Way to go, Wisconsin!

February 23, 2006

We have had a remarkable journey here in Wisconsin, with a successful vote on our CPM licensing bill in both houses of our legislature on the same day (which is the first time in anyone’s memory that’s happened). We’re now awaiting the Governor’s signature and are very hopeful that it will come soon. **

There were several things that were key to our success. We’ve been organizing for years, developing collaborative relationships with other providers and working with our state public health department to become partners in carrying out the public health agenda to home birth families. We’ve also been instrumental in providing the appropriate range of newborn metabolic screening to our large Amish and Mennonite populations and in educating them about the need for these tests. We’ve also benefited enormously from the work done on a national level to earn the APHA resolution to increase access to CPMs.

The remarkable work of Betty Anne Daviss and Dr. Ken Johnson and the BMJ study was infinitely helpful. This study was examined by dozens of physicians; we sent it to many medical professionals and public health officials. Most of these nurses and doctors know and understand the care we give and, while we are fortunate here to have many supportive relationships, the BMJ study was the proof they needed to write letters and get behind our bill. It was without a doubt the single most valuable document in our success.

We certainly had numerous barriers (the medical lobby came out the week before our vote with a huge push against our legislation) and our journey is not over until the bill is signed; we are still vacillating between breathing deep and holding our breath! We’re grateful to all of the nationwide advisors who helped us, to our remarkable legislative chair Katherine Prown, and to all of the citizens who traveled far and wrote letter after letter to make their voices heard. Recently a physician and well respected member of the legislature said, “That midwife bill was the greatest victory of the people I have seen in a long time.” That was enough for me!

Jane Crawford Peterson CPM
President, Wisconsin Guild of Midwives

** Update:

The Governor of Wisconsin signed the bill on April 10, 2006. It is now officially law.
Interview with Sharon Evans, retired NARM Board Member

by Robbie Davis-Floyd

Why did you become a midwife and how many years have you practiced?

I became a midwife because I was dissatisfied with mainstream medicine’s approach to childbirth. I became a midwife 5 years after the birth of my 7th baby. I studied Herbolgy while I was nursing my babies, so came to my midwifery teacher with some knowledge. I was also a certified massage therapist and had taken many courses in the natural healing arts and was also a teacher of some of the natural healing arts such as Creative Healing, Reflexology, Kinesiology, Accupressure, Swedish Massage, Colonc Hydrotherapy, and other massage techniques when I became a midwife.

What is the most important aspect of being a midwife to you—in other words, why have you stuck with it?

I came close to quitting midwifery back in the late 80s because I was so discouraged with the treatment women would get when we transported to the hospital, and I was tired of the treatment midwives received in an illegal state. My husband said to me, “How dare you take away women’s ability to choose out-of-hospital births by not being available to them?” So I continued. Instead of quitting, I became involved in our state midwifery politics and NARM. I have always considered myself the “apprentice’s advocate,” because I want to see midwives practicing far into the future, to help my grandchildren and their children. Helping with the preservation of midwifery became my primary focus.

You and Pam Weaver developed the PSGM—please describe what gave you the idea to do that, what criteria you used, what was your process and motivation in creating it?

One wintry day in 1991, my midwife friend, Pam Weaver, and I came up with a plan to help midwives and their students. We were inspired to write the Practical Skills Guide for Midwifery. We envisioned a book of midwifery skills that would hopefully help the student and the teacher alike, a book that could test midwifery skills. We started out just wanting a skills book for Alaska’s student midwives, but our dream came to include seeing the book translated into Spanish, to serve the neighboring Third World countries like Mexico and South America. With input from many midwives, and particularly Abby J. Kinne, the book was finally published in 1994. Today, we are seeking to improve and update the third edition. Pam and I became aware, through the Midwives Alliance of North America (MANA) that the North American Registry of Midwives (NARM) had formed after we started writing the Practical Skills Guide for Midwifery in 1993. We found out that NARM’s task was to create a legally defensible written examination for midwives. This organization would become an international credentialing body, certifying midwives
from various educational routes, creating the Certified Professional Midwife (CPM) credential. We felt the Practical Skills Guide could be helpful in the process of credentialing midwives.

**How long did you serve on the NARM Board? What were your primary responsibilities? Why did you devote so much time and energy to NARM and the CPM?**

I devoted much time to NARM because it was, and is, a worthy cause with the preservation of midwifery at its roots. From 1995 to 1997 I worked for NARM as a committee chair. From 1997 to the to 2003 I worked for NARM as Director of Applications. In 1999 I was invited to be on NARM’s Board of Directors. My daughter, Anna, and I reviewed applications of those desirous of receiving the Certified Professional Midwife (CPM) credential, and issued re-certification to CPMs until 2003.

**As an experienced midwife and long-term NARM Board Member, what advice do you have for aspiring midwives? Why should they become CPMs? What kinds of education should they pursue? What do you know that might most benefit them?**

We midwives need to remember what a powerful role we play in the empowerment of birthing women and people in general. Yes, we see horrific infant and maternal mortality rates in the world. We also see the difference in OUR infant and maternal mortality rates compared to hospital rates. It cannot be ignored forever. Our work in educating the public and providing excellent prenatal, birthing, and post-partum care is making a difference by replacing fear with knowledge, imparting empowerment as a result.

**Outreach to Educators Project**

The charter issue of Giving Birth to Midwives: A Forum for Midwifery Educators premiered at the MANA 2005 conference. The response from the midwifery community has been very positive and encouraging.

The newsletter includes profiles of existing schools, book reviews, teaching tips, and other issues of interest to anyone involved in the education of the next generation of midwives. It is distributed to all midwifery schools and coordinated by the Outreach to Educators Project. This newsletter is one of many projects planned for this grant funded initiative to get midwifery educators communicating and learning from each other.

The mission of the Outreach to Educators Project (OTEP) is to strengthen the organizational capacities of direct-entry midwifery schools, encourage accreditation, and advance direct-entry midwifery education.

If you would like to receive this newsletter, just contact OTEP. All midwifery educators are invited to contribute to this newsletter. Deadlines for submission are April 1, August 1, and December 1. Send articles, letters, calendar items, or other submissions to OTEP at birthwise@verizon.net or 24 S. High St. Bridgton, Maine, 04009.

Heidi Fillmore-Patrick, CPM, NHCM Executive Director Birthwise Midwifery School 24 S. High St. Bridgton, ME 04009 (207)647-5968

**What’s on the Website:**

**Site Sections**

- Contact NARM
- About NARM
- How to Become a CPM
- Candidate Information
  
  Bulletin
- CPM Recertification
- CPM Inactive Status
- Policy and Procedures
- Professional Accountability
- Peer Review
- CPM State Information
- OSU Testimony
- 1995 Job Analysis
- Application Deadlines
- CPM Stat Forms
- CPM Newsletters Online

[www.narm.org](http://www.narm.org)
Greetings from the NARM Applications Department. We hope you are all having a wonderful new year. The Applications Department continues to get busier every month.

In the year 2005 NARM Applications Department received a total of 124 applications.

There were 267 application packets sent out to people requesting application packets.

103 New CPM certificates were issued in 2005.

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Recertification

The Applications Department has a Recertification Table to keep track of incoming and outgoing recertifications. We will be sending out Recertification reminders a few months before your recertification is due. Debbie Pulley, Public Education and Advocacy Department, can look in the recertification Table, should a CPM want to know their status.

We had 214 CPMs recertify in 2005.

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Inactive Status

Twenty three people chose to take inactive status in 2005. Inactive CPMs will continue to receive the inactive status in 2005. Inactive CPMs should be on the lookout for recertification reminders a few months before their recertification is due. Debbie Pulley, Public Education and Advocacy Department, can look in the recertification Table, should a CPM want to know their status.

CPMs will continue to receive the inactive status in 2005. Inactive status must be established within 90 days of the CPM expiration, and is maintained annually for up to six years. Inactive status is renewed each year by filing an intent to be inactive form (available at www.narm.org) and a fee of $35.00.

During this period, inactive CPMs will receive the CPM News and all NARM mailings, but may not use the CPM designation or refer to themselves publicly as a CPM or as certified by NARM. During the six year period, an inactive midwife may renew the certification by submitting the recertification form and fees ($150.00, 25 continuing education hours, five hours of peer review, plus the recertification form documentation.).

Expired CPMs

CPMs whose certification has been expired for more than 90 days, or who have not declared inactive status, will be given expired status and will be required to follow the new policy on reactivation in order to be recertified. All of NARM policies regarding recertification, certification status, or reactivation are available on the web at www.narm.org.

Audits

The Applications Department generates random audits from all applicants and CPMs recertifying. One (1) out of every five (5) applicants will be audited. Items required are Practice Guidelines, an Informed Consent document, forms, and handouts relating to midwifery practice and an Emergency Care Plan. For recertification, you will need to send your CEU verifications along with the other items.

Just a reminder our address is:
NARM Applications
P.O. Box 420
Summertown, TN 38483

Please include your Social Security number and CPM number in any correspondence.

NARM Accountability Committee
Year-end Report 2005
Shannon Anton, LM, CPM
Director of Accountability

NARM Accountability Committee follows Peer Review and Grievance Mechanism policies and addresses complaints against CPMs. Legal advice is sought when appropriate. NARM Board receives regular updates regarding the activities of Accountability Committee.

NARM Accountability processes work to address concerns regarding competent midwifery practice. The NARM Board reserves the right to evaluate, in its sole discretion, the appropriate application of NARM’s Peer Review and the Grievance Mechanism. Complaints received by the NARM Board that do not involve issues relating to competent midwifery practice will not be addressed through the Peer Review and the Grievance Mechanism that NARM has established.

There were no active complaints during 2005. Since the beginning of the CPM credential in 1995, this committee has received eighteen formal (written) complaints appropriate for NARM accountability processes. Three CPM credentials have been revoked; each of the midwives faced at least three separate complaints. Two complaints remain on file and must be cleared before those midwives may apply for recertification.

The outcome of two complaints heard in Peer Review found no fault with the CPM; in one of these instances the consumer was dissatisfied with the outcome and filed a second complaint to initiate the Grievance Mechanism. The outcome of the Grievance Mechanism proceedings reached the same conclusion. Four midwives have had complaints that proceeded to
Treasurer’s Report 2005
Carol Nelson CPM, LM

The year 2005 was a good year for NARM from a fiscal standpoint. We ended the year with money in the bank and all expenses paid. The certification process has taken a lot of financial resources and continues to take more as we grow in numbers. By the time this newsletter comes out we will be over 1100 CPMs! Our total income for the year ending 2005 was $187,142.00.

NARM’s main sources of income are from Test Sales and Applications. Applications include requests for applications, certifications, and recertifications. Our income from the Applications Department last year was $153,117.00. Test Sales are from the states that use the NARM exam in their Licensures/Certification process. Income from the Test Department in 2005 was $32,930.00. Occasionally we will get a grant for a specific project such as the 1995 and 2001 Job Analysis. A Job Analysis every five years or so is necessary to remain state of the art in testing. We also have income from brochure sales, and frames that came to $1,095.00.

As the Treasurer for NARM, I believe a balanced budget is the only fiscally responsible way to run our organization. We need to not only be balanced but we must think ahead to projects of the future and be saving money for those projects. Another Job Analysis in five years is one such project. To remain state of the art in testing, this is a must. Other projects include continued work on our test such as Item Writing and cut score workshops, recertification work with the Qualified Evaluators and the Skills Assessment for a few examples.

Our expenses closely run the same as our income. A few of our main expenses are: Consultants that run our Applications Office and the Testing Company we work with, Printing, Postage, Telephone, Conference Fees (going to conferences to promote the CPM and the Midwives Model of Care), Dues/Membership in organizations such as the National Organization for Certifying Agencies (NOCA), Insurance, Legal Fees to be sure we stay Legally Defensible, Office Expenses and Supplies.

We are looking forward to NARM’s continued growth and a balanced budget in 2006.

With the growth of our certification process and more Certified Professional Midwives each year, we feel honored to be doing our part to move midwifery forward and to promote the Midwives Model of Care as a viable option for women and families throughout North America.

Test Department 2005
Year End Report
Ida Darragh, Director of Testing

Major Tasks of the Test Department in 2005 included:

1. Maintaining yearly renewal of NARM accreditation by the National Commission of Credentialing Agencies (NCCA), the accrediting arm of the National Organization for Competency Assurance (NOCA).

2. Presenting the new Legislative Workshop at the MANA conference in Boulder and the Item Writing Workshop in New Hampshire at the NE Regional MANA conference.

3. Working with the CPMs in states considering licensure. NARM Board Members regularly participate in e-mail and telephone discussion with midwives in states seeking licensure and sometimes visit midwives, regulatory agencies, and legislators in those states. Carol Nelson spoke to the Medical Board of Louisiana in January on the scope of practice for CPMs, and on legislative issues in Alabama in March. Ida Darragh wrote letters in support of midwifery legislation to the legislators and/or Governors in Nebraska, Wisconsin, and Virginia, and spoke on the scope of practice of CPMs for a hearing in Washington State.

4. Training and recertifying NARM Qualified Evaluators, who administer the NARM Skills Assessment to the PEP candidates. Our total number of active QEs is now 69.

5. Administering the NARM Skills Assessment to 46 PEP candidates, and the NARM Written Examination to 137 candidates.

6. Attending the annual NOCA and CLEAR conferences, and participating on the NOCA Program Committee and the CLEAR Program Committee and Credentialing and Exam Resources Committee.

NARM Testing

The NARM Skills Assessment was administered to 46 PEP candidates in...
2005. The assessment was taken by candidates from 21 states.

The NARM Written Examination was given to 137 candidates from 32 states, 3 Canadian provinces, and one from Costa Rica who traveled to the United States to get her certification. Ninety-three candidates were taking the exam to complete the CPM certification process and forty-four candidates were taking the exam for state licensure, though many who receive the CPM apply for licensure and many who receive licensure then apply for the CPM. Eleven states currently administer the NARM Written Exam as a state licensure exam. These states are Alaska, Arkansas, Arizona, California, Colorado, Louisiana, Montana, New Mexico, South Carolina, Texas, and Washington.

An additional eleven states require the CPM or the Exam portion of the CPM for licensure: Delaware, Florida, Minnesota, New Hampshire, New Jersey, Oregon, Tennessee, Utah, Vermont, Virginia, and Wisconsin. NARM currently offers the Written Examination at the eleven state agencies and at eleven University Testing Centers in California, Florida, Idaho, Iowa, Massachusetts, Maryland, Ohio, Oregon, Tennessee, Utah, Vermont, and Virginia.

Test Development

Test questions are written by teams during the Item Writing Workshops and many writers continue to submit questions throughout the year. All questions are reviewed again by two teams of item writers. Final reviews are done by the NARM Board. Form H of the NARM Exam was translated into Spanish for administration in 2005.

NARM Participation in NOCA and CLEAR

The NARM Test Department and Board of Directors participates in the national conferences of both the National Organization for Competency Assurance and the Council for Licensure, Enforcement, and Regulation. In 2005, Director of Testing Ida Darragh attended the NOCA conference in California in November and the CLEAR conference in Phoenix in September and business meeting in Charleston in January. In addition, Ida served on the NOCA program committee, and on CLEAR Exam Resources and Advisory Committee and Credentialing and Examination Issues Committee. In October, Ida was elected to serve on the National Commission for Certifying Agencies (NCCA), the accrediting arm of NOCA. Ida also attended the Coalition for Improving Maternity Services (CIMS) in Washington in February, the Jacob Institute Conference in Washington in May, the MANA Division of Research meeting with the CDC in Atlanta in June, and the American Public Health Association conference in Philadelphia in December.

Goals for 2006

Test Department goals for 2006 include:

- Training and working with more Item Writers to create a larger databank of test questions. Form J of the NARM Exam will be administered for the first time in August.
- Continue working with NOCA and CLEAR, maintaining our certification with NOCA, and serving on the NCCA commission.
- Revision of the Qualified Evaluators training manual and the Item Writer training manual. Presentation of Item Writer workshops and Qualified Evaluators workshops.
- Participation on the weekly NARM Board phone calls and annual meetings.
- Scheduling of NARM Skills Assessments as needed, and of the NARM Written Examination on the third Wednesdays of February and August at regional sites and again at the annual MANA Conference.

Public Education & Advocacy

Debbie Pulley, CPM
Director of Public Education & Advocacy

This department’s main responsibilities are to answer phone calls, emails, and send out information. In 2005, we received over 2000 calls on the toll free line. The calls included requests for information on how to become a CPM, NARM brochures, Agency/PR Packets, and the Candidate Information Bulletin. Most of NARM’s materials are now available on the webpage. Over 3500 NARM Brochures were mailed out in 2005. The remainder of the calls were general questions about the NARM process or requests for midwife referrals.

This department also routes calls and emails to the appropriate departments, manages the Board e-mail list, keeps minutes for Board calls and meetings, assists with the CPM News, acts as PR liaison to the press, arranges lodging/meeting space for Board meetings, oversees updating of the NARM webpage, and assists in formatting and arranging printing for NARM documents.

In 2005, we exhibited at eight conferences, including the International Confederation of Midwives (ICM) in Brisbane Australia.
NARM policy on preceptors with revoked CPMs:

It is NARM policy that midwives whose CPM certification has been revoked by NARM may not serve as preceptors for students applying for CPM certification.

No clinical experiences or skills dated past January 1, 2006, may be signed by a preceptor with a revoked CPM. After January 1, 2007, no clinical experiences from any date may be signed by a preceptor with a revoked CPM.

This policy will be sent by certified letter to midwives with revoked CPMs; will be published on the NARM website, in the CPM News, and will be in future editions of the CIB, HTB, and the Application.

Application Documents

Most NARM application documents are now available on-line at www.narm.org. Candidates may download and print the application forms and instructions, and submit these forms with an additional $25 processing fee. The printed and bound application packets may still be ordered for $50 from NARM Applications, P.O. Box 420, Summertown, TN 38483.

Solo!

A birth story by Abby J. Kinne, CPM

With her seventh pregnancy, Diane called at 3:25 a.m. saying she had been having contractions since 11:30 and they hurt—this was it. Since she was only 38 weeks gestation, I feared it was another false alarm like she had done with so many of her previous pregnancies, but after talking to my midwifery partner, and because I lived so far away, I felt I should go.

I arrived around 5:00 a.m. Diane was very quiet so she didn’t look like she was in labor. I checked her and found her cervix to be very posterior, thick and only 1 cm. dilated. In retrospect, the only clue was a slightly bulging membrane through a 1 cm. cervix.

I suggested she try to sleep. We decided I would sleep on the crib mattress on the floor next to their waterbed where she planned to give birth and Ted would sleep on the couch downstairs and greet six other children who would soon awaken.

As soon as the baby was stable, I ran to the bedroom door, opened it and yelled for Ted. I quickly grabbed some basic supplies from the bedroom and ran back to Diane and the baby. When Ted came up to the bedroom, I asked him to get my birth bag from my car.

I used toilet paper to wipe the meconium away, removed the cord from around the neck, and out she came! Since I did not have my glasses, I held my arm up so Diane so she could see my watch and tell me what time the baby was born.

I grabbed the only other thing within reach—a dirty bathmat—to cover the baby (it was cold in the bathroom!) and rub her. She had a 2/4 APGAR. Diane seemed to be in shock and was unresponsive when I tried to get her to rub and talk to her baby.

As the baby improved, I ran to the bedroom door, opened it and yelled for Ted. I quickly grabbed some basic supplies from the bedroom and ran back to Diane and the baby. When Ted came up to the bedroom, I asked him to get my birth bag from my car.

As soon as the baby was stable, I called my midwifery partner and our apprentice...What a relief when they arrived. Although everything was under control by then—I was wasted!

Have a good birth story?

NARM would love to share your birth stories in the CPM News. Please email your story (and related photos) to cpmnews@narm.org.
Whatever happened with Shaheeda Pierce’s Breech Birth Administrative Hearing?

Shaeeda’s Pierce’s own story
Brief Background:
Shaeeda Pierce, LM, CPM was investigated by the Washington Department of Health for “attempt of vaginal breech birth at home”. The Department’s stated position was that Shaheeda and other midwives should lose their midwife licenses for this. Home breech birth is not prohibited in Washington by any statute or administrative rule.

Shaeeda took part in a hearing for 5 days in September and November. The state paid a doctor and a former Washington midwife to testify against home breech birth as an option for parents declining planned cesarean for their breech babies. It has been virtually impossible to plan a hospital breech birth in the Seattle/Tacoma area for the past few years. They are only doing cesareans. Department of Health could not find any licensed midwives in Washington to take their money to testify, although they advertised.

On the other hand, the list of people willing to testify for free in favor of Shaheeda’s license and non-surgical breech birth options were: the parents involved in the case (mom and baby fine), other clients who have had breech babies, 7 midwives from Washington, Ina May Gaskin, Rahima Baldwin Dancy, Mary Cronk, Jane Evans, Mabel Dzata, Anne Frye, Holly Scholles, Alison Osborn, Dr. Marsden Wagner, Dr. James Shuffield, Caroline Peterson of ICAN, Ken Johnson, Betty-Anne Daviss, Ida Darragh, and others.

Victory for Washington Women!
The judge decided not to let most of these people testify, and made us narrow the list to 2 other midwives from Washington plus declarations from 2 more, Holly Scholles, Dr Marsden Wagner, Dr. James Shuffield, Betty-Anne Daviss, Ida Darragh, the client, and her husband. He allowed various evidence from the research literature, and breech birth training videos by Ina May Gaskin and Rahima Baldwin Dancy/Valerie El Halta, also Anne Frye’s textbook chapter on breech. A senior researcher from Washington Vital Statistics contributed data showing that for all the years Washington has kept records of breech births, breech babies have been born outside the hospital, from 6 to 40 per year. Some of the testimony can be found on the website below.

Indiana Midwife,
Jennifer Williams, CPM

Jennifer Williams has been a CPM for 9 years, and has been attending births for 17 years, attending approximately 1500 births. She attended a birth in June 05, and the baby was unavoidably stillborn. She was subsequently arrested, but was not charged or held culpable for the baby’s death in any way. The parents of the baby have been completely supportive, and have opposed the prosecution. She was charged with practicing medicine and practicing midwifery without a license. Jennifer is a founding member of the Indiana Midwifery Taskforce which has been working on getting midwifery licensure for 13 years, since 1993. The IMT and other midwifery organizations will be working again this fall on a CPM licensure bill when the Indiana Legislature is in session.

Practicing medicine without a license is a very serious Class C felony in Indiana, and practicing midwifery without a license is a Class D felony. Combined prison time for both felonies is 11 years. In addition the prosecutor has contacted the Attorney General, and now Jennifer is battling the Attorney General to stop an injunction against her practice.

Jennifer is incurring large attorney fees. For updates on the case and where to make donations please visit her webpage at http://hometown.aol.com/birthroot1/JenniferWilliamsCPM.html

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tendance at previous frank and complete breech births.

However, the judge ruled that the midwife misdiagnosed the position of the baby and therefore was negligent. He accepted a definition of breech position that does not coincide with most textbook and expert evidence. According to the usually accepted definitions of breech positions, the midwife was correct in diagnosing the baby as a “complete” breech, rather than a “footling” breech, as the judge chose to rule. The judge said that if there was anything in his initial decision that we thought was an error in fact or law, we could submit a petition for him to reconsider his decision. Midwives Anne Frye, Alison Osborn, Shaheeda Pierce, and attorney Bob Meals prepared a petition showing what we believed to be the factual and legal errors of the decision. The judge decided not to consider the petition.

The ruling says that the midwife should have paid to have written translation of clinic documents into Chinese for this client who had spoken English for 30 years. No charges have been filed against the 4 midwives she saw previously who didn’t do that, or against the other clinics who are not doing that. He rules that only a midwife or doctor can decide when and how a woman will go to the hospital— not the woman’s decision, and that the midwife was negligent for not deciding to go to the hospital before the client did, and for allowing the family time to talk and pack a bag, as was their wish. They had declined an ambulance, and both were doing fine.

Shaheeda is specifically permitted to attend “frank” and “complete” breech births (although we now wonder what the definition of a “complete” breech is!). She is specifically prohibited from attending “footling” breech births and has been ordered to become an expert in “footling” breech births by obtaining an extensive training program in “footling” breech births to be approved in writing by the Dept. of Health. They have not approved her first two proposals...they want to require attendance at 8 “footling” breech births, plus a page of other requirements.

The judge says his ruling does not preclude other midwives from attending “footling” breech births if they have more experience in attending them (undefined). The client in this case had a cesarean performed 3 hours after consult with the OB, and 2 hours after check-in at the hospital. No investigation is pending for delay in cesarean or for undiagnosed severe spinal headache of several days duration (due to anesthesia). The woman was told by the OB that her headache was due to “trying to push your baby out at home”. The judge put Shaheeda’s license on probation and fined her $1000. Shaheeda is not appealing what we believe to be the errors in the judge’s decision. It would be very expensive financially and emotionally to appeal. The lawyer says this would never happen to a doctor. He has worked with licensing issues for over 30 years in several states.

Thanks so much to everyone for your attendance at the trial, your prayers, for putting on and attending the fundraising dinner, cash donations large and small, auction items, website help, massages and other healing work, soup and dinners brought, strategy sessions, organization skills, hotel rooms bought, phone calls, research and legal writing, indymedia articles, stories of your breech births, childcare, pep talks, letters, videotaping, DVD production, data entry, use of pictures, a shoulder to cry on, and everything else you’ve given.

Persecution of midwives in Washington continues, with 3 of Shaheeda’s midwife friends currently known to be under investigation. More have given up their midwife licenses recently, due to the political situation.

The website for testimony excerpts and viewing of other court documents is: www.shaheedapierce.com

State Updates

Wisconsin passed their bill on January 31! The Governor signed the bill on April 10 and Wisconsin became the 22nd state to acknowledge the CPM. Way to go, Wisconsin!

Georgia’s Resolution for a Midwifery Study Committee passed without contest on March 23rd. The committee should be appointed during the summer.

Missouri has been working very hard to pass a licensing bill this year. As we go to press, we have just learned that their licensing bill failed to pass. They have made a LOT of progress. Every cookie, every phone call, every letter, every visit, every jar of apple butter has moved them a little bit closer to the finish line. They now have friends all over the building and more and more people are becoming aware of the safety of homebirth.

States that use all or part of the NARM certification process for state licensure:

Alaska
Arkansas
Arizona
California
Colorado
Delaware
Florida
Louisiana
Minnesota
Montana
New Hampshire
New Jersey
New Mexico
Oregon
South Carolina
Tennessee
Texas
Utah
Vermont
Virginia
Washington
Wisconsin
The Public Relations Committee and the Board of Directors of Midwives Alliance of North America have been working with our newly hired marketing firm, Vermilion, to create a strategy for public awareness and education. This is really an exciting time for you as it is the beginning of a long-term commitment to increase public perception about the practice of midwives and to influence the choices women make about their birth.

As midwives we have so many strong opinions about how to stand out, or not to, how to label ourselves, or not to, and how to talk about what we do or do not do. In the past, this conflict has been our stumbling block. We can’t agree on what we should say. How could we possibly? Birth—the essence of our work as midwives and what we know in our heart of hearts—is well...indescribable. Recognizing this, the MANA decided to hire a firm in the business of communications, image, and advertising—NOT midwives—to sort this out. As you can imagine, the process has been quite involved. They held meetings with our group to hear collective goals and challenges; they reviewed our organizational strategic goals; and they conducted consumer research. Out of months of work, they created a proposal and some exciting recommendations for us.

One you have probably seen creeping in already is the recommendation to use our name and not our acronym (MANA) and to shorten it to “Midwives Alliance” in outside conversations. This way our name has relevance and carries some meaning in conversation. Our plan is to begin to shift perceptions about midwives, and hearing the word spoken is part of that process.

The marketing strategy is to promote the unique and important balance of personalized care and professional knowledge. So another recommendation is to refer to ourselves as Professional home birth midwives. We found that none of the common midwifery credentials such as CPM, RM, LM, and CNM are easily understood or discerned by the average woman considering a midwife. What she wants to know is that she is working with someone who is the best, the safest, and the kindest in the field. So we need a name that describes who this person is and what she does and encompasses midwives at various types of certification. The letters CPM or CNM would still be used following your name as any letter of education, such as PhD and RN, and in circles where they are widely understood. However, for the public campaign, we will use the term Professional home birth midwife.

What about those midwives who practice in other out-of-hospital settings, for example, birth centers? We have decided to be bold, to stand for something, and to market from the outside in rather than the inside out. Rather than start with Midwives Alliance or Midwives Model of Care (and try to explain that that can happen in any setting), we cast a bigger net and try to get the attention of women most likely to be open to a home birth. We first generate interest in the broad widely accepted idea of healthy, natural pregnancy, then we introduce the idea of home births with a midwife. Slowly shifting the perception of midwifery, educating and promoting home birth will lead women to midwives in all settings. While not the main focus of this primary phase of the campaign, birth center midwives will benefit as women become educated and perhaps decide they may not be ready for a home birth but would try a birth center.

We are currently considering what will be the branding or naming of the campaign...like “Got Milk?” We are looking for the idea that will grab their attention about natural healthy pregnancy and birth, then we will introduce the idea of home birth. Stay tuned for the upcoming announcement and launch of our campaign, consumer website, and 800 number!

If you have a desire to be involved in, rather than just informed about the process, please consider joining the Midwives Alliance (MANA) Public Relations Committee and working on a task. We hope to have extended working committee time at MANA 2006 in Baltimore, and we regularly meet by email. We recognize it is a long road, and we need a lot of money before all this will become a reality, but we are on the journey together! Help us raise money, buy coffee at the Midwives Alliance (MANA) website, and lend a hand and your voice.
Report from the Midwives Alliance Division of Research

May 1, 2006

The main work of the Midwives Alliance Division of Research (DOR) continues to be data entry and the development and refinement of our policies. The participation of midwives in the new database has been steady so the database is growing as expected.

Deren Bader, Director of the Research Education Section, attended the National Institutes of Health (NIH) Consensus Panel on elective caesarean on behalf of the Midwives Alliance and the DOR. Saraswathi Vedam, Director of the Research and Publication Section, will represent the Midwives Alliance Division of Research at the ACNM annual meeting at the end of May, pursuing potential areas of collaboration for further discussion.

The Research Education Section reminds you that the DOR will have a number of workshops at the meeting in Baltimore – look for them and sign up!

The Deep Review of the database continues, with work being done on the data form and on the consent form. Also what our data access policy should be is now coming forward as an important decision for the DOR as a whole to make, since the database is growing so well.

We want to be sure everyone knows that state and provincial associations can obtain an account to access aggregate statistics of their members. This would be an ideal way to have numbers immediately on hand and up-to-date for legislative purposes.

Planning for future needs should be done NOW, by getting your members to participate and getting an account that you can use as needed, without any delay.

Below is a description of what you can get and how to do it.

Policies and Procedures for State Association and Provincial Data Accounts

What Associations Can Get:
A state or provincial association can obtain selected aggregate statistics describing births contained in the Midwives Alliance (MANA) database submitted after the organization establishes their account, by its members. These items include number of births, numbers of transfers, cesarean sections, etc. The numbers reported are totals only. The state report looks similar to the midwife/practice statistics that single contributors can access except that the total number is based on all midwife practices contributing data in that particular state or provincial association. In other words, a state association could see that its members attended 100 births and 10 were transfers. Access to the account is password protected.

The Division of Research (DOR) will also provide support in preparing or interpreting reports for state and provincial level activities.

What Associations Cannot Get:
Information about individual births or individual midwives is not available through this type of account. For example, there would be no way to see which births were the transfers or how many births an individual midwife had attended. There would be no way to get totals in categories beyond what the midwives themselves can see, although this could change in the future.

There is no way the account holder can get into the database to access any other functions or data.

What the Association Can Use the Information For:
Use of the data by the account holder is not limited by the Midwives Alliance since all of the data released to the state organization is completely de-identified, in regards to both the mother and the midwife. Consent to use the data for the advancement of midwifery was obtained prior to the data being entered into the database. However, the DOR reserves the right to close an account if the data were being used inappropriately.

How an Association Can Sign Up
1) The association needs to promote participation in the data collection project among its members. The amount of data available to an association is dependent upon the level of participation in the Midwives Alliance Statistics Project by its members. No data is available on any births not entered through the current Midwives Alliance Statistics system. Workshops are available to help show members how to get going, and NARM can offer CEUs for attendance.

2) The association needs to make a decision that it wishes to obtain this kind of account. The DOR wants to be sure that no midwives feel their data is being shared with other midwives or used in any way without their approval. The association must make the decision to open a data account by whatever process it uses for MAJOR decision making.

3) The association then needs to contact the DOR (research@mana.org or peggy@peggygarland.net), on association letterhead, with the following:
a. A statement that the decision has been made by the group
b. A list of participating members
c. The name of a contact person who has been chosen to manage the account
d. The name of the association official authorized to sign the contract for the account

4) The DOR will then send a contract which contains two parts:
a. The agreement between the association and the Midwives Alliance for the account
b. A Non-disclosure Agreement which prohibits inappropriate use of the data

5) The association needs to return the contract to the DOR. Once it is received, the account will be set up. The contact person can log on to the account with a password and obtain the latest totals of births that have been fully entered and reviewed. Births that have not been completely entered or reviewed will not show up in the totals.

The data made available from the Midwives Alliance Statistics Project can be very useful for lobbying or regulatory purposes. It puts the control of the data in the hands of the midwives. Having state level data can be useful when trying to get a bill passed, but it can also be useful to show that midwives are involved in self-assessment and accountability. In other words, it shows your numbers but also that you are on top of things and will be in the future. It is much stronger than just a flash of numbers at bill-passing time, and might boost your chances of avoiding your regulatory board feeling the need to monitor you in some other way.

It’s good to consider getting started on this process now rather than later, because births only begin being added to the state organization’s statistics once the organization account is set up. A common mistake has been to think of “getting some data” only when it’s needed!

New Address for MANA Statistics

MANA Statistics
P.O. Box 6310
Charlottesville, VA 22906

statistics@mana.org

Looking for Opportunities to Obtain CEU’s?

Don’t miss a great opportunity to earn CEU’s and have a great time doing it! Plan on attending MANA 2006 in Baltimore, MD October 12th through October 15th.

Last year at MANA 2005 in Boulder CO, there were opportunities to earn contact hours during the regular conference plus additional contact hours if you attended a pre-conference workshop.

In addition to obtaining CEU’s you and your family can visit the world’s largest indoor waterfall at the National Aquarium and tour the ships and submarines of the Baltimore Harbor.

For more information, watch for announcements about the conference on Midwives Alliance’s website at www.mana.org.

MEAC News

The MEAC office has moved again to a beautiful, recently renovated house in downtown Flagstaff. Please note our new address below. Our phone numbers and email will remain the same. Thank you!

Jessica Burgett,
Administrative Assistant
Midwifery Education Accreditation Council
20 E Cherry Ave
Flagstaff, AZ 86001-4607
(928) 214-0997
Fax: (928) 773-9694
www.meacschools.org
info@meacschools.org

Sixth North American Conference on Shaken Baby Syndrome

Announcing the Sixth North American Conference on Shaken Baby Syndrome, which features a wide range of professionals in the field of shaken baby syndrome (SBS). This conference will help to increase awareness of SBS by examining current practices, challenges, public policy, family involvement and research needs related to SBS and discuss priorities for the future.

The four-day conference will be filled with insightful workshops, speakers and presentations featuring topics related to SBS. There will also be an open forum for families of victims who have been affected by SBS. This conference will be held in Park City, Utah on September 13-16, 2006. Please visit www.dontshake.com for more information.

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Meet the NARM Board of Directors

Left to right: Robbie Davis-Floyd (Public Member), Shannon Anton (Accountability), Joanne Gottschall (retired), Ida Darragh (Testing Department), Carol Nelson (Applications), Debbie Pulley (Public Education and Advocacy), Sharon Evans (retired)

Who are the NARM Board of Directors?

Ida Darragh, CPM, LM
Board Chairperson
Testing Department

Carol Nelson, CPM, LM
Treasurer
Applications

Debbie Pulley, CPM
Secretary
Public Education & Advocacy
1-888-84BIRTH

Shannon Anton, LM, CPM
Vice-Chairperson
Accountability

Robbie Davis-Floyd, Ph.D.
Public Member
Anthropologist/Writer/Editor

Luna Armstrong, CPM
(Nominee)

Ruth Cobb, CPM, GNM
(Nominee)

NARM Board Members

Due to the retirement of Sharon Evans last year, and Joanne Gottschall this year, the NARM Board has been in need of reinforcements! NARM Board Members must contribute at least ten hours of work per week, and often work many more hours to complete the necessary tasks. NARM Board Members must be capable of using the computer and must be able to travel occasionally to represent NARM, in addition to their usual department tasks. NARM needs volunteers who are intelligent, creative, and self-directed in accomplishing their tasks. If you are interested in serving on the NARM Board in the future, please arrange an interview with us at the MANA Conference.

NARM has interviewed two new potential board members, Luna Armstrong of California and Ruth Cobb of Oklahoma. Ruth and Luna have participated on our weekly conference calls, attended our Spring Board Meeting, and begun to find their niche in board work. The current members of the NARM Board would like to nominate Luna and Ruth for one-year terms on the Board, with possible renewal for four-year terms.

Luna Armstrong has been a midwife on the northern California coast for the past 24 years. She is the mother of three and grandmother of one, all home born. She works with her local midwifery community to promote education and choices for women and their families. Communication and good relationships among midwives of all backgrounds is a priority for her.

Ruth Cobb, CPM, GNM has practiced homebirth midwifery in the Tulsa, Oklahoma area for the past 29 years. She has spent most of the past 20 years as either a MANA Board Member and/or a Oklahoma Midwives Alliance Board Member. She gave birth to the first of her three children at home 30 years ago. Her heart’s goal is committed to promoting and assuring that the generations of women and their families have the same wonderful opportunity to give birth with safe midwifery care.

NARM offers each CPM the opportunity to confirm or object to these potential board members. If you would like to have a voice in their nominations, send your comments, or vote to elections@narm.org or 5257 Rosestone Drive, Lilburn, GA 30047. Responses should be received by July 1, 2006.

NARM Workshops

NARM can offer a variety of workshops to be presented at state midwifery association meetings or regional conferences. The Preparing for Legislation workshop is highly recommended for midwives and consumers in states that are considering legislation that affects midwifery. Only CPMs may attend the Qualified Evaluator workshop or the Test Writing workshop; all midwives, students, and consumers are welcome.
Preparation for Legislation

This workshop is available as a full day workshop for midwives and consumers who are preparing to lobby for legislation to license midwives in their state. The workshop is an overview of the legislative process and lobbying strategies, and includes actual training for lobbying, including writing fact sheets, giving interviews, making the best use of the 15 minute or 2 minute opportunities for speaking with legislators, giving testimony at public hearings and legislative committee sessions, and answering tough questions spontaneously.

Test Writing Workshop

This workshop can be done as a 7 hour (full day) or 10 hour (evening and full day) workshop.

The test writing workshop brings together groups of CPMs to discuss the midwifery knowledge and skills that are essential components of the practice of midwifery. Based on real-life experiences, teams of midwives craft scenarios related to problems they have encountered in prenatal, birth, or postpartum situations, research these scenarios in the reference texts, identify the knowledge necessary to solve the problem, and develop multiple choice answers to evaluate that knowledge. Discussions are lively and stimulating, and participants find the process to be rewarding on a personal and professional level. Additionally, participation by CPMs in the development of test questions is integral to the reliability and validity of the Certified Professional Midwife credential. NARM Certification was created by midwives, for midwives, and is administered by midwives on the NARM Board. The NARM exam is written by midwives, with focus on the practical aspects of midwifery care and knowledge. Your participation makes a better exam! Participants must be CPMs.

Qualified Evaluator Training

This 4-hour workshop trains CPMs to administer the NARM Skills Assessment. This workshop is open only to CPMs with at least 2 years and 30 births additional experience beyond the CPM. There is a $75 fee for the QE workshop, but participants become eligible to administer the Skills Assessment, for which they are paid $75.

Midwifery Ethics

In today's maternity services ethical issues are everywhere, and yet there is often a poor understanding of how practitioners deal with them. Many qualified midwives, while believing that they are ethical in their work and lives, might find it difficult to define what this means in practice. We all have to make decisions everyday with clients, other health care providers and our own families. While ethics is seen by some as a theoretical issue, to be debated in classrooms and at conferences, the everyday import of ethical decision-making means that the theory-practice gap needs to be bridged. Our exploration of ethical midwifery is a critical reflection of moral issues as they pertain to maternal/child health on every level. This 2-hour workshop is open to anyone. It explores the ethical issues that face midwives in today's world, as well as strategies for resolving these issues. Participants will discuss the ethical issues relating to accountability, autonomy, confidentiality, informed consent, and the use of technology.

Preceptor-Apprentice Relationships

This 2-hour session is open to anyone. This workshop is designed to meet the needs of both preceptors and apprentices and to help avoid common problems in the preceptor-apprentice relationship. Discussion includes the role and responsibility of the preceptor and apprentice, advantages and disadvantages to the apprenticeship model of education, avoiding common misunderstandings between preceptors and apprentices, and documenting the apprenticeship for the NARM application process.

NARM and the CPM Process

This 2-hour workshop is open to anyone. It explains the development of the NARM process and the requirements for CPM certification. The session is designed for apprentices who intend to apply for CPM certification and for the preceptors who will train them to meet these requirements. It is also a very valuable workshop for anyone who is interested in seeking legislation to license midwives using the CPM process as a basis for licensure. Participants will become familiar with all routes of entry into the CPM process, how the criteria for certification were determined, and how each element of the process contributes to the reliability and validity of the credential.

MANA Statistics – Web Based Data Entry

This 2-hour workshop is open to anyone. It explains the new MANA Statistics Collection Project, including the web based data entry system, so that all midwives can enter their personal statistics into the MANA database for use in analyzing and publishing research on direct-entry midwifery. Participants will learn how to enter their date on the web (and options for not entering on the web), how this information may be used, and how to retrieve their own personal or group statistics.
Can you help?

NARM is seeking current addresses or contact information for these women. If you can reach any of these people, please ask them to contact NARM at applications@narm.org or call 931-964-4234, or let us know how we may reach them.

Baldwin, Sarah
Bellows, Shirley
Jennifer Bennett
Blum, Susan
Boehme, Sherly
Breen, Nicole
Buhler, Joni
Canright, Dian
Cook, Barbara
Coursey, Christina
Crowley, Andrea
Davidson, Joan
Davis, Cindy
Dexter, Rhonda
Dolin, Betsi
Duke, Suzanne
Fehr, Toni
Friedricks, Micky
Fuller-Bey, Gloria
Gaines, Kathleen
Garassini, Mercedes
Gerrard, Cynthia
Gowans, Kathy
Griffith, Paulette
Gross, Marla
Harootunian-Cox, Yana
Harrington, Christine
Hauser, Cammie
Klassen, Florence
Lamphere, Ruby
LeMone, Kathleen
Malegus, Chandra
Matthews, Mary Jo
McCoy, Karen
McColgan, Karen
McIver, Maureen
McNett, Marilyn
Middlemiss, Nancy
Milliron, Annette
Moore, Gayle
Nematbakhsh, Suzy
Nichting, Shelia
Nykiforuk, Carolyn
O’Hara, Myra
Olsthoorn, Peggy
Pliscou, Elizabeth
Ramirez, Cheri
Ray, Donna
Rodden, Linda
Scaia, Jennifer
Schulfer, Ann
Smith, Diane
Taranto, Mary Ann
Tennant, Barbara
Wainer, Nancy
Walker, Julie
Welch, Jill

Upcoming Conferences

Following are upcoming conferences that members of the NARM Board will be attending:

**Midwifery Conferences:**

**Midwifery Today**
Pennsylvania
March 23-26, 2006

**SE Regional MANA Conference**
Alabama
June 15-18, 2006

**Idaho Midwifery Conference**
Idaho
July 28-29, 2006

**Midwives Alliance of North America (MANA)**
Baltimore, MD
October 12-15, 2006

**NARM also attends:**

**Council on Licensure, Enforcement and Regulation (CLEAR)**
Charleston, NC
January 12-14, 2006

**Coalition for Improving Maternity Services (CIMS)**
Boston, MA
February 23-26, 2006

**National Conference of State Legislatures (NCSL)**
Nashville, TN
August 14-19, 2006

**Council on Licensure, Enforcement and Regulation (CLEAR)**
Virginia
September 13-16, 2006

**American Public Health Association (APHA)**
Boston, MA
November 3-6, 2006

**National Organization for Competency Assurance (NOCA)**
Orlando, FL
November 13-18, 2006
Research Update from Betty-Anne Daviss, MA, RM and Ken Johnson, PhD

February 24, 2006

BMJ Follow-up — Good News For State Legislation

As hoped, the CPM2000 study on home birth published in the British Medical Journal (BMJ) in June has resulted in growing and untapped dividends. The CPM News only comes out periodically. If you want to be kept informed about what we are doing please email us at cpmstats@rogers.com to get onto our list or phone us at (613)730-0282.

Using our new comparative system, we have been creating critical reports in which we compare state stats with the CPM2000 article. This has proven to be an opportune strategy for state legislation. We did this first to support legislation in Wisconsin. The legislation passed through the house and the senate Feb. 1. Midwives will now be legal in Wisconsin!! (See letter from Wisconsin in this issue.) Secondly we produced a report on the data of the midwives who had collected with us for Missouri. We also edited and added to their rebuttal to the Missouri physicians’ attempt to undermine the CPM2000 study. (See Missouri report this issue.)

Court Cases

We continue to testify for hearings and court cases, bringing evidence from the BMJ article and the disturbing trends issues about which we have been presenting and writing. The most critical cases recently have been in Washington State. CPMs are among the many midwives being investigated in that state.

Our testimony for the Shaheeda Pierce case contributed to a judgment that midwives can now do frank and complete breeches at home. This means that vaginal breeches have been declared within the Licensed Midwife’s scope of practice in a state in which physicians do not do vaginal breeches in hospital. (See report from Shaheeda Pierce.)

NACC Study on VBAC and the Term Breech Trial: Presentations at ACNM, American Public Health Association and the Canadian Association of Midwives

Following our critique of the National Association of Childbirth Centers study that we published in the ACOG journal (Letter to the editor: Obstet Gynecol. 2005 Apr;105(4):897-8) we were asked to present our critique of the NACC VBAC study as one of the two topics in June 2005 at ACNM 50th anniversary in Washington, D.C. At both APHA and the ACNM conventions we expressed concern about the conclusions drawn from this study which were not based on the data. The authors had concluded:

“despite a high rate of vaginal births and few uterine ruptures among women attempting VBACs in birth centers, a cesarean-scarred uterus was associated with increases in complications that require hospital management. Therefore, birth centers should refer women who have undergone previous cesarean deliveries to hospitals for delivery.”

There was no evidence that the deaths would have been averted in the hospital. 90% of the women who had had only one VBAC at home had similar risk to women who had never had a VBAC. However, the data did indicate certain parameters for increased risk with specific criteria among women delivering with a former cesarean(s), we have suggested the following conclusions could be drawn from the data. (We have prepared talking notes on a PowerPoint presentation which we would be happy to send you if you write to cpmstats@rogers.com):

• because in this study there was a high rate of vaginal births and few uterine ruptures among women attempting VBACs in birth centers,

• “And because the perinatal mortality of 2 per thousand in those with a single former cesarean section is very low (consider the overall perinatal mortality in the USA) therefore, reflection for those planning VBACs in out of hospital births should be more cautious if they have had two or more former cesarean sections or are >=42 weeks.

• “Women should also be told about the risk of cesareans along with the risks of VBACs and ruptures (odds of infertility, miscarriage, ectopic pregnancy, placenta abruption, previa and accreta, respiratory problems including persistent pulmonary hypertension, stillbirth in subsequent pregnancy).”

After we were well received by approximately 250 midwives at the talk at ACNM, we made a decision to submit a proposal to the NACC conference in California in September to open up VBAC in Birth Centers again. As we were told by one of the NACC Board members that VBACs would not be allowed in future at birth centers unless there was a study going on, we proposed that they start collecting data again and start a new study. We understand that initial steps have been taken to do this.

Term Breech Trial: Turning the Breech Issue Around

Besides presenting on VBAC at APHA in 2005, we presented the conclusions of the 2-year follow-up to the Term Breech Trial. The original conclusions were:
“Planned cesarean section is better than planned vaginal birth for the term fetus in the breech presentation.” (Hannah et. Al, Oct. 2000, The Lancet)

With the new follow-up conclusions, these conclusions have been changed to:

“Planned cesarean delivery is not associated with a reduction in risk of death or neurodevelopmental delay in children at 2 years of age.” (Whyte, Hannah et. Al Sept. 2004, AJOG).

Who Did Episiotomies Nationally and in California?

The question of midwives doing episiotomies in California has become an issue. We used the CPM2000 database to do further analyses. We reported in the CPM2000 article that among the 5,418 intended homebirths, there were 116 episiotomies (2.1% of births). Here are previously unpublished stats we pulled out from the CPM2000 on them.

- 75 (1.4% of births) of the episiotomies were done by physicians (all but 4 in hospital);
- 41 episiotomies (0.8% of births) were done by midwives (all but 2 at home).
- Therefore, midwives did 35% of the episiotomies, about one episiotomy in every 132 births.

As there has been a question raised in California regarding whether midwifery schools adequately teach how to do episiotomies, we have suggested to the authorities there that they are asking the wrong question. As we can demonstrate how seldom midwives do episiotomies and how frequently they are done in hospital, without due cause or betterment of outcome, we have suggested they are asking the wrong question. Rather than ask whether a midwife knows how to use a pair of scissors, we have suggested they ask why the physicians are doing unnecessary episiotomies.

Translations of the BMJ Article

The CPM2000 Study has been translated into German. We are working towards having it also translated into Spanish and French, and think it is at least partly done in Hungarian.

CPM2000 Individual Statistics Packages

CPM2000 Statistics packages were sent in the early Fall to CPMs involved in the BMJ study. The package included a history of the project, highlights of the media attention the article garnered, a chronology of steps that led to getting the article published, a copy of the article, and 10 of the more interesting letters to the editor that were published (you can go see all 24 letters on the BMJ.com website under the article (June 18th, 2005 issue and this week in the BMJ sections.) If you sent more than 5 births to us for the year 2000 and did not receive your report or have any questions about it please contact us.

Home Birth Makes the Hit Parade in British Medical Journal

Press Release: March 13, 2006

Home birth appears to be the second most popular subject for readers of the British Medical Journal (BMJ), second only to topics on how to treat heart disease. The BMJ has just released its 2005 annual top 10 list of articles receiving the most attention on the web in the first week after publication. (http://bmj.bmjjournals.com/preview_articles/top-ten2005.shtml)

Outcomes of planned home births with certified professional midwives: large prospective study in North America, published last June 18th, 2005, was the third most popular article among several hundred published in the BMJ in the year 2005.

Given that only a minority of women in developed countries choose home births, how is it that such an unlikely topic should hold such a prominent position in one of the most prestigious medical journals in the world? The study is, in fact, timely. Home birthers are statistically among the more educated in developed countries and this study — the largest prospective home birth study ever published provides the academic precision to critically juxtapose home and hospital environments and their affect on normal birth.

Hot on the tail of renewed interest in natural birth, studies are presently being formulated to test instead, outcomes when every woman regardless of risk is offered a cesarean section. Popular promotion of this form of childbirth capitalizes on women fear by offering them a way to get out of birth, while other women are shocked at such a move so far from the unassisted vaginal birth that they still deliberately choose. In spite of the movement to render vaginal birth an extreme sport, it is still preferred by most women in order to have more control and the satisfaction of engaging in a normal biological function that women have performed for centuries. The outcomes in this BMJ article suggest that women are more likely to achieve this if they plan their birth at home.

The BMJ editors’ one paragraph summary succinctly describes the research:

Giving birth: home can be better than hospital

For women with low risk pregnancies in North America, giving birth at home bears similar risks of intrapartum and neonatal mortality as giving birth in hospital, but planned home births are associated with lower rates of medical interventions. In a prospective cohort study, Johnson and Davis (p 1416) evaluated the safety of home births involving certified midwives in 5418 women who intended to give birth at home when labour began.
The study participants experienced substantially lower rates of epidurals, episiotomies, forceps deliveries, vacuum extractions, and caesarean sections than women with low risk pregnancies who gave birth in hospital.

In the last 12 days of June of 2005, 6,500 different users accessed the article on the web and in July an additional 2,500 different users. Interest has been sustained since then — 1,250 to 2,000 different users have gone to the article each month since the summer. The abstract has been accessed more than 7,000 times, the full text HTML over 25,000 times and over 6,200 copies of the article have been downloaded as a PDF. In total the article has been accessed in some form almost 40,000 times since publication.

The article and 24 letters to the editor (rapid responses) from around the world are available FREE OF CHARGE at BMJ.com. Go to past issues, choose June 18, 2005 and look under “This Week in the BMJ” to see the summary from the editors and 5 of the letters to the editor from places as far away as India. Go to the papers section of that issue to download a copy of the paper and read 19 other letters to the editor (below the article).

The authors can be contacted for comment or interview at Ken_LCDC_Johnson@phac-aspc.gc.ca, (613) 957-0339 or Betty_Anne@rogers.com, (613) 730-0282.

Other BMJ facts:
- 709,000 unique users go to the BMJ website every month; monthly page impressions: 6,763,200
- The print version of the BMJ goes out to 107,000 subscribers in Britain and 15,500 subscribers internationally.
- Local editions of the BMJ (in their local language) are published in China, Greece, the Middle East, the Netherlands, Portugal, and Romania, South East Asia, Turkey, and West Africa.

(http://bmj.bmjjournals.com/hitparade/20050618.shtml#PAPERS)
http://bmj.bmjjournals.com/cgi/content/full/330/7505/1416?ehom

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Greetings from the NACPM Board! We have recently returned from our fall board meeting in Boulder, Colorado in the days before the MANA 2005 Conference. This was our second in-person meeting of our newly elected board and we continue to find working together exciting and productive.

Unfortunately, one of our new board members, Kathy Acree from Louisiana, has had to resign from the board due to the demands of a new job and the demands on her time from her involvement with the victims of hurricane Katrina. We are grateful to Kathy for her support and significant contribution to the board. The board has made a donation to Project Hope for victims of Katrina in Kathy’s honor. Our hearts and prayers go out to those suffering from the hurricane in their efforts to rebuild their lives.

MANA 2005 was a wonderful conference and NACPM had a strong presence there. On the Wednesday before the conference, the NACPM Board was invited to a meeting of our sister boards where each board gave an update of their activities and work. During the conference, NACPM had a booth in the exhibit hall where we had the opportunity to speak to many NACPM members and others about the work and potential of NACPM. Visitors to the booth were invited to fill out a survey about what their most important concerns are as a CPM. We also invited suggestions about what advanced practice topics CPMS would like NACPM to develop workshops to address. (You may download this survey from our website and send it to us if you did not have a chance to fill it out at the conference.) The Third Annual NACPM Membership Meeting was held during the conference and the NACPM Board gave an update of the past year’s activities and discussed with those attending the strategies and goals for the next year.

We are pleased to announce that NACPM, in responding to requests, now has two new non-voting groups for supporters to join: Friends for NACPM and Students for NACPM! Either of these groups can be joined by downloading the information and enrollment form from the website at nacpm.net. Your current students are the future members and leaders of NACPM. We encourage all CPMS to introduce their students to NACPM so that they can begin their involvement in their future professional organization. And we welcome all to join our new Friends group.

Much work has been done in the past few months on the NACPM website to create a valuable and useful tool for our members. All membership information and forms are downloadable as are the Essential Documents including Standards of Practice. Soon you will be able to use PayPal to join NACPM as a member or supporter. News is updated regularly on the site. For example, a NACPM Press Release for the publication of the CPM 2000 Study in the British Medical Journal was posted for your use in publicizing this landmark study to your local media. New links have been added. For example, we are encouraging NACPM members to join MANA’s Division of Research on-line data collection project by providing a direct link from nacpm.net to the application form. We invite you to explore the NACPM site and to send us your ideas to lawcing@sover.net.

The board is working to streamline and improve the membership process. Each new or renewing member will be receiving a letter of acknowledgement and a membership card. If you are a member, you have received by e-mail a reminder letting you know when your membership expires and inviting your renewal. Please rejoin NACPM when your membership expires: your continued support is greatly appreciated and is crucial to the work of NACPM! To all CPMS who are not yet members: Please join now! You will be participating in a rapidly evolving professional organization whose sole purpose is to promote and support the work that you do as a CPM! Write to us with questions and ideas at lawcing@sover.net or call us on our New Toll-Free Phone Number: 866-704-9844! And, if you are not a CPM but would like to support the work of NACPM, please join our Student or Friends support groups.

The Board is in the process of developing a brochure with the theme: CPMS Make Good Public Policy! We brought our ideas and a posterboard mock-up of the brochure concept for the NACPM table in the exhibit hall at the MANA Conference and got much positive feedback. We plan to have a finished professional brochure within a few months that will demonstrate how NACPM can serve CPMS and promote them to legislators and regulators, insurance reimbursement companies and health care policy developers.

The Board is also developing a proposal for an advanced practice pre-conference day-long workshop for next year’s MANA conference. Plan now to attend the MANA 2006 Conference in Baltimore on October 12 - 15 and look for news about NACPM activities at the conference.

Again, go to nacpm.net to join NACPM or to renew your membership. Or send in the coupon below and we will send you a membership form.
MANA Conference 2006


- Visit the world’s largest indoor waterfall at the National Aquarium.
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- Meet great midwives, earn CEUs, and eat the best crabs in the country!
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For more information about the conference, or to register, go to www.mana.org.