

BIRTH TRUST GRANTS 2011

Methods for Birth Trust Grant Selection:

Birth Trustees voted on our grant docket and are donors who give a minimum of \$33 per month each year to FAM. We received completed ballots from 72 out of 116 Birth Trustees. The ballots had 16 finalists screened by the FAM Board who had reviewed each complete application. The Birth Trustees ranked each funding area's projects against one another on the basis of impact, likelihood of success, and financial efficiency, and the winning project was selected from each category. Additionally, we asked each Birth Trustee to name their three favorite projects at the end of the ballot. Those votes were tallied, and there existed a large range where the most favored project received 40 votes and the least only 2. Any project that received over 15 votes was also selected.

Research Project

1.) 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.

Public Education Projects

2.) 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.

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

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.

International Access Project

4.) 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.

Public Policy Projects

5.) 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.

6.) 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.

7.) 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 Disparities Project

8.) 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.

Floradix Favorite Award

Floradix sponsored a \$5,000 award given to one of these 16 grant finalist who receives the most votes from May 16-30, 2011 during a social media campaign from the public. Our winner, Luna Maya Birth Center, had a solid lead with over 35% of the votes. With 23% of the votes, MamaBaby Haiti came in 2nd, with Choices in Childbirth, the MANA Division of Research and ICTC following.

9.) 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.