

Midwives' Association *of* Washington State



The MAWS eBulletin

Volume 6, Issue 1
January 2013

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Greetings!

Happy New Year and thank you for all of your support in 2012! The MAWS Board is looking forward to a productive year ahead. We are excited to be welcoming an excellent crop of new board members to join our already existing board. [Read more about your board by clicking here.](#)

We really hope that you will clear your schedule to join us in Olympia for Lobby Day this February 8th. Your voice in our state capitol is needed now as much as ever! Visit the website or read below for more information.

This edition of the MAWS e-news includes some of your regular favorites such as the latest research and evidence related to midwifery as well as fun items such as a link to the *Call the Midwife* Holiday TV special. In addition, we continue to bring you resources aimed at our continuing education including workshops and conferences of



interest as well as articles and links on the important topics of equity and inclusivity in the midwifery profession. Read about these topics as they relate to our work today and to our herstory in South Carolina. Check out all this and more!

Don't miss out - print the items you can't sit and read at the computer! And spread the word: the MAWS e-news is available for free to anyone by signing up at our homepage.

Best to you in 2013,

Kristin J. Effland, CPM, LM
MAWS Board of Directors

Planned Hospital Birth Versus Planned Home Birth: Cochrane Database Systematic Review 2012 Olsen O, Clausen JA.

Cochrane Database of Systematic Reviews 2012, Issue 9

Background:

Observational studies of increasingly better quality and in different settings suggest that planned home birth in many places can be as safe as planned hospital birth and with less intervention and fewer complications. This is an update of a Cochrane review first published in 1998.

Objectives:

To assess the effects of planned hospital birth compared with planned home birth in selected low-risk women, assisted by an experienced midwife with collaborative medical back up in case transfer should be necessary.

Authors' conclusions:

There is no strong evidence from randomised trials to favour either planned hospital birth or planned home birth for low-risk pregnant women. However, the trials show that women living in areas where they are not well informed about home birth may welcome ethically well-designed trials that would ensure an informed choice. As the quality of evidence in favour of home birth from observational studies seems to be steadily increasing, it might be as important to prepare a regularly updated systematic review including observational studies as described in the Cochrane Handbook for Systematic Reviews of Interventions as to attempt to set up new randomised controlled trials.

FULL ABSTRACT

*Cochrane Reviews are systematic reviews of primary research in human health care and health policy, and are internationally recognised as the highest standard in [evidence-based health care](#).

Thank You to Our New Associate Members!

We are so grateful for the support of our associate members. Associate memberships help fund the work of MAWS while offering associates a listing in our directory. **Please support our associate members in your area with referrals!**

We hope you'll suggest associate membership to service providers you typically refer your clients to--massage therapists, doulas, childbirth educators, etc. You may [refer them here](#) on our web site.

Northwest Holistic Medicine
Michelle Obertacz, ND, LAc

Sample Postpartum Plan for Clients

As midwives and other Allied Birth Professionals know, a family's "Postpartum Plan" is as important (or maybe more so) than their birth plan.

Mara Acel-Green, a psychotherapist specializing in postpartum depression and other perinatal mood disorders, has created the following form for families to use when choosing who will help them through the enormous changes of the postpartum time.

[SAMPLE POSTPARTUM PLAN](#)

Naturopathic Care, Acupuncture
Seattle WA
[MAWS Directory Profile>](#)
[Website>](#)

Issues of Equity and Inclusivity in the Midwifery Profession

Giving Birth to Midwives Newsletter Oct 2012

"The Association of Midwifery Educators is taking a deep look at ways to address the needs of our sisters of color and the diverse communities we serve. We acknowledge that there is much work to be done on individual and organizational levels to dismantle the systems that have resulted in inequities, and we have committed ourselves and our organization to do this work.

In this issue you will find introspective reports from students, preceptors, educators and organizations, as looking within is where the work begins. We've highlighted personal and organizational accounts of their steps forward, as well as resources for more information as kernels for starting or continuing the conversation for all of us. We are inspired by the work that is already being done in our community in service to mothers and babies, and we are humbled by what has yet to be done so that ALL can have safe and healthy births..."

[READ MORE>](#)

Early Bird Registration for the White Privilege Conference in Seattle this Spring

March 4 is the early registration deadline for the [White Privilege Conference](#) to be held this Spring in Seattle, WA.

*14th Annual White Privilege Conference
The Color of Money: Reclaiming Our Humanity
April 10-13, 2013
Seattle, WA*

[Conference web site](#)

Workshop Proposals for the MANA 2013 Conference DUE January 15!

Save the Date! MAWS Annual Lobby Day Friday, February 8, 2013



Watch for updates, and please plan now to join us in Olympia!

[For more information, click here.](#)

The Persecution and Prosecution of Granny Midwives in SC

They said the mother of their white Christ (blonde, blue-eyed, even in black-headed Spain) could never have been a black woman, because both the color black and the female sex were of the devil. We were evil witches to claim otherwise. We were witches; our word for healers. We brought their children into the world; we cured their sick; we washed and laid out the bodies of their dead. We were far from evil. We helped Life, and they did not like this at all. Whenever they saw our power it made them feel they had none (Walker, 1989: 196).

Alice Walker in *Temple of My Familiar* provides a profound insight as to why African American women and, more specifically healers such as granny midwives, were targeted and persecuted as participants in birthing work and later prosecuted within legislative statutes governing birthing work for noncompliance.

Birthing work is a term I created that encapsulates the art of "catching" or delivering babies. Walker's comments also help to elucidate why physicians made arguments for and lobbied for more restrictive legislative regulation of midwives due to a fear of these "witches" and their association to the devil because they were "the color black" and of "the female sex" (1989: 196). Moreover, Walker pinpoints

**"Birthing Social Change" Conference
Portland, Oregon
October 24-27, 2013**

MANA 2013 Abstracts Submissions are now open! [Submit your abstract](#) by January 15, 2013 to be considered.

For more information, Visit: [MANA Workshop Proposals](#).

**Watch *Call the Midwife*
Holiday Special Online**

[Call the Midwife](#) is a moving and intimate insight into the colorful world of midwifery and family life in 1950's East London. We are introduced to the community through the eyes of young nurse Jenny Lee who came to Nonnatus House to live and work as a midwife alongside an Order of Nuns.

At the heart of this world are the Sisters of St. Raymond Nonnatus who have been active in the East End as Anglican nursing nuns since the beginning of the 20th century.

The Sisters and the midwives of Nonnatus House carry out many nursing duties across the community. However, with between 80 and 100 babies being born each month in Poplar alone, their primary work is to help bring safe childbirth to women in the area and to look after their countless newborns.

[WATCH Call the Midwife Holiday Special online](#)

Call the Midwife aired September 30 - November 4, 2012

[Check Local Listings to see when it's next airing on your PBS station](#)

Tobacco Quitline Available Again

"The Tobacco Quitline (1-800-QUIT-NOW) is once again available to the uninsured and underinsured in Washington State. Anyone who lives in our state is now eligible for at least one call to the quit line.

We have one-year's funding to make the quit line available to people without insurance thanks to the state legislature and the CDC. Since launching in 2001, the quit line has helped more than 160,000

how the respect given to healers made some whites question "power" relations in their communities...

-Excerpt from Alicia Bonaparte's PhD Dissertation on [the Persecution and Prosecution of Granny Midwives in South Carolina, 1900-1940](#)

Upcoming NRP With Marge Mansfield and Terrie Lockridge

Need to renew your NRP? Marge and Terrie will be offering a class on **Tuesday, January 8 from 3 to 7 pm at Center For Birth**. Please [RSVP to Marge](#), and she will send on information on the textbook and online exam that you'll need to complete.

Interested in a Course in Advanced Fetal Monitoring?

A well-respected CNM/attorney will be in the Seattle area January 24-25 offering this two-day training. [Click here for details.](#)

**The Arvigo Techniques of Maya Abdominal Therapy™
Self Care Workshop**

Seattle, WA
February 22, 23, 24
MEAC CEUs: 17
Taught by: Anne Hirsch, CPM, LM, Certified Practitioner and Self Care Teacher

The Arvigo Techniques of Maya Abdominal Therapy™ are centered around ancient Maya healing methods, which reposition organs that have dropped & restricted the flow of blood, lymph, nerve & chi energy. The Arvigo techniques seek to restore the body to its natural balance. For thousands of years, traditional healers and midwives have used this form of massage to treat:

- Infertility
- Endometriosis
- Painful menstruation
- Prolapsed / tilted uterus
- Bladder and yeast infections
- Digestive disorders
- Fibroid tumors
- Pelvic congestion and pain
- To promote pregnancy and aid in labor and birthing

This 3-day workshop is designed for the layperson and prepares the student to

Washington residents. People who call the quit line double their chances of quitting successfully.

Quit line services can include counseling and nicotine replacement therapy, including gum or patches.

For additional information please visit our [Tobacco Quitline Services webpage](#).

To order quit line cards for an office, clinic or program please send the full address and a contact name to:

Joella.pyatt@doh.wa.gov."

perform the massage on him/herself. It covers basic anatomy and physiology of the abdominal and reproductive organs, addresses causes and symptoms of mal-positioned organs and demonstrates self-care techniques. Self-Care also addresses herbal, nutritional, spiritual and emotional support for the massage techniques to ensure comprehensive understanding of the modality and how it contributes to wellness. Level 1- Self Care Training is a prerequisite to enrollment in Level 2 Professional Care Training, which is required to practice on clients.

[Contact Anne by email](#) or call at 727-452-6188

MAMA is Celebrating 9 New Co-Sponsors for H.R. 1054!

Thanks to YOU, H.R. 1054, the *Access to Certified Professional Midwives Act* now has 23 co-sponsors! The Midwives and Mothers in Action (MAMA) Campaign continues to pursue our successful steady office-by-office approach to building Congressional support for this legislation and its importance to women and babies across the country. These nine new co-sponsors will help position this important legislation well for reintroduction and movement when the next Congress convenes in 2013.

We are most grateful to these new co-sponsors and to the constituents who helped secure their support:

Congressman Sam Farr (D-CA-17th) Thank you, Karen Ehrlich, CPM!
Congressman Jim Moran (D-VA-8) Thank you, Tammi McKinley, CPM!
Congressman William Keating (D-MA-10th) Thank you, Amanda Haddad, CPM!
Congressman Edward Markey (D-MA-10th) Thank you, Colleen and Jehan Maheswaran!
Congresswoman Betty McCollum (D-MN-4th) Thank you, Alyssa Folin, CPM!
Congressman Keith Ellison (D-MN-5th) Thank you, Kate Saumweber Hogan, CPM!
Congressman Collin Peterson (D-MN-7th) Thank you, Beth Bergeron, CPM!
Congresswoman Susan Davis (D-CA-53rd) Thank you Kristen Daudier!
Congresswoman Judy Chu (D-CA-32nd) Thank you, Sara Howard!

For more information about the MAMA campaign or to get involved, visit:

www.mamacampaign.org

From NARM: New CPM Policy Brief

NARM is pleased to announce a new Policy Brief on the Certified Professional Midwife.

With input from leadership of multiple stakeholder groups* and in collaboration with the Council on Adult and Experiential Learning www.cael.org, NARM presents the following Policy Brief that focuses on the competency based certification model for health professions.

From the Policy Brief:

Policy Recommendations:

In order to validate and support CPMs as a critically needed part of our primary maternity care system, and to establish greater accountability for births at home and in birth centers, state legislators and other policy makers need to:

- Establish licensure based on the CPM credential

- Provide oversight of CPMs through a board of midwifery or advisory council/board within existing oversight boards, comprised mostly of licensed midwives and having the authority to set guidelines for CPM practice
- Establish reporting requirements

We invite the entire midwifery community to download, read and share this important document and integrate these concepts into advocacy and policy efforts for the promotion of midwife-led care in the US.

[Click Here to Download the Brief](#)

or [Find and share the Facebook announcement here](#) .

Or you can share NARM's entire email on the topic by [accessing the web version of this email here](#).

Perinatal and Maternal Outcomes by Planned Place of Birth for Healthy Women with Low Risk Pregnancies: the Birthplace in England National Prospective Cohort Study.

BMJ 2011;343:d7400 doi: 10.1136/bmj.d7400 (Published 24 November 2011)

Objective: To compare perinatal outcomes, maternal outcomes, and interventions in labour by planned place of birth at the start of care in labour for women with low risk pregnancies.

Design: Prospective cohort study.

Setting: England: all NHS trusts providing intrapartum care at home, all freestanding midwifery units, all alongside midwifery units (midwife led units on a hospital site with an obstetric unit), and a stratified random sample of obstetric units.

Participants: 64,538 eligible women with a singleton, term (≥ 37 weeks gestation), and "booked" pregnancy who gave birth between April 2008 and April 2010. Planned caesarean sections and caesarean sections before the onset of labour and unplanned home births were excluded. Main outcome measure A composite primary outcome of perinatal mortality and intrapartum related neonatal morbidities (stillbirth after start of care in labour, early neonatal death, neonatal encephalopathy, meconium aspiration syndrome, brachial plexus injury, fractured humerus, or fractured clavicle) was used to compare outcomes by planned place of birth at the start of care in labour (at home, freestanding midwifery units, alongside midwifery units, and obstetric units).

Results: There were 250 primary outcome events and an overall weighted incidence of 4.3 per 1000 births (95% CI 3.3 to 5.5). Overall, there were no significant differences in the adjusted odds of the primary outcome for any of the non-obstetric unit settings compared with obstetric units. For nulliparous women, the odds of the primary outcome were higher for planned home births (adjusted odds ratio 1.75, 95% CI 1.07 to 2.86) but not for either midwifery unit setting. For multiparous women, there were no significant differences in the incidence of the primary outcome by planned place of birth. Interventions during labour were substantially lower in all non-obstetric unit settings. Transfers from non-obstetric unit settings were more frequent for nulliparous women (36% to 45%) than for multiparous women (9% to 13%).

Conclusions: The results support a policy of offering healthy women with low risk pregnancies a choice of birth setting. Women planning birth in a midwifery unit and multiparous women planning birth at home experience fewer interventions than those planning birth in an obstetric unit with no impact on perinatal outcomes. For nulliparous women, planned home births also have fewer interventions but have poorer perinatal outcomes.

FULL TEXT ARTICLE

Are You on Facebook? "Like" the Midwives' Association of Washington State!

If you're on Facebook, visit us and "like" our page, and encourage your friends to "like" us, too.

This is a great way to get the word out on MAWS' legislative work and events.



UPCOMING CONFERENCES, WORKSHOPS & COMMUNITY EVENTS

NRP Workshop with Marge Mansfield & Terrie Lockridge

Jan 8, 2013, Seattle, WA

[More information>](#)

Integrative Resuscitation of the Newborn Workshop

With Karen Strange

January 17, Seattle, WA

[More information>](#)

REACHE CONFERENCE

Just Passing Through: Is it All About the Pelvis?

March 22, 2012, Renton, WA

[More information>](#)

14th Annual White Privilege Conference

April 10-13, 2013 Seattle, WA

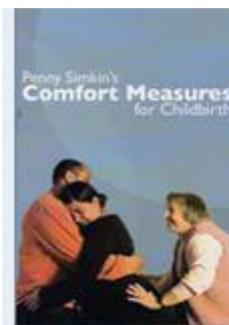
[More information>](#)

SAVE THE DATE: MAWS Spring Conference - Friday, May 10, 2013

[See the MAWS web site](#) for ongoing continuing education opportunities.

BUY PENNY SIMKIN'S UPDATED COMFORT MEASURES FOR CHILDBIRTH DVD & PENNY WILL DONATE 10% TO MAWS!

This 90-minute interactive DVD contains more than 40 techniques for reducing and managing the pain of labor contractions. Christiane Northrup, MD states, "Comfort Measures is wonderful. I suggest that it be required viewing for all pregnant couples and childbirth professionals." Use [this link](#) to buy it now or [click here](#) to read more about it.



This is *your* newsletter. Please send any feedback or suggestions to [Kristin Effland](#). We welcome suggestions for future topics, popular articles or research to include.



Try it FREE today.