improved and what requires more persistence. Those who are gathered today in the outskirts of Chicago will share that experience and will no doubt forge new ideas and new directions to be implemented during the coming year. I encourage you to be both creative and practical in your ideas, but most importantly to re-energize for the coming year. We are all going to need it.

I do not have any new perspectives or words of wisdom or advice. I



do want to encourage each of you to rise to the task of perseverance, because that is the most difficult work in these protracted social struggles. One of the reasons that I am not with you today and that I have receded from the daily e-mail and phone interchange is because I personally needed some space and time to re-energize. So I am devoting some long neglected private time to a relationship that in the end will enable me to give back far more than will have been lost in these few months of dormant activity. (Okay, the jig is up and yes, you are the first to know that I will be getting married next weekend!)

On that note, I gratefully accept the Susan Hodges Award as a reminder that "In every country where I have seen real progress in maternity care, it was women's groups working together with midwives that made the difference."

*Pam*

## CfM 2004 Board Plans

The Citizens for Midwifery Board of Directors met during the weekend of September 19-21 in conjunction with the 2003 Annual Membership Meeting held Saturday, September 20. This is one of the few times that all the Directors meet together in person. Thank you to Board Member Michelle Breen for hosting us at her home in Algonquin, IL. Here is a summary of our work during Friday afternoon and evening, and Saturday, a little over 24 hours of intense and productive meeting!

### Strategic Planning Process

Our first agenda item was to review the past year, including progress made (or not made) toward meeting our goals. (See Annual Membership Meeting report on page 1.)

While in the past we have set goals and developed five-year plans, at this meeting we initiated a more formal Strategic Planning Process. CfM Member Ann Boyd of Alabama had sent us some materials that we used as a guide for understanding what a strategic plan is and how it can help our organization.

The development of a strategic plan helps the Board focus on achievable goals that will fulfil our mission, and the formal document will be very useful for future grant applications. While our five-year plans in the past have been helpful in keeping us on track, the new materials helped to better organize our ideas and goals during this meeting. During 2004 the Board will develop a formal Strategic Plan, which will include articulating CfM's core values and developing a brief profile of our history, as well as describing our goals.

During this part of the meeting (and in accordance with the strategic planning materials), we discussed our goals in terms of two main areas: management and operation of the organization (membership, funding, organization, etc.), and program (CfM's projects and actions).

### Strategic Planning – Organization Development

The Board came up with a number of ideas to be implemented during 2004. One will be a significant annual fundraising plan that will be unveiled next spring. Other ideas focused on human resources development – ways that more CfM members can be directly involved with CfM projects and activities. We plan to develop training materials and a pro-

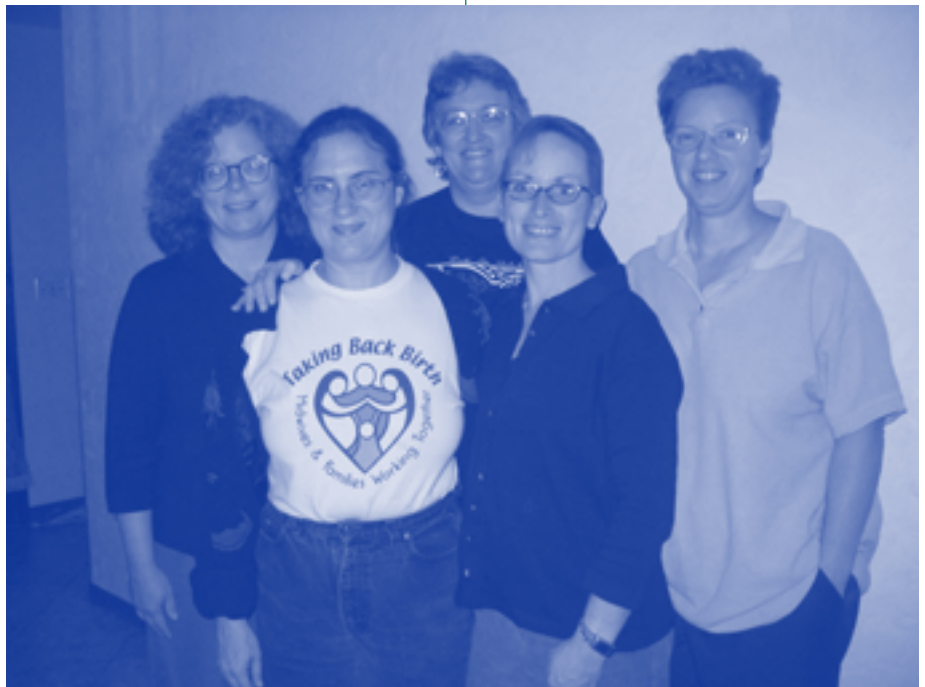
cess so that a number of individuals who are not Board members could officially represent CfM at events or conferences. We want to develop a system of regional representatives (similar to MANA's regional representatives) to improve communications and outreach with all the states. The Board wants to develop a plan for promoting diversity in our organization and in our outreach efforts. We plan to develop specific ways for more CfM members to be involved with the newsletter and other projects. These plans and opportunities will be announced in this newsletter as they are developed.

Over the last couple of years the Board members have realized that membership development is a critical need for CfM, and we began to focus more efforts on increasing the number of members. These efforts have begun to show results, with current membership up 50% from a year ago. Growing the membership will continue to be a high priority. Members are needed not only for CfM's financial self-sufficiency, but also to increase the credibility and value of Citizens for Midwifery as a national consumer-based organization and thus increase our effectiveness in promoting the Midwives Model of Care and being a voice for "consumer" interests in childbirth.

### Strategic Planning – Program Areas

Program areas include public education (about the Midwives Model of Care and related maternity care issues), outreach (about Citizens for Midwifery), and national strategy projects and actions (networking, assisting state groups, legal issues, insurance issues, etc.). Public education includes ongoing website development. Look for enhanced organization of the Resources section, new fact sheets, and a whole new section coming in 2004! A high priority for Outreach is a new CfM brochure – our old one is out of print, and we are working on a new design that will look better with the Midwives Model of Care brochure, have a sleeker design, and have updated, slimmed-down text. The Board also looked at our (long) list of birth and health-related conferences, and set some priorities for participation and level of participation. Ultimately, CfM's ability to reach more potential members through conferences will depend on available funds. Regarding national strategy projects, networking and as-

*(continued on next page)*



2003-2003 CfM Board of Directors: (L-R) Carolyn Keefe, Michelle Breen, Susan Hodges, Paula Mandell, Willa Powell

sisting state groups as needed is ongoing. The Board has not yet developed specific projects regarding legal and insurance issues.

So that we don't lose any good ideas, the CfM Board also keeps a running list of ideas and possible projects, which we review periodically. What would you like to see Citizens for Midwifery do? Is there a fact sheet or brochure you'd like CfM to develop? Is there an issue you'd like to see addressed in the newsletter or on the website? Maybe you have expertise in a certain area and would like to help out? By all means send us your ideas!

The five Directors really enjoyed meeting together and were pleased to have such an efficient and productive meeting. Electronic and telephone communications are miraculous, but they just don't take the place of meeting in person, at least once in awhile! ☘

## New Membership Rates

The CfM Board of Directors met "in-person" for our Annual Meeting in Chicago in September. It was a good opportunity to review the past year, and gave us a chance to evaluate our financial standing, as we plan for future years.

During this meeting we realized that our membership fees, (which have not gone up since CfM started in 1996!), are not adequately covering expenses, and we will eventually face a serious shortfall if the situation is not addressed. With this being said, Citizens for Midwifery is restructuring our membership fees, effective January 1, 2004, to cover increased costs, including those costs directly related to members.

We will be raising the generally "suggested membership" from \$25 to \$30. For members who join CfM as students or along with their state organization, the annual membership will increase to \$20. We're hoping that the discounted rate will continue to inspire new and renewed memberships.

We look forward to your continued support of Citizens for Midwifery. We're excited about the new things to come in 2004 for midwifery and the consumers who support midwifery and the Midwives Model of Care! ☘

## The Birth of Seth Phillip Dean:

### *Just According to Our Birth Plan*

*By Karen E. Wallace*

We were eagerly anticipating the birth of our fifth child. After a great deal of stress on my part, which included written grievances and appeals, our health insurance company agreed to pay for the homebirth midwives whom I felt I needed for a safe and comfortable birth.

On Wednesday, September 25, 2002, I had a feeling in my abdomen like I had at the onset of my pregnancy. I started feeling contractions around 2:00 pm. The contractions were in my pelvis and lower back. I continued life not knowing if this was "it." I was able to eat dinner normally while the contractions continued. Nobody noticed I was having contractions.

While my children put on their pajamas for bed, I snuck away to telephone my midwife to let her know that I was having contractions. The biggest challenge of this labor was the confusion and uncertainty of when the baby would arrive. In the end the most important people to witness the birth were there: my two midwives, Gee Gee and Linda; my husband, Jeff; my sister, Jennifer, who is newly pregnant and wished to see that birth really works; and my four children. My parents were pulling into the driveway or walking up the stairs when the baby was born. I am not sure since I was busy giving birth. When I am at the end of my labor the world seems a bit blurry and I am not fully aware of what is going on around me.

Jeff and I spent time tidying up the bedroom and kitchen in anticipation of the new baby. Jeff commented that I was doing a lot of nesting.

Around 11:30 I decided that we should have our midwives come, although I was still uncertain. Jeff also called my sister who lives an hour away and my parents who live just a mile away. I was in bed relaxing during contractions and resting in between. The contractions varied in length and intensity, and I could still talk during them. Throughout the entire labor, I relaxed all of my body to work with the contractions.

Jeff and I have been teaching Bradley Method classes for over five years. We constantly talk about relaxation and working with

your body during labor. I take what I say seriously.

Just as Linda pulled her car into the driveway my mucous plug came out. For me this event seemed to legitimize the labor, although my first baby was born four days after I passed the mucous plug. I was excited just the same.

By about 12:30 my mother, sister, and midwives were all at our house. I pulled out extra sheets and blankets. My plan was to go to bed, which Jeff and I did. When Gee Gee peeked at me she said, "most laboring women don't lie on their stomachs." It worked for me. The others slept on sofas and chairs. I slept except during my contractions. Jeff said the funniest part of my labor was when I talked through an entire contraction describing what it felt like. I think Jeff and I slept much better than my support team.

When I looked in the mirror in the morning and saw bags under my eyes, I decided to go back to bed. I continued to have contractions and relax through them. My mother and Jennifer decided to go home to my parents' house and finish sleeping. Jeff really wanted me to have a vaginal exam to just see. He said one exam would not hurt. I had only had vaginal exams during one of my four previous labors. Linda and Gee Gee both did a vaginal exam. They said I was maybe 3 cm dilated but my cervix was very floppy and I could go to 10 cm in an hour or two.

Linda and Gee Gee decided to go out for breakfast. They said to call them on their cell phones if I needed them to come back. I went back to bed and slept between my contractions, which were feeling very effective. I could feel the baby moving down.

I got up later and was waiting at the window for Linda and Gee Gee to return. They talked on their telephones in the driveway while I patiently waited for them to come back in the house. I thought about doing some squatting when they came back or maybe taking a shower or walking around.

When my midwives returned upstairs to the bedroom around 9:30, I said I had a few huge contractions. Someone rubbed my lower back while I leaned over the bed. That felt very nice. I went to the bathroom. I said call the other people to come, which Jeff promptly did.

My water broke into the toilet. I did not know if feces or a head was coming out. I was very focused inside of myself and everything was a blur. I heard Gee Gee saying it was a

head. Our bathroom is tiny. I stood up a little from the toilet and leaned on the sink. The head came out at 9:47 am and the body was born at 9:51. Jeff took charge of announcing the times since in the U.S. we need the times for the birth certificate. The cord was wrapped around the baby's neck, and caused no problems.

The children announced that it was a boy. I think Gee Gee and Linda both caught the baby. Linda invited Jeff to help, but he declined due to the cramped quarters in the bathroom. Later that day my two oldest children and Jeff complained that it was hard to see the birth in the bathroom and they wished I had delivered the baby in the bedroom. Linda had suggested I move at the time but I declined. Immediately after the birth I carried the baby the five feet to our bed. We were very impressed how quickly the babe latched on to nurse.

Everyone left the room except the midwives, the baby and I so that I could birth the placenta. I sat on the birthing stool, nursed the baby and the placenta finally came out. It seemed like 20 minutes.

Jeff said later that I have figured out how to labor by myself. My entire labor took about 20 hours but the length of the labor was not any problem for me. I probably averaged eight to ten minutes between contractions for the entire labor. I have never cared for the timing of my contractions. The labor was just what our baby needed. I considered but never chose to do any activities to speed up the labor. Gee Gee thought I probably had less than an hour of first stage labor. My contractions were strong but certainly not extremely difficult and had a nice amount of space in between them.

When I vomited after the birth Gee Gee said most women vomit during labor not after, but she said that she had never seen anyone labor quite like me before. I like the way I labor. It works well for me.

This was Seth Phillip's birth. It was nice and simple. We achieved everything that we wanted in our birth plan. Our children were present and announced the gender of the baby. My sister saw the birth. Our baby never had ultrasound. I was permitted to labor peacefully in my own way and our baby had a beautiful birth without any complications. We witnessed the miracle of birth and life without any theatrics or interventions. ☸

## YOUterus

*A bit of ironic humor ...*

A substitute for natural pregnancy has been developed by Breed Bronson, Inc., makers of Infantill formula and other baby products. The YOUterus/Plus-centa unit was introduced in pharmacies and discount stores nationwide today.

A company representative explained the rationale for the product: "Many women find it inconvenient to carry their fetuses and maintain a healthy food supply for them for an entire nine months. Pregnancy changes their figures, can interfere with job performance, and requires avoiding drugs and junk food. And some men don't like to be reminded that female sex organs don't exist solely for them."

After a woman's fetus is implanted in a YOUterus/Plus-centa, the unit is simply kept in contact with a body having a temperature of 98.6 degrees fahrenheit.

"But after the second trimester," commented the representative, "the fetus can maintain its own warmth. It can be left completely alone, except for periodic refilling of the Plus-centa feeding solution."

When asked if such technology would be an acceptable substitute for a woman's experience of new life developing within her, the representative stated: "We believe it will be fairly common for women to carry their own babies the first few weeks, when the thrill of motherhood is new. But soon, anyone experiencing nausea will be referred to our product. Eventually, anyone appearing pregnant after six months will be considered a fanatic."

"Eventually there will be psychologists, completely ignorant of the history of human reproduction, who will state that after six months, natural gestation is harmful to the fetus' independence."

All preliminary research has indicated that artificially fed fetuses are significantly less healthy than their naturally nourished counterparts. The Breed Bronson representative commented: "The literature accompanying the units will state that natural pregnancy is preferable. But that won't affect sales. We'll spend millions on freebies to obstetricians, and they'll convey to their patients that natural pregnancy is not greatly important, just a matter of personal preference."

"Through advertising dollars, we'll also enlist the media. Television will present natural pregnancy as abnormal by never showing it. 'Yes, we're expecting,' your favorite sitcom character will say, 'our housekeeper is carrying the baby right now.' Parents will come to believe that pregnancy, especially in public, is immodest."

"In natural pregnancy, only mom carries and nourishes the baby. With a YOUterus/Plus-centa, dad, grandma and sitter will all have equal access. We'll promote this idea that democracy, and not quality or safety, is what is important in fetal feeding. When asked if the company was concerned about government regulation of a product proven harmful to developing babies, the representative stated: "Are you kidding? We project the government will buy one third of our units to distribute to poor women." ☸

*(Author unknown)*



## 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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# State by State

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## ALABAMA

### Alabama Friends of Midwives

While AFOM is going through some reorganization, the Huntsville (northern Alabama) area activists are busy with public education efforts. We currently have two different events on a regular basis:

*Birth Stories and More* is a discussion group that meets monthly. A featured speaker presents information on a pregnancy/birth topic for the first 15 minutes, followed by joyful discussions about births, mommies and babies. For more information contact Judy Cleve <secure@hiwaay.net> or Shawnda Ogletree <travis.ogletree@prodigy.net>.

*Special Delivery: A 4-session Natural Childbirth Class* is being offered in Huntsville each month. This class provides basic information about the natural process of birth and how mothers can work with their bodies to achieve natural birth. For more information, contact Lisa Clark at <booksb4bread@mac.com> or Chloe Raum at <chloe@alabama-midwives.com>.

Submitted by Chloe Raum <chloe@alabamamidwives.com>.

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## ARKANSAS

### Rules Changes in the Works

The Arkansas State Board of Health has approved for public hearing the first changes in regulations governing direct-entry midwives in more than a decade. The new rules include: the option to care for women with certain medical disorders if a doctor agrees to co-manage; modification of birth reports; removal of the word "lay" from midwives' title; and bringing the eligibility requirements up to the NARM standards. Midwife clients will still be required to see a medical back-up caregiver at least twice during the pregnancy, and some of the options for backup have been made more restrictive.

Arkansas became one of the first states to license midwives in 1985, a factor that some say has kept the regulations more restrictive than those in other states. A Board of Health subcommittee established to review the rules set aside several changes the midwives had proposed and the Health Department opposed. These restrictions, which are not being allowed, include the authority to carry and administer specific medications, the elimination of the requirement for midwifery clients to see a doctor two times during their

pregnancies, VBAC, and the right of the mother to choose alternative protocols for her health care.

While many compromises were made, the midwives feel they got about as much as they could out of the Department of Health at this time. Further changes can be requested at a later date. The next step is for the proposed changes to go to public hearing, where they may be commented on by all interested parties.

Submitted by Ida Darragh, LM, CPM <ivd@aol.com> Little Rock, Arkansas.

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## CALIFORNIA

California's Department of Health Services has proposed regulations for adding California licensed midwives to the list of current Medi-Cal providers. However, some provisions of the proposed regulations would seriously curtail the ability of LMs to provide their services to women who are depending on Medi-Cal and would effectively deny these women and families access to proven safe and cost-effective midwifery care.

The proposed regulations limit care to the "maternity cycle," described as conception to six weeks post-partum, a restriction that is inconsistent with the scope of practice defined in the Licensed Midwifery Practice Act, and would deny Medi-Cal beneficiaries aspects of midwifery care that are available to other women in California. The regulations also require the signature of the licensed midwife and the countersignature of the supervising licensed physician and surgeon for "each service rendered," going far beyond the unworkable "doctor supervision" requirement of the California Licensed Midwifery Act.

A public hearing was held in September, at which no one spoke in favor of the regulations as written. About 10 midwives came and spoke, as well as Frank Cuny and Donna Russel from Citizens for Health Freedom. Citizens for Midwifery faxed a letter supporting changes requested by CAM. Many good points were made and, according to CAM President Carrie Sparrevohn, were perhaps actually heard?! The Department agreed to contact Carrie as the midwifery spokesperson in reworking the regs, and a meeting is to be set up. The Department has one year from the

initial notice of the draft regulations for comments to adopt or not; the regulations can be changed and modified within that year as long as new notice for comment is given.

Information provided by Carrie Sparrevohn <carriem@sbcglobal.net>.

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## CONNECTICUT

The investigation of four Connecticut midwives is still in progress. The next hearing for two of the midwives is set for November 14, after several postponements. Originally the hearing in November was to determine whether the charges will be dropped or be continued forward, but this decision may now be delayed into the new year. The investigation of the other two midwives is still pending. A concern has been expressed over a possible increase in unassisted home birth. Optimism is still high as the proceedings continue.

Provided by Barbara Soderberg <http://www.ufmidwiferycare.freesevers.com/news.htm>.

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## IOWA

Des Moines is the scene of some complex issues for nurse-midwives. According to the *Ames Tribune* (September 9, 2003), "...Iowa Health Physicians, a physicians group affiliated with Des Moines' largest hospitals, will lay off its staff of four nurse-midwives in November, according to an article in the Des Moines Register last month. The article reported that doctors didn't want to be legally responsible for the midwives' patients and were no longer able to provide constant backup to the midwives..." In fact, the "constant backup" requirement is embodied in the rules the hospital makes for itself, not required by statute.

According to the Pointblank Newspaper <http://www.pointblank-dm.com/archive/050703/index2.shtml>, "...Iowa law states that hospitals must allow clinical privileges to a registered nurse practitioner, of which nurse midwives are a category, as long as they can

## Prosecuted Alabama Midwife Pleads “Guilty”

*Following up on a brief report in the Spring/Summer issue, Karen Brock tells her story and the outcome of her prosecution for practicing nurse-midwifery without a license...*

On September 17, I pled guilty to the charge of practicing nurse-midwifery without a license. This charge was brought against me in August 2002 by the complaint of an angry nurse, following an appropriate transport of a woman having what appeared to be a cord prolapse four minutes after I arrived. I followed acceptable procedure according to the guidelines for the given situation. I had excellent attorneys and ample legal research and advice, but given the laws in Alabama and court precedents, there simply was no way to win. My sentence: 30 days in jail (suspended), 18 months unsupervised probation and a fine and court cost.

We eventually found out that although the cord prolapsed, it did so through a uterine rupture. This mom was not high risk for rupture and had no conditions prenatally that would sound warning bells.

The attending doctor stated in front of several witnesses that had the mom been on the delivery table at the time of the rupture, they probably would have not saved the baby. He also stated that my reaction was correct and I probably saved the mother’s life. By the way, this wonderful family has been very supportive and responsible for all their decisions. I am sure if they were not of this character, things could have been much worse for me.

Did the medical staff hale me as a hero? Were they thankful this mom had a midwife in attendance that reacted quickly and who was not too afraid to transport with her hand inside the mom, keeping a major hemorrhage from happening? Did I get a pat on the back for not being fearful for my own wellbeing, but only had concern for the mom and baby? Well, we all know the answers to these and all the other questions being thrown at midwives all over this country. Their answer to me was to first try to get me for manslaughter. Next they tried to make the charge a felony (in

Alabama it is a misdemeanor). Even when I pled guilty, the District Attorney tried to make it impossible for me to practice anywhere, or even give advice until my probation was over.

My name is Karen Brock, and for almost 20 years I worked in my state. I served families openly and always went to the hospital with them during transports. I kept an honest, open attitude with the medical community and tried to keep a good relationship. The Vital Statistic Dept. in Montgomery would call me when there was a change in birth certificate information, and the Health Department would give out my

*As far as I am concerned there is no doubt which is better: to work in an illegal state, with fear of arrest, or to work in a state that offers licensure, and some amount of protection. I will choose the licensure over non-licensure any day.*

number and even brought ladies to my door. I felt safe. I believed this was an “alegal” state.

After my arrest, I applied for and became licensed to practice midwifery in Tennessee. While my clients have been from Alabama, we make the one-hour trip to Tennessee for births. As far as I am concerned there is no doubt which is better: to work in an illegal state, with fear of arrest, or to work in a state that offers licensure, and some amount of protection. I will choose the licensure over non-licensure any day.

The nurse that caused my arrest vowed to put an end to what she called the underground movement to birth out of hospital. She may have actually done me a favor. The next transport might have been the one that would lock me up for years away from my family.

Submitted by Karen Brock, CPM, TN  
<allearskaren@hotmail.com>.

prove they’ve met the requirements – the license, insurance etc. But hospitals have managed to shut out many independent practitioners by not allowing them admitting privileges.”

According to one CNM in Des Moines, other issues are coming to light. For example, many midwife-attended births are not attributed to the midwife, but to a doctor, which among other things results in skewed, inaccurate data regarding birth outcomes and intervention rates. Even more serious are disagreements over Medicaid billing; the state is reimbursing doctors for births that actually were managed by midwives, even though under Medicaid the person who actually provided the service is supposed to bill for it.

For an in depth discussion of the issues facing Des Moines CNMs, read the “Cover Story: Choices” at <<http://www.pointblankdm.com/archive/050703/index2.shtml>>.

## ILLINOIS

The Illinois Bridge Club is focusing on public health education regarding access to the Midwives Model of Care. The proposed closing of a long-standing, hospital-based midwifery program (University of Chicago – see below) has jump-started media interest in midwifery. The Bridge Club is going to use this momentum to educate targeted individuals about all the access-to-care obstacles women face when searching for midwifery care.

In addition to hospital closings of nurse-midwifery services, childbearing options for women in Illinois are limited by law. Illinois law effectively prohibits the existence of free-standing birth centers, and does not recognize the Certified Professional Midwife credential.

The goal of the Illinois Bridge Club is to develop a public-private-consumer partnership that will assure access to all nationally certified midwives. This is a working committee with members belonging to the following organizations: Chicago Community Midwives, Illinois Chapter of the American College of Nurse Midwives, Illinois Council of Certified Professional Midwives, and Illinois Families For Midwifery.

Chicago Community Midwives (CCM) is involved with providing educational opportunities for childbirth professionals. In October CCM sponsored “Impact of Childhood Sexual Abuse on Childbearing Women and Their

Caregivers: Strategies to Assist in Preparation for Birth and Post Partum,” a training workshop taught by Penny Simpkin, PT. CCM applied to ACNM, DONA and MEAC for continuing education. If approved, other organizations that sponsor the same event need not reapply for continuing education. If the units are awarded, they will be good for two years and will be available to others who host the same event.

CCM is also involved in planning the International Waterbirth Congress: Embracing Birth Together. The conference is scheduled for April 22-25, 2004 at the Hyatt Regency Oak Brook Hotel, outside of Chicago, and will provide a wonderful opportunity for homebirth midwives to network with the broader birth community. For more information, call (800) 641-2229.

Chicago Community Midwives is a non-profit, tax-exempt organization dedicated to professional and community education about the Midwives Model of Care, out-of-hospital birth and breastfeeding.

For more information contact Michelle Breen, MHS, Executive Director, at (847) 658-2318 or <michelle@chicagocommunitymidwives.org>.

### **Rally for Nurse-Midwives of University of Chicago Hospital**

On September 12, in front of the Center for Advanced Medicine in Hyde Park, about 150 adults and young children participated in a rally to show the hospital administration how much they value the midwives at University of Chicago Hospitals and want to see their practice remain open.

The rally was one response to the planned elimination of nurse-midwifery services at the hospital. Along with the only in-hospital midwifery practice on the South Side of Chicago, several important programs would be lost, including the Young Mothers' Clinic, in which the midwives work with teen moms to prepare them for motherhood. This program has helped thousands of low-income women and their children.

According to Dr. Arthur Haney, new head of the University of Chicago Hospital Obstetrics Department, the decision was made

primarily for economic reasons. In an e-mail to CfM Board member Michelle Breen, he cited greatly increased liability insurance costs as well as “the low volume of midwifery deliveries at our site making their practice, as currently constructed, unsustainable.” However, one of the midwives has noted that many midwife-attended births at the hospital are attributed to doctors, not to the midwives, thus skewing the figures. In addition, by mid-September the hospital administration had cut off negotiations with the midwives, rejecting several viable options to make the practice financially stable. Read more about the situation in the ACNM press release <<http://www.midwife.org/press/display.cfm?id=333>>.

The rally, with signs, handouts, buttons, bumper stickers, balloons and babies, attracted local media coverage. Local activists continue efforts to keep the issue in the public consciousness and to let the public know that the hospital is turning its back on the needs and wishes of the community by its decision to close the practice.

For more information, contact Jennifer R Moran <[jrmoran@midway.uchicago.edu](mailto:jrmoran@midway.uchicago.edu)>.

### **MONTANA**

Midwives in Montana are experiencing a “medical malpractice crisis,” similar to other areas around the country. Several months ago almost any physician with a maternity practice was willing to see a home birth parent for consultation, unusual circumstances, backup visits for possible labor transfer, etc.

The home birth midwives had their favorite doctors for parent referral, and even though it was not perfect, it worked for about a decade since the last “crisis.” Slowly, each physician practice called to say they were no longer able to see home birth parents. Malpractice insurance companies told them to quit seeing parents planning a home birth. It forced the midwives to convene and try to figure out short- and long-term solutions. We devised a system for short term but are stymied about the long term “constraint of access to care” the insurance industry continues to dictate.

I would enjoy comments from other states regarding this issue. I wonder if we need to speak to organizations about forcing insurance companies to answer to their policy of refusing care to a population who are legally (in my state) planning a home birth.

Submitted by Dolly Browder <[dbrowder@qwest.net](mailto:dbrowder@qwest.net)> (406) 543-6826.

### **NEBRASKA**

Several non-nurse midwives in Nebraska have been under investigation, and subsequently served cease and desist orders by the Nebraska Medical Board. The rationale behind the orders was not clear, as several of them included inaccurate data. To date no charges have been brought against the midwives.

Local consumers are organizing to form Nebraska Friends of Midwives. They've had several meetings in an attempt to organize efforts and increase membership.

Submitted by Paula Mandell, <[paula@cfmidwifery.org](mailto:paula@cfmidwifery.org)>.

### **NEW YORK**

With dramatic changes in the air as we welcome Autumn to the northeast coast, a very cold wind is blowing through the state of New York which signals a bracing winter ahead with regard to access to midwifery care. The harsh legal environment that exists for credentialed yet unlicensed midwives in New York has extended its way to licensed certified nurse midwives. In the past few months alone, New Yorkers have suffered the closing of two major birthing centers and the extermination or curtailing of several midwifery practices.

Hardest hit are the midwives and the clients they serve in the New York City area. Elizabeth Seton Childbearing Center announced its closing in July, followed quickly by a similar announcement at the Brooklyn Birthing Center. Prior to that, Soho Midwives in lower Manhattan, a very popular and vibrant practice, was shut down. And out in the western part of the state we learned of another practice in Norwich, New York, closed for business. Earlier in May was word that the oldest and largest midwifery practice in New York, the New York Presbyterian Hospital's Allen Pavilion Midwives, would be subject to significant restrictions with regard to the continuity of care their clients have so benefited from, the continuum of prenatal care through birth, the hallmark of midwifery care. Eighty five percent of the women in their practice are, as of this past October first, are now consid-

ered too high risk for midwife supported births and will be delivered by doctors. Just when we thought licensure might mean professional protection...

Consumers and consumer groups are rallying together to respond to this outrageous crisis sweeping New York City. This past October 4th, the ACNM New York Chapter and friends of Elizabeth Seton Childbearing Center organized a run/walk called "Miles for Midwives" to raise money and consciousness for the struggle ahead to restore childbearing choices to the women of Manhattan. New York Friends of Midwives, the state's largest consumer advocacy organization, has developed statement responses that are being disseminated to other organizations, individuals, legislators and other government officials. We add our voices among those most directly affected and urge you to join us in doing the same. For more information on how you can become involved or for copies of our response statements, please contact New York Friends of Midwives at <NYFOM@BirthNewYork.org>.

Submitted by Tisha Graham, New York Friends of Midwives.

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## NORTH CAROLINA

### Intl. Day of the Midwife Celebration

In the eastern part of North Carolina a celebration of International Day of the Midwife was held on May 3, 2003. Eastern Carolina Childbirth Options sponsored the event. The purpose was to honor our area midwives and inform the public of their role in childbirth. Over fifty people attended the event. After opening remarks, a yellow rose was given to all midwives in attendance in honor of their work for safe mothers and babies.

Speakers included Becky Bagley, a CNM who gave a talk about her practice in the local hospital, as well as partners doing home births, Nancy Harman, CNM, and Audrey Trepiccione, CPM, who spoke of their practice as well as the CPM credential. Although midwives from all the state's freestanding birth centers were invited, none were able to attend. However, information about midwives in birth centers was discussed and brochures were available. A reception in honor of the midwives followed. The dialog between the home birth community and the hospital birth community was opened up, with new respect for the CPM credential following discussion of

requirements for certification.

A very successful event!

Submitted by Victoria L. Brown  
<NCFOM@aol.com>.

### New Booth for Public Education

Last summer doula and midwifery student Sarah Cheek felt inspired to raise funds and create a large-scale informative and interactive booth display to raise public awareness about the benefits of midwifery care at fairs and other events around North Carolina.

Starting with a simple website and an e-list that grew, funds were solicited, volunteers and donations were found, and the booth became a reality in time for the Asheboro Fall Festival and will also be in the Pittsboro Street Fair in October. In addition to posters and handouts (including the Midwives Model of Care), the booth features midwifery equipment and rocking chairs. Photos and more information can be found at <http://www.tonezonenc.com/mmc>.

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## SOUTH DAKOTA

### Judy Jones CPM Sentenced to Jail

CPM Judy Jones, the only midwife available in her area of South Dakota, has been fighting "persecution" by the state nursing and medical boards for a decade. In her criminal trial last April, Judy was found "guilty" of four counts of "practicing nurse-midwifery without a license." In early September she was sentenced to jail – 180 days for each of the four counts; all but 30 days were suspended. Judy chose jail time instead of continuing her appeal when she learned the state was preparing to contact all of the families whose births she had previously attended.

### "Close to Home" Fundraising

Judy learned that she could serve the time in a smaller jail closer to home for an additional \$61 per day, payable in advance. Canadian "birth attendant" Gloria LeMay quickly initiated the "Close to Home" project on an e-list, encouraging supporters to contribute \$61 for one day in the smaller jail. These funds were raised in just one week!

Funds are still needed for about \$1500 in fines plus attorney fees. A new project is the "Midwives on Trial" fundraising, also initiated by Gloria LeMay. The goal is to raise enough money to pay off Judy's legal fees so she can walk out of jail debt-free. Contributions of \$50 from as many midwife supporters

as possible are being encouraged. Checks should be mailed to: Judy Jones, 29525 442nd Ave., Irene, SD 57037. Please notify Gloria LeMay at <birth@uniserve.com> when you have mailed your check so you can receive a report on this fundraising project.

### SD Legislative Efforts Need Funds Too

It is clear that legislation is one of the only recourses to change the climate for direct entry midwives in the state. South Dakota Safe Childbirth Options (SDSCO) is working on legislation to propose, as well as searching for a lobbyist, which will require more funds (donations can be sent to SDSCO, c/o Judy Pease, 508 S. Sneve Ave., Sioux Falls, SD 57103).

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## TEXAS

After Austin's only two hospital-based nurse midwifery practices were terminated by the sponsoring physicians, consumers organized to form the local chapter of TFM, whose mission mirrors that of CfM. For the past year, consumers have been testifying to the value of and desire for the Midwives Model of Care to hospital administrations and the City Council, which is responsible for a city-owned hospital. With a state teaching hospital poised to manage a labor and delivery unit of the city hospital, consumers turned out on October 13 to voice their desire for the Midwives Model of Care option at the city facility, which will serve low-income women. Also, on October 30, TFM-Austin and the Midwives Alliance of North America are organizing a Rally for Midwives at the state Capitol to spotlight the Midwives Model of Care and the shrinking access to it in Austin, in Texas and nationwide.

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

**Beat the rush!  
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## Book Review

### Having a Baby Naturally

by Peggy O'Mara

Reviewed by Carolyn Keefe

Peggy O'Mara's new book, *Having a Baby Naturally: The Mothering Guide to Pregnancy and Birth*, is exactly the comprehensive resource that has been missing in recent literature about evidence-based maternity care and a terrific overall resource for pregnant women and their families. Pulling together the many pieces of the puzzle that have been available for years, this guide is extremely useful for pregnant women learning about pregnancy, birth, and maternity care practices. It also provides women with the information they need to make informed choices for themselves and their babies in a balanced and thoughtful manner.

*Having a Baby Naturally* is divided into seven sections that include the three trimesters of pregnancy, labor and delivery, the postpartum period, special circumstances, and a section for fathers. The introduction starts with a discussion about informed consent, followed by basic information about sources and evidence. A historical overview of maternity care helps to put things into perspective, so readers understand how we got to where we are, and the missteps along the way. This is important to dispel the myth that birth is really much better and safer in hospitals with doctors.

Each of the first three sections starts with basic information about what is happening with the body and the baby in each trimester, and gives detailed explanations about various stages of pregnancy. "The First Trimester" focuses on feelings, nutrition, and choosing a provider and place of birth. Chapters in "The Second Trimester" discuss emotional awareness, prenatal testing, childbirth education, doula care, siblings at the birth, and breastfeeding preparation. In "The Third Trimester," mothers are encouraged to examine fears, review birth choices, get ready for the baby, consider pain relief options, and learn about the cascade of interventions. A chapter

of birth stories provides insight to the experience of birth by mothers from a variety of circumstances.

Evidence-based explanations of tests, procedures, and medications that pregnant women are offered include what is involved, why it is used (or recommended), under what circumstances it may be necessary, when it is unnecessary, whether it is effective, and whether it is safe. This allows women to make informed choices based on their own circumstances.

Three sidebars run throughout the book: "Natural Soothers" with home care recipes for alternative remedies, food and nutritional advice and ways for mothers to pamper themselves; "Body Wise" with simple exercises; and "Higher Ground" with affirmations, inspirational quotes, poetry, and spiritual practices. Appendices include a Birth Report Card to evaluate potential birth sites based on the World Health Organization's recommendations and the Mother-Friendly Childbirth Initiative, an extensive list of resources, a range of costs for birth settings, and references. Illustrations and an index are also included.

*Having a Baby Naturally* is a wonderful antidote to the ubiquitous and problematic *What to Expect When You're Expecting*. Unfortunately, I fear that the very people who most need that antidote are the least likely to take it, because of preconceived notions about "natural childbirth." However, I may be overly pessimistic. The many women who hope to have their babies naturally, but are unaware of the pitfalls and diversions on that road, will benefit tremendously from this book's careful and thorough approach. Like most first editions of this magnitude, I found a few bits of incorrect information, but overall the book is an excellent resource. I recommend pairing *Having a Baby Naturally* with *Ina May's Guide to Childbirth* (for the birth stories and Ina May's unique perspective) as a great set of basic books for pregnant women and their families. 🌸

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## Cooperative Filing

By Michelle Breen

Recently my therapist asked me what I had been doing lately. I replied, "cooperative filing." She looked puzzled and responded, "I'm sorry. I don't know what that is." It's simple. I take turns filing papers with friends at each other's houses. It's amazing how much progress we make in this activity. On my own, I would never set aside a two or three hour block of time for filing. There are so many more pressing priorities! There's a chicken in the fridge that's been defrosting for three days! The cat box hasn't seen fresh litter in two weeks! There's an assignment on my computer desk from a real customer! But wait a minute! There's always time for a friend in need! Working together is more productive, too. As parents, we are used to having "helpers" who assist in prolonging the time span between project initiation and project completion. Working with a helper who actually shortens this time span is incredibly refreshing and rewarding.

The most important benefit of cooperative filing is that it strengthens the bonds of friendship. My cooperative filing partners are Rachel Dolan Wickersham, friend, doula, doula-trainer, Treasurer, Chicago Community Midwives; and Sarah Simmons, friend, homebirth midwife, CNM, Secretary, Chicago Community Midwives. 🌸

*Michelle Breen is on the Board of Directors for Citizens for Midwifery. She is also President of Chicago Community Midwives.*

“Freedom is never voluntarily given by the oppressor; it must be demanded by the oppressed.”

— Martin Luther King

# Resources

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

## The Breech Birth Website

[www.breechbabies.com](http://www.breechbabies.com)

Here is an excellent source of information for anyone who wants to know more about breech presentations, whether you are a mother or a care-provider.

The website's author, Patricia Blomme, describes herself as a birth junkie, also "a wife, mother of three (and expecting twins very soon), Certified Perinatal Nurse (RN), Birth Educator, Doula, Lay Breastfeeding Counselor, writer of birth advocacy articles, and a lousy house keeper."

The birth of her third baby, in the breech position, made her recognize that "people need to have a comprehensive place to go to find out about breech babies." With that objective in mind, she has assembled a well-organized and very thorough collection of information, articles and links (including photos) all about breech birth and breech delivery, in all settings, as well as many breech birth stories and commentary from mothers and care-givers alike.

This comprehensive site is definitely worth exploring and bookmarking!

## Epidurals Increase Risk of Severe Perineal Damage

*"Epidural Analgesia and Severe Perineal Laceration in a Community-based Obstetric Practice"*

Carroll TG, Engelken M, Mosier M, Nazier N. J Am Board Fam Pract 16(1):1-6, 2003

Of the many risks associated with epidural analgesia, this study looked specifically at severe damage to the perineum (3<sup>rd</sup> and 4<sup>th</sup> degree tears into muscle, usually associated with long term and serious consequences), using 1996-2000 data from a community hospital staffed by obstetricians, family practice physicians and residents, and nurse-midwives.

The results supported other studies that have found a higher rate of perineal lacerations associated with an increased rate of operative vaginal deliveries with epidurals, compared to vaginal births without epidurals. In this study, women with epidurals were about three times as likely to have an operative vaginal birth as those without an epidural (16.7% vs. 4.7%). About 10% of women with epidurals had severe lacerations, compared to about 5% of women who did not have an epidural. The data showed that instrumental deliveries were associated with a similar incidence of severe laceration with or without an epidural (around 20% of instrumental deliveries result in severe lacerations).

The authors concluded: "Epidural analgesia is associated with an increase in severe perineal trauma as a result of tripling the risk of instrument use. Instrument use in vaginal delivery more than triples the risk of severe perineal laceration."

## From Calling to Courtroom

*A Survival Guide for Midwives - A free Internet book available late Spring of 2004!*

Over the past few years, U.S. midwives have been persecuted/prosecuted in increasing numbers. The vast majority finds themselves wondering "What do I do next?? Do I find a lawyer? How? Should I talk to the investigator/sheriff/police? How do I raise defense funds? How do I write a press release? How do I mobilize client support? WHAT DO I DO NEXT??"

A group of midwives and others on the Internet have pondered those questions, and have determined to answer them. *From Calling to Courtroom* is an amazing project, produced by some of the most knowledgeable, experienced people in the U.S. Included are chapters on: Why You Aren't Safe!; Preparing Ahead of Time; Prosecuted Midwives Speak Out: What I Wish I Had Known; Organizing and Mobilizing Client Support; Understanding the Legal System; After the Dust Settles. Also included will be an extensive resources section and much MUCH more!

Perhaps one of most astounding parts about this project is that the book will be absolutely free! It will be posted online, and can be accessed and printed out at no cost.

Please join us in midwifing this book into birth! For more information or to volunteer your help, contact Valerie Vickerman Runes at (847) 368-0899 or <[filerook@aol.com](mailto:filerook@aol.com)>.

## "Free Issue" Postcards!

*CfM has produced postcards offering a free issue of Citizens for Midwifery News that midwives, doulas, childbirth educators and people who have contact with pregnant women can hand out or include in client packets. Recipients just fill out the card and mail it in for their free sample issue. **This is an easy way to introduce clients and friends to Citizens for Midwifery!***

*The more women and families know about Citizens for Midwifery, and the more that join ... **the more CfM grows, and the more we can do to advocate for the Midwives Model of Care!***

*Postcards and CfM brochures are available free of charge, although a donation to cover costs is always appreciated! We encourage you to order both postcards and brochures to hand out together (a suggested donation for 25 of each is only \$6). Send in your order today!*

*Fact sheets, like the one on the next page can be printed out from the Citizens for Midwifery website.*

[www.cfmidwifery.org](http://www.cfmidwifery.org)

National Statistics for 2002:

## Cesarean Rate Rises to Highest Ever Reported in the United States – 26.1%

The National Center for Health Statistics released preliminary data for births in the U.S. for 2002 (June 2003). You can read the press release and find a link for the entire document at <http://www.cdc.gov/nchs/releases/03news/lowbirth.htm>. According to the report:

- **More than one fourth of all children born in 2002 were delivered by cesarean;** the total cesarean delivery rate of **26.1 percent** was **the highest level ever reported** in the United States. The cesarean delivery rate declined during the late 1980s through the mid-1990s but has been on the rise since 1996.
- **The number of cesarean births to women with no previous cesarean birth jumped 7%.**
- **The rate of vaginal births after previous cesarean delivery (VBACs) dropped 23%.**

### Has this resulted in better outcomes for mothers and babies? **NO!**

- **Infant Mortality:** The US ranks **28<sup>th</sup> in infant mortality** among industrialized nations (behind the Czech Republic and Cuba) as of 1998 (most recent numbers available). (*Child Health USA 2002*, Maternal Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services [http://mchb.hrsa.gov/chusa02/main\\_pages/page\\_03.htm](http://mchb.hrsa.gov/chusa02/main_pages/page_03.htm))
- **Maternal Mortality:** In 1999, the US ranked **21<sup>st</sup> in the world for maternal death**. However the CDC estimates that **maternal deaths are underreported by one half to two thirds**, and that **half of US maternal deaths are preventable**. The rate of death due to childbirth has not decreased since 1982, and increased in 1999. (*Ina May's Guide to Childbirth*. Ina May Gaskin. Bantam, 2003. pp 274-277)

### What is a reasonable cesarean section rate? **Only 10 to 15%!**

"... the World Health Organization concluded that ... there was **no justification for any region to have a cesarean rate more than 10 to 15 percent** (58). As for midwives, in looking at six studies of hospital-based midwives, all but one study reported rates of 10 percent or less, while of 29 studies **of midwives attending births outside of the hospital, none reported a cesarean rate over seven percent** (20)." (*Cesarean section: What you need to know*. Henci Goer [www.parentsplace.com/print/0,,241096,00.html](http://www.parentsplace.com/print/0,,241096,00.html))

The ***Midwives Model of Care*** has been proven to reduce the incidence of birth injury, trauma and cesarean section.

## Alphabet Soup Directory

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

### **CfM Citizens for Midwifery**

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

### **CIMS Coalition for Improving Maternity Services**

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

### **MANA Midwives Alliance of North America**

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

### **MEAC Midwifery Education Accreditation Council**

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

### **NARM North American Registry of Midwives**

PO Box 140508, Anchorage, AK 99514, (888) 84BIRTH (888-842-4784) (CT), <www.narm.org> <info@narm.org>

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

### **ACNM American College of Nurse-Midwives**

818 Connecticut Avenue NW, Suite 900, Washington, DC 20006, (202) 728-9860 (ET), <www.midwife.org> <info@acnm.org>

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

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

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

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| _____ 25 CfM membership fliers (2-color flier – great alternative to brochure)                  | (suggested donation \$3) | \$ _____ |
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| _____ Pocket Guide to Midwifery Care (see <i>CfM News</i> 4/99)                 | (\$9 includes postage)  | \$ _____ |
| _____ Midwives: A Living Tradition (1998, 68:30 min.)(see <i>CfM News</i> 4/99) | (\$30 includes postage) | \$ _____ |

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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!*



Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State & Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_  
 e-mail address \_\_\_\_\_ Fax \_\_\_\_\_  
 I originally learned about CfM from: \_\_\_\_\_

**Yes!**  
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 the Midwives Model of Care.***  
 Please mail this form,  
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 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.

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

***How can you help? Join today. Volunteer with CfM. Become informed!***  
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