

Giving Birth to Midwives

A Forum for Midwifery Educators

A Publication of the Outreach to Educators Project
Vol: 1 Number 1 Charter Issue

Introducing the Outreach to Educators Project

I will take the opportunity in this charter issue of "Giving Birth the Midwives" to introduce myself and the Outreach to Educators Project. This project was conceived by the MEAC board in order to fulfill a need that midwifery programs were expressing, but that MEAC did not feel was a role it could or should fill. This need was for support and consultation in school development, educational resources, administrative sophistication, curriculum development and general advice from someone who may have more or different experience in midwifery education.

The MEAC Board applied for and received a \$30,000 two-year grant from the Daniels Foundation with the hopes of launching an organization which might bring midwifery educators together. The goals of this togetherness are to improve direct-entry midwifery education, to create a forum for discussion of issues relevant to midwifery educators, to build a supportive network for existing schools, and to guide schools toward accreditation if they so desire.

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National Education Dialogue to Advance Integrated Health Care: Creating Common Ground

A Report by Jo Anne Myers-Ciecko



Jo Anne Myers-Ciecko and Sonia Ochoa attended the NEDAIHC Meetings at Georgetown University May 31-June 3, 2005

"Integration of complementary and alternative medicine therapies (CAM) with conventional medicine is occurring in hospitals and physicians offices, health maintenance organizations are covering CAM therapies, insurance coverage for CAM is increasing, and integrative medicine centers and clinics are being established, many with close ties to medical schools and teaching hospitals," according to a report of the National Academy of Sciences published in early 2005.¹

Midwifery is certainly part of this phenomenon, yet we often fall between the cracks – neither recognized as a "CAM profession" or as "conventional medicine." Lacking visibility at the federal level, direct-entry midwifery does not appear on the radar screen for commissions and reports like this or for education program grants, research proposals, or employment opportunities. But we do have friends who are looking out for us and that's how MEAC was invited to send two representatives to a meeting of CAM and conventional health professions educators in June at Georgetown University in Washington, D.C.

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Outreach to Educators Project

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I was hired as coordinator in April, 2005 and will be working for OTEP approximately 6-8 hours per week from my office at Birthwise Midwifery School in Bridgton, Maine. I am the executive director of Birthwise, am a partner in a small homebirth midwifery practice, have two teenage daughters (Hannah and Stella) and a husband of 23 years, John. I was born and raised in the midwest, have a bachelors degree from southern Illinois University, attended midwifery school in Albuquerque in the 80's and moved to Maine 18 years ago to start a homebirth practice. I have a particular interest in being a conscious participant in the development of the contemporary profession of direct-entry midwifery in the U.S. I see the next 10-20 years as critical for the future of independent midwifery in this country and we as midwives need to be fully awake and participating in designing a model of maternity care that includes midwives and out-of-hospital birth. My first contribution to this was to train more excellent midwives locally and now I am excited to be able to work more nationally with all the programs that are training midwives.

My first task as coordinator of this project was to contact and survey all existing direct-entry midwifery education programs to assess the level of interest in such a networking organization and to get input on possible activities or projects we could work on together. It has been fun and fascinating to speak with the directors of 11 accredited schools and 8 non accredited schools and I will try to summarize my findings below.

My first response was awe at all the wonderfully talented, smart, creative, dedicated women I spoke to. Most schools that were surveyed were very enthusiastic about the idea of a networking organization for midwifery education programs. There was a universal theme that I heard coming through in all my conversations: that it doesn't make sense for midwifery educators to "re-invent the wheel" when developing their programs— sharing resources and ideas is a good thing and people seemed open (to varying degrees) to doing this. Many midwifery educators feel as though they have been very isolated from others doing the same thing, either because of geographic distance or competitive dynamics.

Although most schools thought more sharing and communication between programs would be a good thing, it was clear that most wanted schools to maintain their unique flavor.

Educators told me they also want a forum to address bigger questions like:

- The ideological friction between school vs apprentice model training.
- Making direct-entry midwifery a viable profession.
- Building trust between midwives.
- Visioning the future of direct-entry midwifery in the US.
- Is accreditation a guarantee that students are learning?

Schools that had gone through the MEAC accreditation process all felt they benefited from it, especially in recruitment and in the guidance they received in the administrative

aspects of running the school. The added paperwork and fees were the burdensome aspects of accreditation.

Possible projects were suggested and prioritized as part of the survey and the suggestions are listed below in order of priority:

- Newsletter.
- Joint recruitment activities.
- An accreditation guidebook.
- Joint publication of student/faculty research.
- Jointly administered scholarship fund.
- MANA conference educator's tract.
- Handbook for educators
- Formal visitation/mentoring program between new and established schools.
- On line chat room
- Improved MEAC website.

This newsletter is a first step in bringing midwifery educators together. My hope is that all existing programs will contribute to the newsletter and I will be asking you for specific contributions from time to time. I hope to include the following components regularly in each issue of "Giving Birth to Midwives": Profiles of two programs, a Graduate story, Feature a Preceptor, MEAC News, Student column, Book reviews, National News, Resource column, Calendar, Employment Opportunities.

Please know that I am available by phone or email at any time if you have any suggestions or feedback on this project.

Peace,
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This Bulletin is coordinated by the Outreach to Educators Project, a project funded by a grant received by the Midwifery Education Accreditation Council (MEAC) from the Daniels Foundation. 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. 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.

The National College of Midwifery: A Profile



NCM's three administrators: Kiersten Figurski, LM, CPM, Beth Enson,, and Elizabeth Gilmore, LM, CPM, MSM.

New Mexico has a long tradition of midwifery. Intertwined with the unique convergence of hispanic, native and anglo culture is a strong belief in midwives and their contribution to the community. It is in this climate that the National College of Midwifery began under the leadership of Elizabeth Gilmore and the New Mexico Midwifery Education Council. Since its inception in 1985 the college has grown into the largest direct entry midwifery school in the United States with over 70 preceptors and a student body of 120.

When I asked Elizabeth about her vision for starting the college she responded, "The idea to start the college came from the New Mexico Midwives Education Committee, a group of licensed midwives who did not hold academic degrees and who wanted a way to get a degree without having to leave their communities and their families." In her ever-faithful style, Elizabeth took the committee's request to the New Mexico Commission on Higher Education and began to explore what was needed to begin a college dedicated to the apprenticeship model of education with equal bearing on academic study.

Through an amazing grassroots effort, the New Mexico Midwives developed a curriculum that met both National and State licensing requirements and would be accessible to midwives in other programs that did not offer degrees. Thus, in the late 80's, Elizabeth's leadership brought the work of the New Mexico Midwives to The National Coalition of Midwifery Educators.

Through this partnership the process began to broaden the college's curriculum to incorporate the M.A.N.A core competencies for midwives. It was in 1991 the college became the National College of Midwifery and expanded its original vision to be accessible not just to New Mexico midwives but to all midwives throughout the United States.

"The college truly does represent the full spectrum of midwifery care," states Kiersten Figurski, College Registrar and Licensed Midwife. "We have preceptors who have small home birth practices, midwives serving small Christian and other religious communities as well as Nurse midwives and, of course, our main preceptor site; the Northern New Mexico Midwifery Center."

True to its inception, the college continues to build on its commitment to the apprenticeship model and equal access to education and is expanding to include preceptors in Chile,

Mexico, Canada, Australia, Southeast Asia, Israel and the Philippines.

Shiela VanDerveer is a fulltime midwifery apprentice at the Northern New Mexico Midwifery Center and a student of the National College of Midwifery.

Birthingway College of Midwifery: A Profile

By Nichole Reding

In 1993, Birthingway College of Midwifery started out as a six-month study group in the home of founder and primary teacher Holly Scholles. It was clear that six months would not be enough: the women involved in this program were on fire to learn as much as they could about midwifery. Within four years the study group became a three year program and was on track to gain MEAC accreditation. As the program grew, changes came swiftly. A large old house in Southeast Portland became our new home in 1999, many instructors and preceptors have joined us over the years, we were authorized by the State of Oregon to offer a Bachelor of Science in Midwifery Degree, and we have been able to offer Title IV Financial Aid for several years now as well.

Yet with all of this growth and change, the values and beliefs at Birthingway's core have remained intact. We are a community learning together, teachers and students alike. We are fortunate to have many "specialists" on our faculty who have a tremendous amount of knowledge to share with our students, and yet, in every class, we incorporate time and opportunity for students and faculty to learn from each other. We honor and encourage diversity and multivocality, not just on paper, but in classes every day, on our committees, and in our decision-making processes we actually seek out different opinions from our community. We are relationship based, emphasizing face-to-face interactions, communication skills, kindness, compassion, and personal integrity and responsibility.

Birthingway's mission is to provide the highest quality training and education in a traditional midwifery model of care and to be a resource for the community. As a part of these goals we are committed to making available the option of post-secondary degrees for midwifery students and providing continuing education for practicing midwives. To this end we have developed a solid, four year bachelor's degree program for those students who hope to earn a degree. We also have a certificate in midwifery for those who do not intend to pursue the BSM. As a resource for local midwives, we also offer the Legend Drugs and Devices curriculum required by the state of Oregon for midwifery licensure.

Under the umbrella of Birthingway College of Midwifery we have begun to expand our programs to include not only midwifery education, but also certifications in a number of other related areas. Currently we have a labor doula certification program and a childbirth educator certification program. We will begin a postpartum doula certification within the year. Two other programs on the horizon will incorporate elements already in our midwifery program and expand them: a lactation educator and consultant program, and a woman's herbal certification. These programs allow us to fulfill our mission to be a community resource.

At the foundation of all of our programs is the philosophical model we refer to as biodynamic birth, in which childbirth is not only a natural part of human life, it is a

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necessary part, intimately connected with what it is to be human. The “bio” in biodynamic reflects broad biological themes, while the “dynamic” aspects ensure that our model is very woman-centered and individual. Biodynamic birth emphasizes the known physiological aspects of birth, particularly the hormonal pathways that can help or hinder birth, including ways to increase the beneficial and necessary hormones such as oxytocin “the love hormone,” while decreasing the interfering hormones such as adrenaline. This model encourages women to allow themselves to move into their instinctual birthing bodies, and out of their rational thinking brains.

In addition to these important programmatic and philosophical elements, we are proud of our physical resources. We are particularly proud of our library, which has recently moved to our main floor into a beautiful great room, and has become, in many ways, the heart of the building. The space is welcoming and open to the public. Our collection includes over 5700 items, with 2600 books comprising the majority of the lending collection. These are supplemented with videos, audio tapes, CD-ROMs, slides, and 90 journal titles.

What is a typical day like at Birthingway? If you were to visit on one of our Core Days (the central theory and skills days for all of our enrolled midwifery students), you might see 15 beautiful women preparing their morning snack or getting a cup of tea in our kitchen before moving upstairs to the main classroom. Once they settle-in to class (usually at 9:00 am) they “check-in.” This is an opportunity for our students to practice active listening, a critical midwifery skill, yet one that is difficult to “teach” in the traditional sense. Each student has the opportunity to share with her class how she is that day. She may share stories of her life in the last week or just let everyone know that she is feeling quiet that day. Either way, she has the floor until she is done and every student has the opportunity to share. Then it’s down to more traditional work with lecture and discussion in the morning. Lunch is a community affair. Because our Core days are long (9:00-4:00) one or two students prepare the lunch meal for the rest of the class each week. Good smells are often wafting throughout the building. In the afternoon, students are practicing clinical skills. Typically these skills link up with the theory they are learning in the morning. So, when students are in Antepartum in the morning, they are doing blood pressures and practicing taking health histories in the afternoon, when they are in Well-Woman Gynecology they are practicing PAPs and cervical cap fittings in the afternoon.

This pairing of theory and skills is an integral part of Birthingway’s educational model. We have established a four-point description of what we see as important for our graduates. These four points include: clinical excellence in both theory and skills, premised on the midwifery model of care; communication utilizing non-violent communication methods and consensus decision making; social and political engagement, with involvement as educators and social activists both within the midwifery community and in legal and political venues; and research and evidence-based care, with familiarity in both qualitative and quantitative methods and utilizing published medical literature within an evidence-based model that also honors intuition as a legitimate source of knowledge.

Another important element of Birthingway’s educational model is our didactic method, which is based on diversity, multivocality, and relationship and that is, to the best of our ability, non-hierarchical and devoid of rewards and punishments. Different ways of knowing (intuition, empiricism,

and deductive analytical thinking) are equally validated. To teach at Birthingway, instructors must agree to work from this didactic core, incorporating cooperative learning tools into their syllabi and avoiding competition. We do not give grades, but rather expect all of our students to master most of the material presented. Students will receive a “complete” in a class if they have completed 100% of the work, with 80% of it all “correct” and 20% of it “partly correct.” Essentially this means that students are earning the equivalent of a B+ or above.

Finally, our educational model stresses intimacy and a feeling of safety and security for our students, just as we hope our graduates will provide these things for their clients. Therefore, we address skills in a very methodical way. Students do most of their skills with the same cohort they join and stay with all three years of Core. They begin to form bonds of intimacy right away with check-in and by preparing meals for each other and eating together. For the actual skills classes, we begin with non-invasive skills. They learn to touch and be touched in a safe environment. Even in our furnishings we try to look to comfort, intimacy, and safety, providing screens, curtains, and drapes for skills practice. The more invasive skills, such as gynecological exams and needle infiltration do not occur until the second and third years of Core. And, ongoing communication training provides vital tools for building safe relationships.

We are proud of the ways in which Birthingway has grown and changed and yet held on to the core values and models of learning. We hope to continue this path and look forward to many more years of working with amazing students as they pursue their dreams of serving women and families.

Creating Common Ground

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The Integrated Healthcare Policy Consortium (IHPC) is a private organization that has developed alongside a series of government-sponsored endeavors to understand and support the integration of complementary and conventional practices.^{1 2 3} The IHPC’s Education Task Force organized this three-day meeting to examine the opportunities and challenges of training health professionals as we move towards a more integrated healthcare system.

Integrated Health Care ~ This term describes a collaborative, team care approach between a variety of Western medical, traditional and indigenous, and CAM licensed health care providers. It implies a comprehensive access to a full range of health care systems based on patient need and cost effectiveness.

Source: National Library of Medicine

Representatives of more than 60 academic institutions and professional associations met for three days in an atmosphere that was welcoming, honest and visionary. Allopathic medicine, acupuncture and oriental medicine, chiropractic medicine, massage therapy, naturopathic medicine, osteopathic medicine, holistic nursing, public health, and mind-body workers as well as legal experts and biomedical ethicists participated in this intriguing and enlightening dialogue.

Speakers included Stuart Bondurant, MD, Chair of the Institute of Medicine Committee that prepared the CAM report, who shared his perspective on the report’s recommendations and the implications for educators. As the report states, ““The level of integration of conventional and

CAM therapies is growing. That growth generates the need for tools or frameworks to make decisions about which therapies should be provided or recommended, about which CAM providers to whom conventional medical providers might refer patients, and the organizational structure to be used for the delivery of integrated care. The committee believes that the overarching rubric that should be used to guide the development of these tools should be the goal of providing comprehensive care that is safe and effective, that is collaborative and interdisciplinary, and that respects and joins effective interventions from all sources.”

Other speakers described multidisciplinary, inter-institutional projects already in place that introduce students to a variety of healing practices and model inter-disciplinary collaboration. For example, medical students from the University of Minnesota may complete an “integrated healing rotation” in Hawaii; Bastyr University partners with the University of Washington Medical School to orient medical students to CAM; Western States Chiropractic College, the National College of Naturopathic Medicine, the Oregon College of Oriental Medicine and the Oregon Health Sciences University have entered into a collaborative agreement to provide joint training and clinical opportunities to students. Twenty-eight academic health centers have received federal grants to establish integrated health care programs in recent years. The programs are all located in conventional medical schools, but many have developed excellent models of collaborative, community-based services and training opportunities for students. In addition to these structured programs, there were many examples of informal arrangements already in place that could be developed into more visible and sustainable long-term relationships.

What I realized in the course of this discussion is that while most midwives and midwifery schools already make informal arrangements for interdisciplinary learning opportunities and collaborative practice, we could do a better job of documenting and sharing what we have created. And we could learn from each other and from these larger institutions how to establish or strengthen formal agreements with other providers and/or institutions. We were given sample affiliation agreements and contact information that I would be happy to share with other midwifery educators. There are opportunities for affiliation and/or funding that we are missing!

Another topic that I found particularly interesting concerned language and the importance of creating common understandings to improve communications and build mutual respect among the professions. A glossary and examples were provided to illustrate important distinctions between therapies, professions, modalities, systems, and disciplines. Midwives typically draw from a broad range of therapies or treatments to care for women that might include herbs, nutritional counseling, massage, antihemorrhagic drugs, and/or homeopathic remedies. But each of these is also associated with a much deeper knowledge base that is actually a profession or discipline onto itself. There is growing concern that in the move toward integration, individual treatments or therapies will be taken up by one profession without regard to the underlying knowledge base that informs and provides important context for that treatment.

One might assume that the only issue is with allopathic doctors taking over CAM territory and marginalizing the actual professions or disciplines that hold the deeper knowledge, the use of acupuncture techniques being one good example. So it was interesting to discover that every professional group had similar concerns about others inappropriately borrowing techniques without fully understanding the discipline and/or usurping the role of that profession rather than collaborating

or making referrals. I would say that while midwifery curriculum and clinical practice recognize the value of and draws from a wide range of therapies and modalities, we still need a better understanding of when it is or is not appropriate to incorporate strategies or treatments from other disciplines.

Creating an integrative health care core curriculum that could be used in all schools was a high priority among meeting participants. Everyone agreed that there is a need to develop educational resources that schools can use to support faculty and prepare students to interact with more knowledge and understanding of the various health care professions. Again, examples were provided and it was suggested that a web-based course and resources could be made available through a national effort. It seems to me that most of our midwifery schools are located in communities where we could join with others to create local projects, even courses that could be co-taught, to introduce the concept of integrative health care, identify resources, and cultivate consultation and referral networks. Taking the lead on a project like this could increase our visibility as well as reposition us in the larger integrative health care context rather than the usual midwife vs obstetricians dynamic.

Sonia Ochoa and I were honored to represent MEAC in this historic meeting and we wish to thank the conference organizers who provided partial scholarships and MEAC for underwriting travel with help from MANA, NARM, and CFM. We'd like to acknowledge the important role that Morgan Martin played in pre-conference planning and express our regrets that she wasn't able to attend due to a family health crisis. Sonia also worked on pre-conference planning, attending meetings and preparing documents. I contributed materials used in poster presentations and the conference handbook to describe direct-entry midwifery. Please contact me at jciecko@comcast.net if you'd like more information.

4 Institute of Medicine, Committee on the Use of Complementary and Alternative Medicine by the American Public (2005) *Complementary and Alternative Medicine in the United States*. National Academies Press, Washington, DC. Available at <http://www.nap.edu/catalog/11182.html>.

5 White House Commission on Complementary and Alternative Medicine Policy (2002) *Final Report*. Available at <http://www.whccamp.hhs.gov/finalreport.html>

6 National Center for Complementary and Alternative Medicine, National Institute of Health (established in 1998) More information at <http://nccam.nih.gov/>

7 Consortium of Academic Health Centers for Integrative Medicine (established in 2002) More information at <http://www.imconsortium.org/html/about.php>.

From the MEAC Office

Dear Schools of Midwives,

This is Mary Ann Baul at the MEAC office (Midwifery Education Accreditation Council). Congratulations to you all for the hard work that you do to educate midwives! I have been a licensed home birth midwife for 23 years, and my special passion is to help our future grandchildren find good midwives. Because of this, I welcome aspiring midwives in my practice. I receive much more than I give when I work with wonderful, dedicated students who love learning midwifery. And in 1996 the MEAC Board hired me to serve as Executive Director, and MEAC accreditation became a big part of my life.

How do I describe in a few words who we are and what we do? Our mission is to establish standards for the

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Direct-Entry Midwifery Education Programs in the United States

Program Name	Length of Program	Type of Program	Degrees awarded	MEAC Accredited	financial Aid available	Title IV available	Scholarship available	Cost	INS approval for foreign stu
Bastyr University Kenmore, WA bastyr.edu (425)602-3130	5 yr	Naturopathic Medical School with optional midwifery program	yes	yes	yes	yes	yes	\$292/quarter credit hour	yes
Miami Dade College Miami, FL .mdc.edu (305)237-4234	3yr	Midwifery program within a community college	yes	yes	yes				
Birthingway College of Midwifery Portland, OR birthingway.edu (503)760-3131	3yr	On site private school.	yes	yes	yes	no		\$399/semester credit hour \$31,755 for 3 yr program	no
Birthwise Midwifery School Bridgton, Maine birthwisemidwifery.org (207)647-5968	3yr	On site private school. Traditional and condensed academic program available.	Certificate	yes	yes	yes		\$250 per semester credit hour \$23,000 for 3 yr program	yes
Florida School of Traditional Midwifery Gainesville FL midwiferyschool.org (352)338-0766	3yr	On site private school. Commuter friendly 3 yr program leading to Florida License.	Certificate	yes	no	yes		\$210/semester credit hour \$19,110 for 3 yr program	no
Maternidad La Luz El Paso, TX maternidadlaluz.com (915)532-7127	13 mos, 3 yrs. or short term	Active birth center with integrated clinical/academic components	Certificate	13+ mo programs	no	yes		\$5500 for one year program	no
Midwives College of Utah Orem UT midwifery.edu (801)764-9068	variable	Student studies independently but must have approved preceptor in her community	yes	yes	no			\$115/ credit hour \$4-16,000 depending on degree/cert	
National College of Midwifery Taos, NM midwiferycollege.org (505)758-8914	3 yr	College without walls. Student studies independently but must have approved preceptor in her community	yes	yes	no			\$3150 adm. Fee + preceptor fees	
Seattle Midwifery School Seattle, WA seattlemidwifery.org (800)747-9433	3 yr	Low residency, computer based curriculum. Monthly classroom hours in Seattle.	Certificate	yes	yes	no		\$238/quarter credit hour \$32,130 for 3 yr program	yes
National Midwifery Institute Bristol, VT nationalmidwiferyinstitute.com (802)453-3332	3 yr	Student studies independently but must have approved preceptor in her community.	Certificate	yes	no			\$12,000 for 3 year program	

Program Name	Length of Program	Type of Program	Degrees awarded	MEAC Accredited	Title IV financial Aid available	Scholarship available	Cost	INS approval foreign stu
Agape School of Midwifery and Health Sciences Ft. Meyers, FL mannaschoolofmidwifery.org (239)693-5533	3 yr	On site classroom.	Certificate	no	no	no	\$18,000 for 3 yr program	no
Casa de Nacimiento El Paso, TX casamidwifery.com (915)533-4931	1 wk- 3 mo	Clinical learning only.		no	no	no	\$3,000/ 3 mos	
Assoc. of Texas Midwives Tyler, TX (903)877-2746	18 mos. min.	Self-paced study modules with 6 on-site workshops	Certificate	no	no		\$3000 for 18 mo program	
Hands-On Workshops Center for Midwifery Rancho Cordova, CA howsmidwif.com (209)983-0870	1 yr	Combination classroom and self-study components.	Certificate	no	no	no	\$3,500 for one year program	
The Art of Midwifery Media, PA (610)892-0402	2 yr	21 days of on site seminars.		no	no			
International School of Traditional Midwifery Ashland OR globalmidwives.org (541)488-8254	4 yr	2 years of on site classroom (8 hrs/wk) followed by a preceptorship	Certificate	no	no	no	\$12,000 for 4 year program	
Farm Midwifery Workshops Summertown, TN (931)964-2293	1 wk	On site, intensive one week midwife assistant workshops	no	no	no			
Heaven and Earth Wellness Center Tiverton, RI (978)466-1956	1 yr	On site workshops meet one weekend per month. 4 modules of independent academic study.	Certificate	no	no		\$2,363 for one year program	
WomanCraft Midwifery Program Amherst, MA womancraft.org (413)253-3100	2 yr	On site classroom with self-study component	Certificate	no	no	yes	\$2250 for 2 year program	

From the MEAC Office

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education of competent midwives, and to provide a process for self-evaluation and peer evaluation for diverse educational programs. We accredit both institutions and programs in midwifery, including institutions that offer a component of the midwifery curriculum via distance education. There are



Mary Ann Baul and Jessica Burgett hard at work at MEAC headquarters.

currently ten institutions or programs that are accredited or pre-accredited by MEAC. I am honored to serve this agency, whose Board of Directors are talented, intelligent, dynamic women with a strong commitment to midwifery education.

I want to introduce you to Jessica Burgett, MEAC's administrative assistant. She started working at MEAC in 2002, after being influenced by Robbie Davis Floyd to become an aspiring midwife. She and I both work part-time at the MEAC office. Jessica is going to nursing school and plans on becoming a licensed midwife and a nurse-practitioner in the future. She is responsible for communications, scheduling, mailings, bookkeeping, financial reports, incoming phone calls, filing, troubleshooting the computers, and generally assisting with all aspects of running the MEAC office. She is an avid midwifery supporter and an excellent student of midwifery.

I believe more midwives are needed to provide the special kind of care and philosophy that empowers women and families to give birth naturally. I also believe that the midwifery model of care ultimately affects how family ties are strengthened. Strong families help create a better world. Midwives can help.

We all agree that midwives must have excellent training in order to be fully prepared to care for women and babies, and that midwifery education programs should reflect the unique components and philosophy of the Midwives Model of Care.

What is accreditation, really? Accreditation is both a *status* and a *process*. As a status, accreditation gives public notice that a school meets standards of quality set forth by an accrediting agency. As a process, accreditation reflects the fact that in achieving recognition by the accrediting agency, the school is committed to self study and external review by its peers, and seeks not only to meet standards but to *continuously find ways to enhance the quality of education and training it provides*.

More and more students are looking for midwifery education through structured programs or schools rather than through individual apprenticeships. The number of enrollments in MEAC schools has grown from 291 in 2001 to

396 in 2004. The number of graduates coming from accredited schools has risen every year since 2001 compared to other routes of entry. In 2004, there were 66 MEAC school applicants that took the NARM exam, 26 applicants from non-MEAC schools, and 43 applicants who were totally apprentice trained. The number of non-MEAC graduates has grown steadily as well, from 12 in 2001 to 26 in 2004. However, the number of apprentice-trained candidates taking the NARM exam has decreased from 78 in 2001 to 43 in 2004.

When I got involved in MEAC my head was reeling with all the accreditation terminology and regulatory processes required by the U.S. Department of Education. However, after several years I learned that accreditation works—and schools value the accreditation process, even though it is a lot of hard labor!

MEAC accreditation offers a process that can be used as a guide by schools in evaluating their present program and enhancing the quality of education they provide. Schools applying for accreditation say that the process offers a unique professional development opportunity for school staff and faculty. Accreditation is an expression of confidence in the educational program, the policies, and the procedures of the school by its peers. It also brings the school special recognition and status in certain states, including eligibility to apply to participate in federal student loan programs. The U.S. Secretary of Education has approved MEAC as a nationally recognized accrediting agency.

Aspiring midwives want to know that a midwifery education program has set objectives for students who enroll, has provided services that enable these students to meet those objectives, and can in fact show that students have benefited from the learning experiences provided. Accreditation provides a reliable indicator of educational quality to the public, because the school adheres to established criteria, policies, and standards.

Accredited schools benefit students, giving assurance that the program covers necessary topics and skills, that the faculty is qualified, that the program is stable and financially sound, and that the program portrays itself honestly in its literature. Students also benefit from the prestige of graduating from an accredited program.

MEAC accreditation is founded on the philosophy that accreditation is an advocacy process that helps midwifery programs evaluate themselves according to their own goals. MEAC Board members and staff advocate for and provide technical assistance to the applicant schools to achieve a high quality program that meets MEAC Standards. Accreditation is a non-governmental peer-review process in which the integrity of a school and its administration/faculty/students are essential. It works most effectively when there is common agreement that the main process is to ensure soundness and quality in the practice of midwifery education.

Recently, MEAC revised its by-laws to create a membership organization that includes all accredited and pre-accredited schools as members. We look forward to more participation from the schools, not only for elections of Board members, but also for feedback on by-laws, standards, and policies.

The MEAC board welcomes Heidi Fillmore Patrick as the facilitator of the Outreach to Educator's project, through which this newsletter comes to you. Heidi has asked me to write a regular column. I hope to communicate with you about issues, changes, and updates within the midwifery community that affect midwifery education and accreditation. Next month, I'll write about our ongoing challenges. I'll be looking for your feedback.

Sincerely,
Mary Ann Baul

Voices of Our Alumni

By Lynn Hughes
Academic Director, Seattle Midwifery School

An outstanding student in her class, Traci Palagi, LM, CPM, graduated from Seattle Midwifery School at the end of 2002. Traci was a member of the first SMS class to be part of our “low residency program,” which brings students together in Seattle for an intensive “onsite” week once each month followed by three weeks working online and completing clinical requirements in their home community.

Traci came to midwifery like many of us, having been transformed through her own birth experiences. When she began school, her children were 4 and 6 years old. Her husband worked as a house painter and, like so many partners of midwifery students, helped see Traci through the challenges of midwifery school and the intensive clinical requirements needed here in Washington. To sit for the Washington exam, a graduate is required to attend at least 100 births.



Traci Palagi, Graduate of Seattle Midwifery School

During Traci’s senior year at SMS, she worked with SMS preceptors, Heike Doyle, LM, CPM, and Ali Toperosky, LM, CPM (also SMS graduates), in their home birth and birth center practice, Eastside Midwives. Heike and Ali found Traci to be a natural fit in their growing practice and offered her the opportunity to work for them when she graduated.

After passing the Washington exam and acquiring her LM and CPM, Traci began working with Heike and Ali. By the end of 2003, Traci’s knowledge and experience grew and she became a preceptor herself.

Traci has attended over 280 births—140 since she graduated. She has been a preceptor for 6 SMS students. Active on the political scene, Traci has become co-chair of the Midwives Association of Washington State (MAWS) Quality Management Program and serves on the MAWS Board of Directors. Her volunteer hours are focused on running the Peer Review Program. Most recently, Traci agreed to share her growing body of skills and expertise with more midwifery students by teaching the SMS Midwifery Care 1 course this fall.

On the Puget Sound Birth Center website Traci shares, “As a midwife, it is my job to provide not only competent and attentive care, but also a relaxed environment where conversations can take place . . . I’m thrilled to be a part of the midwifery care provided at Puget Sound Birth Center because it allows me to do what I love to do: support women through the childbearing year with compassion, honesty, and respect.”

A Ten Year Plan

by Sue Baelen,
a student at the National Midwifery Institute

I discovered midwifery when I was in college. I had chosen to go to an engineering school in upstate New York, but didn’t realize until I got there that I had just entered a world where I was grossly outnumbered by men worshipping technocracy. My response seemed completely logical to me: I sought out something that was woman-focused and didn’t rely on a technological edge. I fell in love with the concept of traditional birth. I read midwifery books, visited birth homes, and knew in my heart that I would become a midwife someday.

I moved across the country to San Francisco and started working for the NAMES Project – the sponsors of the AIDS Memorial Quilt. It was the late ‘80s and the city was being devastated. Every week there were pages and pages of obituaries in the neighborhood paper, and soon some of the people I had just met were dying. Working amidst all that grief, combined with the hormonal push of turning 30 and suddenly I didn’t just want to become a mother, I needed to become a mother. Right away.

So there I was, living a vision from a decade ago. My sweetie and I started looking for a midwife to help us have our baby at home. All roads seemed to lead to the same name. As I called people, over and over they all said, “I can’t do it, but you should call Shannon, she’s starting out on her own, but she’s great.”

So I spoke to this amazing woman named Shannon Anton and we practically hired her over the phone. The pregnancy had its ups and downs, but the birth was magical and transformational, convincing me that all those years of knowing were absolutely right. Now I would start my own journey to become a midwife. Well, except for that one detail of having a little baby to take care of, and that thing about needing to earn money.

I decided that I would take it slowly. I jokingly began to use the phrase, “my 10 year plan,” so that I wouldn’t get discouraged when things weren’t happening faster – or when I was amidst lots of fast-moving motivated young women who knew what they wanted and didn’t seem to have quite as many contingencies attached to their plans. Shannon started running a small study group on Thursday nights in her basement. It was an amazing place to be allowed to go to: birth stories and body systems, chemistry, biology, sympathy, caring and warmth. I was in heaven, but I still couldn’t figure out how to make it all come together.

I decided that I was relying on Shannon too heavily and that I needed to learn from others, so I began taking classes with another amazing midwife/teacher in the area – Ann Fuller. She opened up lots of doors for me and introduced me to things that would totally redefine my outlook and myself. Then I took it all and went back to Shannon’s study group. Four or five years had passed since my daughter was born, but I was still on my 10 year plan. (At my full-time job as an advertising account executive, we encouraged 5 year strategic plans, but a 10 year plan was seen as unrealistic. Who could plan that far in advance, much less carry it out?) A little more time passed and I took Elizabeth Davis’ Hearts and Hands classes.

I subscribed to Midwifery Today; I started going to local midwifery conferences and joined both MANA and the

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California Association of Midwives (CAM). I started doing some work with the local CAM chapter and soon started working for the state-wide organization — work that I'm still doing.

I felt that all my work was preparing me to become a midwife from the inside out. I was slowly transforming myself and getting a basic level of knowledge that would make me valuable to a senior midwife with whom I would eventually apprentice. Then something remarkable happened. I lost my job in the dot com bust, and started to get impatient about becoming a midwife. Ten years was ticking away and I had to get busy soon!

I asked Leah Redwood, a midwife in my area, if she would take me on and she said, "not yet." I waited 9 months and asked again and the answer was still, "not yet." I tried to bribe her with food, service, compliments, etc. Finally, over lunch in a neighborhood bistro she said she would consider it. A few months later visions were discussed, agreements were drafted and signed, and I was an apprentice. It was year number 7.

Apprenticing is not only a lesson in midwifery, but also in humility. I went from managing multi-million dollar advertising budgets, managing a staff of 10, being the one in the know, to sitting quietly in the corner and asking directions at every step. I became the copier girl, the beverage getter, the pee-cup emptier. But every moment was valuable and filled with opportunities to learn.

Part of me wanted to stay an apprentice forever. It's the ideal combination of so many forces: being surrounded by birth and wonderful, juicy, vulnerable women, but not being solely responsible for anything. It was big thrills with the comfort of a safety net. But it's not something that can healthily last forever. I needed to pursue my license and lo and behold Shannon was making that possible too. She had formalized that little study group from years ago and, along with Elizabeth Davis, had turned it into a distance learning program. Leah helped develop it as one of the first students. Now it had achieved MEAC accreditation and California recognized it as a valid means to become a Licensed Midwife in the state. Year number 8.

Two more years of apprenticeship and studying and it's now year number 10. I just sat the NARM exam last week and I expect to finish the coursework from the National Midwifery Institute in the fall. I hope that I will get my LM before the end of the year — completing one ten-year plan and humbly beginning another. Enrolling in NMI held many unanticipated gifts. Suddenly I was presented with an organized — though customizable — approach to studying. It was a wonderful complement to my apprenticeship. Whenever a topic came up with a client or birth: gestational diabetes, hematoma, newborn jaundice, breastfeeding concerns, I had a resource to not only inform myself, but a context to help me organize my thoughts about the subject. NMI also introduced me to other women in the area who were going through the same process (though most of them were going a little faster than the 10 year thing). I realized this was my peer group forming — the women I would eventually depend on for backup, assistance, and partnering — and here we were, starting with a self-run study group. It was a great sense of community developing even though our official campus was 3,000 miles away.

In addition, NMI helped me establish a process to document my experience, keep track of practical skills, develop protocols, maneuver through the world of certification and licensure, and keep track of changes in my state legislation. I'd still be dazed and confused without Shannon and Elizabeth.

You are assisting at someone's birth. Do good without show or fuss.

Facilitate what is happening rather than what you think ought to be happening.

You must take the leap, leap so that the mother is helped yet still free and in charge. When the baby is born, the mother will rightly say: We did it ourselves.

◆ *from Tao Te Ching*

Book Review: **Holistic Midwifery Volume II**

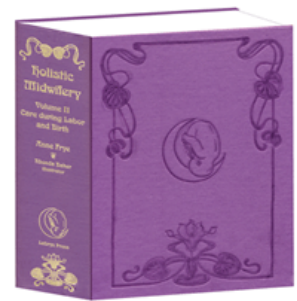
By Heidi Fillmore-Patrick

It became obvious to me fairly quickly when sifting through Anne Frye's new tome, Holistic Midwifery Volume II: Care during Labor and Birth, what an incredible compilation of scientific research and midwifery wisdom is meticulously woven between those purple covers. As with all her books, Anne's painstaking attention to detail is ever present and exhaustive if not exhausting. In this one volume she has included the most detailed description of the mechanics and physiology of birth in all its forms that I have seen anywhere, anatomy and physiology of the baby as it relates to the birth process, practical and holistic midwifery management of normal labor and birth, management of the variations and complications of birth, instructions on performing specific skills in labor, assessment of the newborn, and immediate newborn complications. This is an ambitious undertaking for any one volume, but Anne does not spare any details in this 1400 page book.

As an educator, looking through textbooks for the perfect one has become a perennial activity. Certainly there is a book out there that can replace 2 or 3 others we are using, or that is perfectly relevant to the direct-entry, out-of-hospital midwife?! Holistic Midwifery, Volume II is one that I can say has the potential for doing both. Anne Frye has done her research and managed to coalate a vast body of knowledge about labor, birth and babies perfectly tailored to the post-modern midwife that Robbie Davis Floyd describes. That is unique among birth textbooks.

There are four main components of this book:

- 1) The first 242 pages are devoted to the physiology of labor and birth, comparable to Human Labor and Birth by Oxorn and Foote but with a new perspective and much more narrative information explaining the whys and making the information useful to birthworkers. The accompanying illustrations are excellent.



2) This comprehensive section encompasses most of what an out-of-hospital midwife needs to know during a labor and birth, from what equipment to bring, monitoring mother and baby, assessing the progress of labor, supporting the woman, to understanding and managing third stage. This is information not found in one place in any other source and again no topic is overlooked. This section includes a large collection of “touch pictures”—what one might expect to feel presenting through a dilated cervix on vaginal exam with the baby in every conceivable presentation. Also included here is a section on waterbirth logistics with the modified APGAR scoring system and 100 pages of labor and birth skill instructions.

3) She has written 300 pages of information on and clear management options for the variations and complication of labor and birth. Again, no more piecing together of information from many sources, none of which are totally appropriate to the direct-entry midwives setting and scope of practice. This book combines modern obstetrical knowledge with the age-old and current wisdom of midwives to make a truly useful text.

4) The final component of this book focuses on the newborn: normal physiology, assessment and complications that need to be dealt with in the transition period. The chapter on respiratory distress is better than anything I have read. I believe this information on newborns could be moved to another volume and reduce this volume by 500 pages, but none-the-less, this information is thorough and 100% relevant to our students.

Holistic Midwifery Vol. II is generally well referenced with an earnest attempt to be evidence-based when possible. The index seems thorough and cross-referenced (it's 75 pages long) which is critical when students are using it. Anne writes that a lot of her research was done in older obstetrical texts, before reliance on modern birth technologies made knowledge of normal physiologic birth irrelevant to Obstetricians. In a way, this volume has the feel (and look) of an antique obstetrical text with a feminine, holistic and compassionate flavor.

If this book were to be improved, the most significant changes I would recommend would be to make it more user-friendly and attractive. From its size (yes, my baby scale tells me she weighs in at 7 pounds 2 ounces), to the formatting and organization, I can hear my students complaining already. This book has the potential of attracting attention in a wider circle than direct-entry midwives and some sprucing up could really help to make that happen.

Clear numbered chapter headings with headers on each page to orient the user to where she is, more headings and subheadings for easier navigation, chapter introductions to orient the reader and summaries to emphasize the most important points, the addition of photos and variation in layout to make the text less dense.... All these could broaden its appeal and the impact it has the potential to have.

Thank you, thank you Anne Frye for this astounding work. All direct-entry midwives, midwifery students and apprentices depend on your books to provide the appropriate context for their study. Books like this one are critical if we are to sustain and increase the body of knowledge that midwives hold.

Florida School of Traditional Midwifery's Birth Center of Gainesville is Honored With The Johnson & Johnson Community Health Care Grant

By Jana Borino, EMBRACE Executive Director



The Florida School of Traditional Midwifery (FSTM) accepted its first class of midwifery students in January of 1995. Since that time FSTM has experienced extraordinary growth. I would like to share the broad brush strokes of our story.

In 2002 a private donor sponsored midwifery education scholarships because he wanted to see midwifery grow. This created an environment of stability that the Florida School of traditional Midwifery had not experienced before.

In 2003 FSTM purchased the Birth Center of Gainesville which is the oldest birth center of the east coast of the United States and has assisted families to deliver over 1900 babies. The BCG was founded by the same community of women who had founded FSTM and through the merger in many ways, the birth center had come home.

In 2004 FSTM purchased the historic Howard-Kelley house, a gloriously beautiful 125-year-old Victorian mansion in downtown Gainesville to be the permanent home to the midwifery school and birth center.

In March of 2005 the Johnson & Johnson Foundation, in partnership with the Johns Hopkins Bloomberg School of Public Health, chose FSTM's Birth Center of Gainesville as a 2005/2006 Johnson & Johnson Community Health Care Grant recipient. The grant provides \$150,000 over two years to fund the EMBRACE project.

The EMBRACE project provides free classes and counseling services to the community while conducting a public awareness & outreach campaign to support these services. This grant employs a full-time social worker, a half-time community outreach and education coordinator, and instructors to provide free classes to the general public on three topics: Early Childbirth Education; Total Woman: Mind, Body Spirit which is a gem of a course targeting teen women and covers topics such as Values Clarification, Boundaries, Woman's Cycles and Communication; and New Futures: Teen Childbirth Education which is a 10 class series with the first classes offered during early pregnancy and the last two after the baby is in mom's arms. Each class has a generous food

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budget that allows us to teach healthy nutrition through example and experience. The Birth Center already offers free classes on nutrition and exercise. All of the classes are offered in a relaxed and beautiful atmosphere where participants are treated with dignity and respect.

The three partnering agencies of the EMBRACE project are the Alachua County Health Department, Pleasant Place Inc., (a residential program for foster teens who are pregnant or parenting) and the Birth Center of Gainesville. The grant was written by a collective consisting of a member from each partnering organization facilitated by Mattie Gallagher, a FSTM midwifery student who is a part time employee of FSTM. Midwifery students and interns are participating in the EMBRACE project through supportive roles where they learn first hand of the public health impact that midwifery has in our culture.

We are honored to have been given the opportunity to serve the larger community through the EMBRACE project. Thank you to Johnson & Johnson for sharing our vision of a healthier future through education and support of women and growing families through the EMBRACE Community Center. The EMBRACE project is Educating Moms: Believing, Realizing and Changing Everyday.

About the Johnson & Johnson Community Health Care Awards...

Each year eight grants are awarded to health, education and human services organizations that develop innovative health care programs for medically underserved communities. In partnership with Johns Hopkins Bloomberg School of Public Health, the Johnson & Johnson Community Health Care program has awarded funding to more than 100 pioneering organizations throughout its 17-year history. The program is fully underwritten by the Johnson & Johnson family of company funds and is part of the Johnson & Johnson HELPING THE HANDS THAT HEAL initiative. HELPING THE HANDS THAT HEAL consists of an array of programs that honor, celebrate and support the individuals and organizations that dedicate themselves to mending lives touched by the cruel consequences of poverty and ill health. The Birth Center is known for its charitable, high quality and individualized services. Over two decades of experience working with the community and committed partnerships, provide the Birth Center of Gainesville and the Florida School of Traditional Midwifery with ample capacity to fulfill the new initiatives and goals of project EMBRACE.

Proposal to Start a Case-Study Bank

I am interested in sharing case-based study questions. Would anyone else like to build a large pool of educational case stories with questions inserted along the way? I know we all enjoy different degrees of regulation, scope, consultative/referral relationships etc, which color what we teach in regard to clinical management. None the less, I imagine a pool of this sort might be useful for a variety of teaching/learning points. Maybe someone could house it on their web site or in some other way let it grow and make it

available. I'll make one up as an example of the kind of thing I imagine. The "answers" would need to be included to make the picture clear to the educators.

Mary Poppins is a 31 year old pregnant woman in your practice. She calls reporting itchy skin.

What subjective information do you need to make a diagnosis or to determine if referral to an OB is indicated?

You find out that this is her third child and that she is 39 weeks pregnant. She reports the first appearance of reddish, itchy bumps on her belly a few days ago. She says they are spreading to her thighs. She says she feels otherwise "perfectly well".

What objective information would be helpful in determining what is going on with Ms. Poppins?

After examining Mary and her rash, you plan to do which of the following and why?

- consult with an MD
- collect a blood sample for lab analysis
- refer her out of your practice
- continue regular prenatal care
- collect a urine sample for lab analysis

What condition(s) present with itchy skin in a pregnant woman?

What, if any lab tests might be helpful in definitively determining what is going on with Mary's itchy skin?

What is the evidence for risk to babies in mothers with itchy skin? Etc, etc

Thanks,
Morgan Martin, Bastyr University
mmartin@bastyr.edu

Midwife Job Opening

Part-time midwife needed at The Birth Center of Gainesville:

- Must be excited about the development and promotion of midwifery in the U.S.
- Must have a positive attitude and "people skills."
- Salary negotiable.

The Birth Center of Gainesville is the oldest Birth Center on the East coast of the United States. BCG was recently honored with the Johnson & Johnson Community Health Care Award and is located in the historic Howard-Kelley house. We are growing rapidly! Come join our team.

Send resumes to Hank@MidwiferySchool.org or fax to 352-338-2013.

Questions? Call Jana at 352-246-3142.

Did you hear about the midwife who had three women in labor at the same time that she was trying to celebrate her 50th birthday? She was having a midwife crisis!