

Giving Birth to Midwives



A Forum for Midwifery Educators

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MIDWIFERY EDUCATION IN A MULTI-CULTURAL ENVIRONMENT

By Justine Clegg, MS, LM, CPM

Miami Dade College Midwifery Program Director

Walk around Miami Dade College Medical Center Campus for 10 minutes and you'll hear Spanish, Haitian Creole and English. Spend the morning and you're likely to hear French, Farsi, Patois, Portuguese, German, Russian, Japanese, Vietnamese, English with many different accents and a language unique to our area – Spanglish. You'll see people in burkas, saris, turbans, caftans, and colorful knit caps bulging with dreadlocks. Miami Dade County is a multi-cultural learning lab. Midwifery is practiced among women of many different ethnic groups, in rural, urban, suburban, inner city and migrant camp settings, from the undocumented immigrants struggling to pay for Paps to the wealthy having homebirths in their waterfront mansions.



Incoming class of 2007 at Miami Dade's Midwifery Program

Because our midwifery program is housed in a community college which is part of the state system, we admit students from various ethnicities who couldn't afford nurse-midwifery programs or private vocational midwifery schools that don't offer financial aid. When they graduate they can go back into their communities and give culturally competent midwifery care to ethnic populations, providing education and guidance to promote healthy lifestyles that have far-reaching impact on a family's wellbeing.

Whereas every woman is an individual whose beliefs, attitudes and reactions are determined by her own personal experiences, she is also a member of one or more cultures that influence her beliefs, behaviors and expectations. The influencing cultures may be ethnicity, nationality, race, religious affiliation, profession, political identity, lifestyle, and so forth. Especially for first-time mothers, conflict between cultures of origin and those chosen in adulthood may influence her. Although we must teach students to care for clients individually and not as stereotypical representatives of their particular culture, the midwife must be aware of individual cultures and how they can affect women and their families.

Cultural prejudice is attaching a value judgment to a cultural norm that is different from one's own. For example, deciding that the Asian client who looks at the floor when answering the midwife's questions is lying, not knowing that the woman's behavior is a sign of respect.

Cultural sensitivity means being aware of different cultures and understanding behaviors and attitudes that we view as

acceptable or rude may have a different or even contradictory interpretation in another culture. For instance, the aunts and mother who accompany the Hispanic client to interview the midwife are protecting her and making sure she gets good care. This is a loving supportive family from the client's point of view. Because the midwife understands this, she answers their questions respectfully and thanks them for their caring, instead of judging them as meddling.

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Midwifery Education . . .

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Cultural competence means being fluent in different cultural beliefs and behaviors. The culturally competent midwife is aware of the customs of many cultures, is quick to pick up cues to appropriate behaviors and knows when she needs to ask and learn to be culturally respectful. She knows the orthodox Jewish father who prays in the next room while his wife gives birth loves her and their baby just as much as the paramedic who catches his baby while the midwife assists. When she finds a shelf by the door of the client's home with the family's shoes on it she removes her shoes before entering. She knows it's important to find a woman OB as backup for her Muslim client. She advises her anemic Seventh Day Adventist client about herbal and vegetable sources of iron.

One framework for examining cultural characteristics is comparing "high context" and "low context" cultures and understanding these cultural influences in attitudes and beliefs such as personal independence vs. reliance on family, time vs. process orientation, the value of possessions vs. relationships, cooperation vs. competition, living in harmony with nature vs. exploiting nature, who to go to with problems. For example: people from high context cultures tend to use a medical professional; low context cultures will turn to the grandmother, and if her herbal remedies don't work she will send you to the doctor.

In addition to the learning that takes place when students from many cultures are in class together, we infuse our curriculum with cultural awareness. In our midwifery class we end the first semester with "Culture Day." Each student chooses a culture she knows about personally and reports on what her classmates need to be aware of to give culturally competent care to someone from that group. "Culture" may refer to ethnicity, race, country of origin, religion or lifestyle (example: bikers, Rainbow people, lesbian clients). Content includes the role of women, expectations of fathers, children, other family members, beliefs and taboos of childbearing, family planning, food and diet, support systems, decision making (who makes the family's health care decisions), the role of midwife and doctor, the use of religion and "alternative" modalities in health care.

We examine the differences in ethnic groupings such as Hispanics: from Central American migrant workers to affluent YUCAs (young upscale Cuban-Americans). Students discover cross-cultural commonalities as well as differences. One student reported, "In my culture, we use Vicks Vap-O-Rub for everything that's wrong with you." Her classmate shouted out, "So do we!" Understanding builds bonding between students and prepares them for clinical experiences. We end Culture Day by sharing food each student has brought representative of her cultural group.

Our midwifery students go into public health clinics throughout South Florida and help provide culturally sensitive care. They are sought after because they can translate for the clients; like the mother of a toddler they interpret the doctor's instructions to the client and explain the client's needs to the doctor. They can give childbirth classes, educational handouts and consent forms in the clients' native languages. They come back to class with stories of cultural ignorance, for

example the American doctor in the clinic in Homestead who told the pregnant migrant worker that her ultrasound showed her baby was a dwarf because he didn't know Hispanics of Mayan descent have a genetic tendency toward short femurs. Teaching students from various cultural backgrounds presents challenges. Many of our students have not been educated in typical middle class American classrooms. Some did not speak English in the home, some have parents who can't read or write. These students need help with basic writing and grammar, tenses, singulars and plurals, nouns and verbs. We also need to be more flexible by understanding that the student's culturally competent educational handouts may not be written to our literacy expectations but may better meet the needs of their clients.

Cultural competency includes midwifery faculty and instructors who know how to effectively teach students of varied ethnicities. These students are concrete learners. They learn theory best when the abstract concepts are related to specific examples in case management and hands-on practical application. Small group projects, simulated role play and return demonstration methods are helpful.

Our ethnically diverse students know midwifery and can practice critical thinking and problem solving safely in the clinical setting but have difficulty with the kind of higher order multiple choice questions that are prevalent in the NARM exam. They typically earn lower scores than our students from middle-class American backgrounds.

Cultural competency is a challenge for midwifery educational programs today and as America becomes more diverse, will continue to challenge us in the future. If the testing tools do not accurately reflect the student's knowledge base and ability to practice safe midwifery, we need to not only look at how to better prepare our students for the national certification examination, we also need to look at how to create exams that accurately assess student learning. As educators, we have a treasure trove of valuable resources to help with these challenges – ourselves!

CLINICAL OPPORTUNITY IN THE DOMINICAN REPUBLIC

Midwife To Be program now has clinical opportunities open at a large hospital in the Dominican Republic. Students will be brought down approximately every 2 months for a 12 day stay. Advanced students will get catches and beginning students will get lots of observations. At this time this project is open to other midwifery students also. Opportunities are available for training local midwives and doctors as well. Practicing midwives are welcome on these trips. There is opportunity to help with a local Christian Church on time off and to visit orphanages. Lodging will be at a Villa on the ocean. Airfare from Miami, transportation, food and lodging are all for the price of \$1000 for the Nov 28 trip. Send for more info and an application.

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ASSOCIATION OF
*Midwifery
Educators*

THE ASSOCIATION OF MIDWIFERY EDUCATORS

Justine Clegg, LM, CPM

The Association of Midwifery Educators is a forum for midwifery teachers, mentors and educators to join together for collaboration and support, for aspiring midwifery students to find information and

guidance, and for supporters of midwifery education to help safeguard the future of midwifery.

Membership gives midwifery educators access to a wealth of information on the various aspects of developing a quality midwifery education program, a bulletin board to discuss current issues in midwifery education with colleagues and all past and current issues of "Giving Birth to Midwives." These newsletters contain information and resources for a wide variety of educational issues from how to write a syllabus to how to assess effective clinical placements. Through this support network, midwifery educators can learn ways to deal with challenges and problems, access information, ideas and resources.

Aspiring midwifery students can use the Directory of Midwifery Education Programs and Workshops to search for a midwifery school that fits their individual needs and answer many of their questions.

Practicing midwives who are looking for midwifery students can register on the Association's website and midwifery programs can help match them with a student, enabling them to provide essential clinical education as well as benefit their practice.

The Association of Midwifery Educators was birthed as a result of the work of the Outreach to Educators Project (OTEP). The Midwifery Education Accreditation Council (MEAC) recognized that a professional association comprised of midwifery educators was needed to support and supplement the accreditation process. In 2005 the MEAC Board of Directors obtained a \$30,000 two-year grant from the Daniels Foundation to start OTEP to meet the needs of existing and aspiring midwifery educational programs. OTEP's mission was "to strengthen the organizational capacities of direct-entry midwifery schools, encourage accreditation, and advance direct-entry midwifery education."

OTEP's coordinator Heidi Fillmore-Patrick, CPM, started by contacting all U.S. midwifery schools and performing a needs assessment. From these identified needs she developed the webpage and the newsletter "Giving Birth to Midwives" written by and for midwifery educators and published three times a year. OTEP had its first meeting in Boulder during the 2005 MANA conference. In order to carry on OTEP's work, the Association of Midwifery Educators (AME) was then formed.

The first membership meeting of AME was held at the MANA conference in Baltimore on October 13, 2006.

AME brings midwifery educators of all kinds together to improve midwifery education, to create a forum for discussing issues relevant to midwifery educators, to build a supportive network for existing schools, and to provide a resource for schools seeking accreditation. New and developing schools can benefit from mentoring, and established schools can share solutions to the challenges presented by the ongoing changes in student populations and the U.S. health care system.

To date, AME has established a four person Board of Directors, a mission statement, by-laws and articles of incorporation. Incorporation papers have been filed in Maine. AME plans to apply for not-for-profit status as a federal 501-c-3 corporation and to diversify and increase the size of its Board.

AME inherits OTEP's stated goals to facilitate avenues of support for direct entry midwifery educators in order to become more excellent educators, share resources, cooperate on common interests, and collaborate to promote midwifery as a profession. Specific task objectives in support of these goals are: (1) To assess the types of support that existing direct-entry midwifery programs may need from a network of their sister schools and to design activities and/or services based on this assessment; (2) To help keep programs connected with each other and current on issues of importance to midwifery educators through the newsletter "Giving Birth to Midwives;" (3) To renovate the MEAC website to make it more attractive and useful to educators, prospective educators, and prospective students; (4) To create attractive and accessible written materials for use by existing or gestating midwifery programs in order to encourage their participation in MEAC accreditation; and (5) To build the foundation for a continuing independent professional organization of direct-entry midwifery educators.

Membership supports the work of AME and includes the newsletter "Giving Birth to Midwives" (published each February, June, and October), listing on the AME website, the right to attend and vote at the annual AME meeting at the MANA conference, to participate in the educators discussion group on the website, and access to guidance and mentoring in the accreditation process. As colleagues of this important trade organization for midwifery educators, members can play an important role in the development process.

You can reach The Association of Midwifery Educators at

24 S. High Street, Bridgton, Maine 04009.

Phone: 207-647-5968.

On the web at:

<http://www.associationofmidwiferyeducators.org>

RECRUITING BOARD MEMBERS for the Association of Midwifery Educators



I hope many of you are already aware that a new professional organization for midwifery educators has been formed and is in its development stages. The organization is called the Association of Midwifery Educators (AME) and is currently applying for 501(c)3 status.

If you are not familiar with AME or want to learn more, please visit our website at www.associationofmidwiferyeducators.org.

Meetings of a charter board have begun and we are looking to recruit another 4 members to the AME board. At our last meeting we outlined some parameters for recruiting new members which include looking for members who:

- *Represent diverse educational models
- *Represent diverse cultural and ethnic backgrounds
- *Represent geographical diversity
- *Serve diverse populations (urban, suburban, inner city, rural)

The board expects to meet by phone conference once a month with one in-person membership meeting per year, possibly coordinated with a national midwifery conference. Our activities currently involve organizational development work, producing the newsletter, "Giving Birth to Midwives", planning joint student recruitment activities, planning professional development activities for members, and launching a grant-funded peer-reviewed research journal for midwives.

If any of these activities are interesting to you, please offer yourself to this new organization by nominating yourself for the board or nominate someone you feel would enjoy this work. To do this, please email Mary Yglesia at maryy@seattlemidwifery.org.

If you cannot serve AME as a board member, consider joining this exciting new organization by going to the web address above and completing membership forms on-line. If you have been receiving "Giving Birth to Midwives", you have received your last free issue, so subscribe today if you want to continue to receive this newsletter.

Thanks for your support and interest!

The AME Board -

Mary Yglesia
Justine Clegg
Cheryl Murfin-Bond
Heidi Fillmore-Patrick

This bulletin is coordinated by the Outreach to Educators Project (OTEP), a project funded by a grant received by the Midwifery Education Accreditation Council (MEAC) from the Daniels Foundation, and the Association of Midwifery Educators (AME). All midwifery educators are invited to contribute to this newsletter. The deadline for submission to the next issue is January 15, 2008. Send articles, letters, calendar items, photos, poetry, cartoons, job openings or other submissions to AME as coordinator@associationofmidwiferyeducators.org or mail to 24 High St., Bridgton, Maine 04009.

HELPING MIDWIFERY STUDENTS WITH RESEARCH

Midwifery students need to engage in research at various stages of their education. Whether they pursue original research or survey the literature on a particular midwifery topic, it is vital that they have the skills to acquire the information they need from a variety of quality resources.

As educators, you may want to consider directing your students to some of these sources designed to help with the research and writing processes. If you have been out of the research loop for a while, you may want to take a look at these as a refresher.

Because not all midwifery schools have their own library professionals, another important resource may be your local public, hospital, or academic librarian. Librarians are there to help and answer your questions, so make use of them!

Books

Entire books about midwifery research are few and far between. Those that do exist tend to come from the UK, so North American readers will need to make note of that.

Rees, C. (2003). ***Introduction to Research for Midwives***. London: Books for Midwives.

A portion of this book discusses how to conduct research; also includes chapters on critiquing research articles, analyzing statistics in research and concludes with a chapter called "Closing the Credibility Gap" about the shortage of midwifery research and what midwives can do to change that.

Cluett, E.R. & Bluff, R (Eds.). (2006). ***Principles and Practice of Research in Midwifery***. New York: Elsevier/Churchill Livingstone.

Includes chapters on both qualitative and quantitative research; detailed information about statistics, including ethics in presenting and using statistics in research, different types of statistics, levels of significance, confidence intervals and much more. Chapters on critiquing the literature and getting from research to practice, with an emphasis on encouraging midwives to publish their research as well as present it at conferences.

Web sites

Survey Tools

Survey tools help collect and analyze data. Most offer a free version with basic features. You can pay fees to get enhanced features. Examples include:

SurveyMonkey.com (<http://www.surveymonkey.com/>) and Zoomerang (<http://info.zoomerang.com/>).

Research Strategies

There are many research tutorials available online, mainly from university and college libraries. Most provide general information, and much of it is applicable to any research

project. These are just two examples – there are lots more out there. Not all of them are good, however! Look for .edu in the web page name to see which ones come from a college or university.

Research 101 from the University of Washington

<http://www.lib.washington.edu/uwill/research101/>

This tutorial includes practice questions and a good overall look at the research process.

Doing Research Tutorial from the University of Illinois at Chicago

<http://www.uic.edu/depts/lib/reference/services/tutorials/DoingResearch.shtml#>

This is a short animated tutorial that allows you to practice putting search terms together and analyze citations.

Writing Help

OWL: The Online Writing Center at Purdue University

<http://owl.english.purdue.edu/owl/>

Online help with all your writing questions – everything from the writing process to grammar and mechanics to research and citation.

The Writing Lab at Purdue

<http://owl.english.purdue.edu/writinglab/topic/owlmail/>

They answer questions from all over the world via email. They do NOT proofread papers, so make sure your question is short, specific and to the point.

Citation Guides

Citation Style Guide from MIT

<http://web.mit.edu/writing/Citation/index.html>

Provides links to several citation style guides, including APA, MLA and CMS. You can also Google any one of the citation styles to find more resources.

IN THE LITERATURE;

Summaries to Peak your Interest

“You will be Tested on This” by David Glenn
Chronicle of Higher Education, June 8, 2007

In this article David Glenn proposes that quizzing is a “uniquely powerful method for implanting facts in students’ memory”. The idea that testing is not just a measure of what a student knows, but is actually part of the learning process—it changes what they know—is not new. The article refers to a study done in the late 1930’s by Herbert Spitzer in Iowa. Spitzer had sixth graders read a factual article and then groups of these students were quizzed on the material at various intervals. On tests given 3 or 9 weeks later, students scored higher if they had been tested within 24 hours after first reading the article. Immediate recall of material learned seemed to enhance retention later on.

Recently researchers at Washington University in St. Louis are again looking into the “testing effect”. The results of their experiments with testing and information retention again show that immediate and frequent testing encourages learning. They went further in their study to determine whether multiple choice vs. short answer tests worked equally well in promoting retention and found short answer to be significantly more successful.

Forcing students to retrieve facts from memory in a timely manner and repeatedly helps students learn. Cramming for one long exam over a large body of material has been proven to be ineffective in terms of long term retention. Moral of the story: give frequent short answer (or long answer would be even better) quizzes to students and test them more than once over the same material if you want them to remember what you taught. These opportunities that force students to retrieve and integrate information do not necessarily need to be in the traditional written test format. In-class active learning activities could work as well or I suspect better in some cases.

“Simulation-Based Learning for Midwives: Background and Pilot Implementation”

by Lathrop, CNM, MSN, Winningham, CNM, MSN, VandeVusse, CNM, PhD
The Journal of Midwifery and Women’s Health, Sept/Oct 2007

This article for midwifery educators examines the value of simulation-based educational methods. On the continuum of “constructivist” didactic methods, simulation has been found to be one of the most valuable in promoting retention, understanding and active use of skills. Simulation-based learning can enhance a standard clinical education by requiring students to manage birth events that are rarely seen during a typical preceptorship and if encountered, are often deferred to the preceptor in order to assure optimum care to the client. Responding to complicated clinical situations or crises challenges the student’s cognitive, psychomotor and affective abilities. Typical clinical sites often do not allow the student to develop her affective skills (ability to assume appropriate roles in a team, manage her stress response, and maintain communication and relationships with others involved), whereas a well constructed simulation exercise can do this effectively.

Other “constructivist” didactic tools often used in midwifery programs are the case study, role play, and part-task trainer, but full-scale simulation goes beyond these in its fidelity to the real-life situation being reproduced. Simulations do the following: Recreate a complex task in its entirety, include all environmental complexities of the task, can reproduce elements of stress among participants, include elements of teamwork and interactions between all players. Simulations take much preparation, orchestration and resources, all which can be barriers to their implementation. However, reproducing an OOH setting and scenario could be much less involved than simulating a hospital environment with many types of clinicians involved.

STANDARD FOUR—THE BASIC NECESSITIES

By Mary Ann Baul



Mary Ann Ball rafting the Colorado River.

I took a 10 day raft trip on the Colorado River through the Grand Canyon last week. I had time to ponder “Facilities, Equipment, Supplies and Other Resources” (MEAC’s Standard 4) as I watched two boatmen and a swamper take care of the needs and safety of 24 people for 10 days in butt naked nature, everything we needed carried in two boats.

The facility one of the most beautiful and rugged on earth—the Grand Canyon with its steep walls, gorgeous waterfalls, and dangerous rapids on the river. But the lack of equipment, supplies and other resources might kill you! You don’t notice how important until it’s all gone, like ice in 105 degree heat. Or dry clothes after a chilling swim in 48 degree water. Or life jackets when you’re pounding through a roaring river.

Facilities, equipment, supplies and other resources are as important as qualified boatmen who understand what to do in an emergency, and as important as the hand washing and river “porta-potty etiquette” to keep all of us healthy.

MEAC Board members worked hard this year to revise and adopt new standards, (including Standard 4, Facilities, equipment, supplies, and other resources,) with the goal to make these benchmarks and documentation straightforward, realistic, and achievable. We did not make many changes to Standard 4 except in the area of clinical sites. The standards were adopted in July 2007 and most schools have until July 2009 to show how they plan to meet them.

We are now asking that schools think about how they are planning to assure sufficient clinical sites for students who are ready for clinical training. Although sufficient high quality clinical sites and experiences can be a challenge for some midwifery schools, I found myself comparing my experiences in the hands of a boat man ferrying us through house-high, unpredictable rapids. I paid for a boatman who had lots of practice; likewise families deserve midwives who have plenty of clinical experience. This standard encourages schools to follow through on their plans for assuring sufficient clinical sites to meet the needs of students who are ready for clinical training. *Let’s discuss among our schools how good clinical sites can be maximized and supported so that our students and preceptors benefit!*

During the MEAC accreditation process you will be asked to complete a clinical *site* table along with a clinical *instructors* table for Standard 3—Faculty. The clinical *site* table will ask the name of each clinical site your students utilize, the location, the number of students this site can accommodate simultaneously, a brief description (hospital, birth center, home birth, other); the types of experiences available (prenatal, birth, well-woman, postpartum, etc), and whether these sites provide students with opportunities for primary care, continuity of care, and estimated number of births PER STUDENT, per month. You will be asked the number of students currently enrolled in your school, the number of students currently working in clinical sites, the number of students currently ready for clinical sites but not working in clinical sites, and the approximate number of students who will be ready to work or already working in clinical

sites one year from now. Hopefully, seeing a snapshot of the organization’s plans for clinical sites will help us think proactively about opportunities for students to receive varied clinical experiences and to finish their education with confidence and readiness, within the school’s timeframes. (Am I an optimist?) I would love to hear schools’ feedback on this.

What hasn’t changed is that MEAC’s Standard 4 requires that the classroom facilities, equipment and supplies meet the needs of students and faculty and meet safety standards. In the old days, accrediting agencies used to count the number of desks available for the students enrolled in classes. They used to count the volumes of textbooks in the library too. Presently, it matters more to accreditors that the students are succeeding on certification exams and that coursework and clinical experiences are provided in safe environments rather than site visitors bean-counting desks and books. In the Self-Evaluation Report you will need to describe your facilities, teaching aids, equipment and supplies used in teaching your curriculum, including the MANA Core Competencies and NARM Skills. The standard assumes that all students, including those taking some of their coursework through distance studies, will have adequate learning resources as they commence their curriculum. Site visitors will tour facilities to observe classroom teaching aids, equipment and supplies as you have described them.

If I were an administrator, I would try to consider from the students’ point of view what they might need in terms of workspace, equipment, supplies, and resources to enable them to work effectively and safely in the classroom setting. What if you have a distance education program? Describe and give examples of methods you use for course instruction and technical support for students and faculty, i.e., how do you support the student’s learning environment at a distance? Site visitors will observe those methods of instruction and support during the site visit. You might walk them through the program as if the site visitors were students themselves.

For *classroom* facilities that are located in public or commercial buildings, you will provide evidence of inspection by local authorities for building and fire safety. For *classroom* facilities

in other places, you will provide evidence of a safety plan, including copies of policies and procedures for infection control precautions, hazardous materials management, and hazardous waste management. The challenge for many schools is requesting the same things from their precious clinical sites —evidence of inspection in commercial buildings, evidence of safety plans in non-commercial settings. At this point, set up a clinical site file. Get your clinical sites to agree and sign that these plans are present. (Clinical site agreements or other documents should verify that the clinical site has policies and procedures that meet federal and state standards for infection control precautions, hazardous waste and materials management.) That's good enough for evidence.

For non-commercial sites—What is a safety plan? Policies and procedures for infection control precautions, hazardous waste and hazardous materials management and consider a predetermined procedure, generally written, to inform people how to respond in an emergency or hazardous situation. Such as: Know all the exits, leave the building through a safe exit, call 911 or have a neighbor do so, meet in a designated place. Your clinical sites in non commercial buildings can also sign an agreement that the policies are on-site and shared with students.

MEAC also asks that every school evaluate its library resources according to the needs of students and faculty. Libraries may house texts and other learning resources that are readily available to students, and may include access to current research literature and databases, internet access, access to Health Science libraries or interlibrary loan, multimedia materials, and journals. MEAC standards require that libraries have, at a minimum, the texts that are on the NARM written Examination Primary and Secondary Reference List. This list can be found in the Candidate Information Bulletin at www.narm.org. In institutional accreditation, a MEAC institution that offers degrees must provide library resources for students and faculty that support advanced scholarship and research—an important change and a common standard for degree granting programs.

Lastly, MEAC's Standard 4 requires that administrative office facilities, equipment and supplies meet the institution's or the program's needs. You should describe the program's administrative office space and equipment, and explain how you determine that this is adequate to meet the school's needs.

MEAC school administrators are generally doing a good job of providing effective facilities, equipment, supplies, and other resources for their classroom and administrative offices. My belief is that more clinical sites are needed, and library resources need ongoing improvement and accessibility for students. As a clinical faculty member of a MEAC accredited program, I appreciate the energy it takes to provide excellent clinical training for student midwives, and to provide the facility, equipment, supplies, and other resources for safe and full range of practice. Thank you to all MEAC educators that work so hard to provide these basic necessities for the hundreds of students enrolled in MEAC accredited schools—supporting future midwives.

Boats caressing the waves, feeling and sliding over the tongue of the roaring current, swinging passengers around, kissing off the rock, plowing through, wet and wild! Ecstasy! Wonder! Humility! Grace! Dancing with awesome power, blessing danger with respect, oh, what a delight it was for my boat to be brought safely to the shore!

A BOLD Achievement

Thousands turn out across the US to see the play "Birth" by Karen Brody

Doula pioneer Penny Simkin, author of classic *The Birth Partner* and other birth-related texts, will turn 70 in 2008. But age didn't stop Simkin from boldly giving birth before an enthusiastic theater audience during the gala performance of the Karen Brody play *Birth* this summer.



Penny Simkin performing in "Birth", a play by Karen Brody

"My body rocks!" Simkin roared just before her imaginary baby shot into the world on stage. As the lights dimmed, the audience jumped to their feet in applause.

Performances of *Birth* are the central element in the international Birth on Labor Day (BOLD) movement which was launched by Brody in 2006. BOLD is global movement to raise awareness about create mother-friendly maternity care through arts events designed to help communities educate themselves, speak the truth about their experience of birth and take action on maternity care issues.

Nearly 80 of performances of Brody's play were staged across the U.S. during the 2007 four-day Labor Day holiday and throughout September. Many of the plays were followed by BOLD Red Tent events, where women gathered under a "red tent" to share their own birth stories. These "testimonials" become part of BOLD's call to key local and national policymakers to improve maternity care in America.

Playwrite Brody wrote *Birth* after interviewing 118 women across America about their birth experiences. The play tells the story of eight of those women, representing the spectrum of experience among low-risk, educated, birthing women in the U.S. today.

Birth and associated BOLD events ask vital question about birth in our country: What do mothers want? What do mothers deserve? What are they getting? And, what is the impact of not getting the care you want or deserve?

"Maternity care today simply isn't mother-friendly," Brody says. "In many communities, pregnant mothers are faced with few options that support low or no-intervention birth choices; in other communities, women feel they went with the standard medical care and were treated poorly. BOLD encourages all people attending performances to learn the truth about childbirth, understand where power lurks in their maternity care system and make informed birth choices."

To learn more about BOLD or to get involved, go to www.birthonlaborday.com.

Want to subscribe to “Giving Birth to Midwives” or become a member of AME?

Please complete the following membership registration form and mail with payment to:
AME 24 S. High St. Bridgton, ME 04009

Name of school or individual: _____

Address: _____

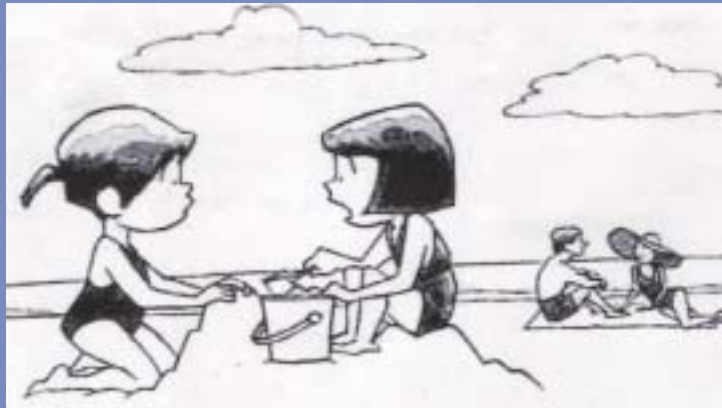
Town, State, Zip: _____

Phone: _____ Email: _____

Relationship to midwifery education: _____

Membership Categories:

- Individual Membership, 45.00/ year
- Institution Membership: small (1-3 employees) 150.00/ year
mid sized (4-12 employees) 200.00/year
large (13+ employees) 300.00/year
- Supporting Member 35.00/year
- Newsletter Only 25.00/year



“I’m never having kids. I hear they take nine months to download.”

Association of Midwifery Educators

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www.associationofmidwiferyeducators.org