

## BIRTH TRUST GRANT FINALISTS 2011

### Public Education Projects

1.) Project: Someday for College Women,  
Applicant: State University of New York at Potsdam (SUNY Potsdam),  
Sharon Bernecki DeJoy, Assistant Professor, MPH, LM, CPM

Synopsis: Someday for College Women is designed to educate and empower college women to develop a reproductive life plan that incorporates the midwifery model of care. Led by a peer educator and a midwife, the program will provide health education within an entertaining and supportive “women’s circle” format. This four-session program will focus on wellness and stress reduction, healthy lifestyles, reproductive health, and informed birth choices. The overarching goal is to increase knowledge and positive attitudes towards midwifery by normalizing midwifery care as part of the spectrum of women’s health.

2.) Project: Sponsor a Midwife campaign for the Mother-Friendly Provider Network & Guide to a Healthy Birth,  
Applicant: Choices in Childbirth, Malorie Schecter

Synopsis: Choices in Childbirth’s education and outreach programs are creating a national movement to change the way women and families think about birth. We are not satisfied with speaking to the choir – we want everyone to know their rights and options in birth! CIC has created two educational programs, the Guide to a Healthy Birth and the online Mother-Friendly Provider Network, that will significantly impact maternity care in this country by bringing the conversation about birth into mainstream dialogue in an accessible, evidence based way. The Sponsor a Midwife campaign is a creative marketing and outreach plan that will showcase midwifery within these programs by providing 100 free memberships to Mother-Friendly midwives in the Provider Network and distributing at least 5,000 copies of the Guide in each of 5 pilot cities. Together, these educational programs and the outreach campaign will provide more families with information about their options in maternity care, promote access to midwifery care, provide valuable advertising opportunities for midwives, and help us to create a sustainable model for providing these resources in additional communities across the country.

3.) Project: Midwifery 2.0: Engaging Digital Natives,  
Applicant: Midwives Alliance of North America, Tamara Tait

Synopsis: The Midwives Alliance will launch interrelated public education media campaigns designed to engage “digital natives” by providing information about midwives, pregnancy, birth, and reducing disparities through a variety of social media platforms. Three campaigns—1) I am a Midwife, 2) Campaign for Normal Birth, and 3) Our Healthy Babies—will be launched concurrently to leverage resources for maximum effectiveness. In Phase 1 we will hire a savvy consultant to help craft a sustainable campaign plan to achieve two key goals: change public perception and cultural narratives about pregnancy, birth and midwives; and encourage women to seek care from a midwife. In Phase 2 we will implement the campaigns to target, reach and convert new audiences of digital natives. Much of what we believe about pregnancy and birth is shaped (or warped) by the never-ending barrage of words and images and MANA’s campaigns will serve as compelling counterbalances to standard cultural messages.

## Research Projects

### 4.) Project: Partial Replication of the Listening to Mothers II and Listening to Mothers II Postpartum Survey among Women Who Chose Out-of-Hospital Birth in Washington State

Applicant: Postpartum Support International of Washington (PSI of WA), Sandy Szalay

Synopsis: The results of this primary research of the midwifery client population that chose an out-of-hospital birth will be compared to the national data of women who chose medical maternity care and hospital births. The results will highlight the midwifery model of care and the prevalence rates of depressive symptoms, post-traumatic stress symptoms and PTSD associated with childbirth will be analyzed. The survey uses validated screening tools for these mental health/postpartum mood disorders, and the original study found notable portions of mothers experienced symptoms of depression and of traumatic stress after giving birth in the national data. The results of the survey in the midwifery client population will provide further evidence of the benefits of midwifery care, thus advancing the midwifery profession.

### 5.) Project: Feasibility Study for Annual Reporting of Midwifery Care Statistics,

Applicant: Midwives Alliance of North America, Melissa Cheyney, Ph.D., CPM, LDM, Director, MANA DOR

Synopsis: Midwives Alliance of North America (MANA) Division of Research (DOR) is proposing a feasibility and capacity-building project which is intended to make possible the initiation of annual reporting of midwifery statistics of MANA Stats contributors, in a public way similar to the overall US statistics reported annually by NCHS. As the steward of one of the two largest datasets in North America on OOH births, the MANA DOR is perfectly poised to provide this information to make the larger population and policymakers aware of the benefits of midwifery care.

---

## International Access Projects

### 6.) Project: MamaBaby Haiti 24 hour access to emergency transportation, power and water project,

Applicant: MamaBaby Haiti (MamaBaby International), Patricia Couch

Synopsis: MamaBaby Haiti is a non-profit organization dedicated to improving the health and wellbeing of mothers and babies in Northern Haiti. Currently our clinic is making a difference by serving as a safe and clean place for women to come for free quality health care from midwives and naturopathic doctors 24/7; including prenatal care, birth, postpartum care, breastfeeding education, and quality supplementation. We still need to secure two vital pieces of infrastructure: an ambulance and a generator. If a cesarean is necessary or other emergency services not provided in our clinic are needed, a patient currently must go by motorcycle or tap-tap (Haitian bus/truck). A generator and battery backup will provide reliable power to the birth center and health clinic so that we can have consistent running water and light, basic elements that are crucial to the quality of our care.

### 7.) Project: Strategies to Reduce Maternal Mortality in the Highlands and Costal Area of Quetzaltenango, Guatemala,

Applicant: Horizons of Friendship, Lisa Ing

Synopsis: Guatemala has the highest maternal mortality rate in Central America, with highest rates in rural indigenous regions in the Western Highlands, the locale of this project. Most of these deaths are preventable if warning signals are detected in time. Project initiatives are aimed at training Mayan midwives in areas of sexual & reproductive health to prevent these deaths. Strong focus is placed on the involvement of Mayan midwives as they are usually the only health care providers in the rural communities that expectant mothers have contact with, that they trust and that speak their own Mayan language. The 190 midwives in 25 Mayan communities that will receive training in this project will in turn educate men and women in the communities to recognize these danger signs and to seek help for themselves or their spouses.

8.) Project: To increase access to the Midwives Model of Care in the Highlands of Chiapas,  
Applicant: Centro de Partos de San Cristóbal de las Casas, A.C., Luna Maya, Corinne Pierre-Louis

Synopsis: To increase access to the Midwifery Model of Care (MMOC) in the Highlands of Chiapas, Mexico through two objectives: dissemination of a public education campaign through printed material, radio spots on 2 popular radio shows to improve the perception of midwives and increase demand of midwifery services and training of new midwives including 2 students and 3 nurses from the Women 's Shelter through the apprenticeship model. Through this objective we seek to formalize and document our apprenticeship model in order to present it as a valuable and essential model for midwifery education to the newly formed Regulatory College of Midwifery in Mexico that is specifically looking to Luna Maya as the gold standard for apprentice education. Our proposal will not only improve health and childbirth outcomes for women in the highlands of Chiapas, that holds a maternal mortality rate that exceeds 600 per 100,000 births, but will also improve access to midwifery training through apprenticeship for midwives in Mexico.

---

## Public Policy Projects

9.) Project: Home Birth Consensus Summit,  
Applicant: University of British Columbia, Saraswathi Vedam

Synopsis: Maternity care providers in the United States have not arrived at an agreement about appropriate settings for birth. Ultimately, women and families are ill-served by inter-professional conflict and confusion about best practice in health care. The current debate on home birth in the US indicates the need for constructive discussion and consensus-building. This summit will facilitate inter-professional dialogue and ongoing collaboration among health care professionals, consumers, educators, researchers, insurers, and policy makers about improving safety for women who choose to birth at home. The task has been framed as The Future of Home Birth in the United States: Addressing Shared Responsibility.

10.) Project: MEAC Virtual Office Development,  
Applicant: Midwifery Education Accreditation Council, Joanne Meyers-Cieko

Synopsis: As the number of states that recognize Certified Professional Midwives increases and federal recognition

of CPMs is secured, we expect a dramatic growth in the number of schools seeking midwifery education accreditation. In order to meet the demand, MEAC urgently needs to build our capacity to provide training and support to these schools; manage their applications, site visits, and reports; and create an effective platform for communication among the geographically diverse volunteers, board members and staff involved in the accreditation review and decision-making processes. Our current systems are paper-based and limit our growth. We are seeking funding for a web-based platform that can provide us with the tools we need to build our capacity and meet the growing needs of the midwifery profession.

**11.) Project: Midwives for the Mountain State and Beyond,**  
Applicant: Midwives Alliance of West Virginia, Ruth Walsh

Synopsis: If we ever want maternity care to be based on midwives and the midwifery model, we must have an aggressive plan to make this happen! This project will explore the possibility of creating several demonstration Associate Degree of Midwifery (ADM) programs and incorporating the midwives into the primary health care centers that exist in WV. This project will bring together educators, legislators, local and nationally noted midwives, and funders. This project could be the beginning of a national drive to create hundreds of ADM programs and thousands of midwives and change the focus of maternity care from Physicians to Midwives.

**12.) Project: Grassroots Activism for the MAMA Campaign,**  
Applicant: The MAMA Campaign, Mary Lawlor

Synopsis: The Midwives and Mothers in Action (MAMA) Campaign, an historic coalition of six national organizations, is committed to securing Federal recognition for CPMs, an initiative that will substantially improve the quality of maternity care for women across the country, while reducing health care costs. As a result of MAMA Campaign advocacy, HR 1054, the Access to Certified Professional Midwives Act of 2011, was introduced in Congress in March 2011 to require Medicaid reimbursement for all CPM services. NACPM is applying to FAM on behalf of the MAMA Campaign coalition to fund a conversion for the Campaign to the Salsa Labs data base system. With the introduction of HR 1054, a conversion to the Salsa Labs web platform will make possible increased fundraising, increased grassroots outreach to legislators, outreach data to help empower and further develop state and community leaders, and increased support among legislators.

---

### Reducing Disparity Projects

**13.) Project: Closing The Gap The JJ Way® - A Training Program for Midwives,**  
Applicant: Commonsense Childbirth Inc., Jennie Joseph LM, CPM

Synopsis: A 2007 study of 100 women receiving prenatal care The JJ Way® revealed an unprecedented 0 % low birth weight or prematurity rate among prospectively enrolled African American and Hispanic mothers who were at risk for a poor outcome. Development of a comprehensive training program for additional midwives to utilize this promising MCH model will enable them to reach more diverse and/or disenfranchised populations in their own communities, expand their individual practices and increase revenue. Replication and evaluation of The JJ

Way® will not only provide data for continued research but will demonstrate the impact of midwifery care on improving health outcomes in general and reducing racial disparities in particular.

**14.) Project: Train the Trainer Full Circle Doula Project,  
Applicant: International Center for Traditional Childbearing, Shafia M. Monroe, CM**

**Synopsis: The International Center for Traditional Childbearing (ICTC) is requesting grant funding towards reducing health disparities through implementation of our Train the Trainer Full Circle Doula Program. The ICTC will select 7 women, each from a different state, to train and certify as an official ICTC FCD Trainer. The 7 women will train Full Circle Doula's in their state on ICTC behalf, increasing the numbers of doulas nationwide. Granted funding will support the research, development, and materials for a well-constructed curriculum.**

**15.) Project: Abura Dunkwa Midwifery Training Center,  
Applicant: Midwives on the Move: From America to Ghana and Return,  
Sondra (UmmSalaamah) Abdullah-Zaimah MN, CNM, CPM**

**Synopsis: The Abura Dunkwa Midwifery Training Center provides global, practical, hands on experience, in Africa, for midwives and midwifery students of African descent and/or cultural sensitivity and competence, to increase the number of competent, caring CPMs in communities of color. Our students' experience is enriched by exchanging wisdom, knowledge, skills and techniques with local, notable, experienced, traditional midwives and nurse-midwives. This comprehensive, community centered training is designed to provide needed preceptor sites and improve the lives of infants, mothers and families on both sides of the Atlantic.**

**16.) Project: Beyond Boundaries: Aboriginal Midwives in Every Aboriginal Community. A Gathering of Aboriginal and Native American Indian Midwives, November 2011,  
Applicant: National Aboriginal Council of Midwives (NACM), Eby Heller (Project Coordinator, CAM)**

**Synopsis: Our project will bring together Native American, Indigenous, and Aboriginal midwives to gather and share learned experiences with one another during the annual Gathering of the National Aboriginal Council of Midwives (to be held in conjunction with the CAM/MANA joint midwifery conference, November 2011). This Gathering will foster North American-wide communication, knowledge sharing and collective capacity building amongst Aboriginal midwives. This Gathering will also include a one-day symposium to encourage and facilitate the return of birth to communities through education of First Nation, Métis, Inuit, Native American Indian and Indigenous leadership, government representatives and policy makers on the role and importance of Aboriginal midwifery. The longterm goal of this project is to facilitate and encourage the extension of the midwifery model of care across North America in an effort to improve birth outcomes for all Native American, Indigenous and Aboriginal communities.**

---

**Birth Trust Grantees will vote between May 1 through May 15 using an electronic ballot. FAM will announce the grant awards approximately June 1.**

**These grant requests total approximately \$130,000, and there is \$60,000 available.**