The Whole Woman

There are a few basic rights that any woman (any person really) is entitled to from her caregiver; the right to be viewed and cared for as a whole person, the right to be treated as a capable and responsible adult, the right to ask questions and be given honest, complete and accurate answers, time to consider all options and a voice in the determination of what action, if any, is to be taken.

Women are not made on an assembly line. The principles that apply to a mechanized system do not translate to the female body. One cannot determine what is “faulty” in a woman, disassemble her to isolate the offending section, fix what is “broken” and put her back together expecting her to function “properly”. It is impossible to have a problem in one area of a woman’s body that does not affect other areas. Her body, mind and spirit are one, working seamlessly together with fluid-like action and reaction. An impact in one area sends ripples to many others. She must be seen and cared for as a whole entity with no disconnected sections and no one part more or less important than the next.

A woman should not be treated as a child. She should not be belittled or made to feel inferior. It should be pointed out to the woman, if she does not already realize it, that SHE is her primary caregiver. Her daily choices play a much bigger role in determining her health and well-being than any other factor. The woman should be given the knowledge and tools she needs to act responsibly.

Many women enter into a healthcare relationship with a high level of personal responsibility. Others may not act responsibly until it is finally expected of them.

The healthcare provider should not only give the woman an opportunity to ask questions, but should actively elicit questions from the woman. All questions should be received without judgment and responded to with honest, complete and accurate answers, even if it is inconvenient for the caregiver or is in conflict with the caregiver’s personal beliefs or biases.

No woman in a non-emergent situation should feel pressured to make a speedy decision. She should be given adequate time to think about, discuss, and ask questions regarding her options. Most importantly, she should be listened to with an open mind and heart. Her caregiver should make every effort to understand the situation from the woman’s point of view and to follow the woman’s wishes whenever possible. Even if the end result is not what the woman initially planned, if she “led the way”, she will feel more empowered from the experience than if she was “dragged”.

These ideals and more are reflected in the midwifery model. All healthcare fields could learn from the ancient wisdom of midwives.
Penny Lane is our newest faculty member. She is a Certified Nurse Midwife with an independent practice in central Indiana. Her practice is faith-based and specializes in homebirth and lactation consultation. Penny has a master’s degree in nursing and a bachelor’s of arts in maternal & child health: lactation consulting. She is also a board certified lactation consultant. Her passions are diverse and reflect greatly her personal testimony as a mother of four, each with very different birth stories, and as a birth attendant for more than ten years. Her greatest passion within the profession is creating cultural change, whether through legislature, coalition efforts, or with publication.

Who do I ask?

**Academic Dean:** Nicole Croft
- Faculty concerns
- Syllabus corrections
- Curriculum ideas

**Clinical Dean:** Brigitte Eastman
- Preceptor questions
- Clinical handbook questions
- NARM application/exam

**Distance Director:** Sonia Ochoa
- Proctor questions
- Test scheduling/concerns
- On-line submission concerns

**President:** Kristi Ridd-Young
- Major map concerns
- Payment plan changes
- Annual review

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**Dayspring Midwifery Services**

Dayspring Midwifery is seeking a certified professional midwife. A midwife licensed by another state, or a naturopathic doctor with midwifery training.

Dayspring midwifery, located in beautiful Hayden Idaho, is a free standing birth center. To date they serve approximately 90-100 clients per year and that number is quickly growing. We currently have only one CPM and 4 birthing assistants. They are in serious need of another fully trained midwife. Midwife must be a Christian, must be willing to relocate and be in a good season of life to be very involved and share half of the load.

Please visit us on our web site [www.dayspringmidwifery.com](http://www.dayspringmidwifery.com)

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**MCU Academic Integrity**

The expectation of the Midwives College of Utah is that all work turned in by a student is the product of her own endeavors. Violations, which include but are not limited to, cheating, providing misleading or false information to staff or instructors and plagiarism, are cause for disciplinary action, including failure of assignment, conferences with MCU President and/or Academic Dean or expulsion from Midwives College of Utah.

**Plagiarism Policy**

Failing to give credit where credit is due is known as plagiarism. Copying, distributing, modifying or displaying a copyrighted work is known as copyright infringement.

Students are required to use APA format to cite all specific sources both in-text and in a reference list. Avoid writing papers that “cut and paste” beyond what is appropriate. Generally speaking, no more than 20% of your paper should be direct quotes. Your instructor is looking for papers with your thoughts and ideas as well as supporting references.

Did you know that if you paraphrase another person’s written or spoken words, you are also plagiarizing? “You are guilty of the academic offense known as plagiarism if you half-copy the author’s sentences - either by mixing the author's phrases with your own without using quotation marks or by plugging in your synonyms into the author’s sentence structure.” (Writer’s Reference, Diana Hacker, 5th edition). This is not to say that you cannot use another person’s ideas or words and put them into your own words. Just remember that when you do so, you acknowledge the source of information using the APA format.

MCU does not tolerate the submission of a paper that is written by another person or is "ghostwritten". If you own a copyrighted audio or video recording, you must have permission from the copyright holder to copy, distribute, modify, display or perform their work. If you do not have this permission, you are infringing upon the copyright and could be subject to legal prosecution.

Any time a teacher sees plagiarism, it will be reported to the Academic Dean and/or President and a log of the incident will be placed in the student's file. If offenses are taking place in more than one class, any offense after an initial warning from any or all class instructors will accrue towards a second or third offense.

- First offense: Instructor will confer with the student and student will redo the assignment.
- Second offense: Automatic failure on the assignment and mandatory conference with MCU President and/or Academic Dean.
- Third offense: Failure of the course and possible expulsion from Midwives College of Utah.

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**Childbirth should be viewed as a natural undertaking in life, not a medical crisis**
Coaching Conversations

As midwives, or students of midwifery, we make a practice of looking past the surface. Seeing deeper, looking beyond the physical symptoms or the status quo—this is part of what makes a midwife, a midwife. But I’m going to ask you to step back with me today and look at some things that may seem somewhat superficial. I want you to consider the power of appearances.

If you were to walk into my home, you would see that it is filled with books. They literally fill shelves in every room and overflow into stacks on the floor in several places. You might observe this and assume that I love to read. And you would be correct. I adore reading. I would put off most other work or play to read a good book.

You made an observation and it was absolutely correct. We all make judgments based on our observations and experience. And those judgments affect our perceptions of whatever else may occur in that interaction.

I want you to notice carefully what happens when I misspell several words. You keep reading, but inside, your mind is rebelling. It is dissonant. You are expecting knowledge, wisdom, even, and a mistake endangers your trust in me.

Malcolm Gladwell, the author of *The Tipping Point* also wrote a lesser known book called *Blink*. In it, he talks about the phenomenon of Rapid Cognition, “the kind of thinking that happens in a blink of an eye. When you meet someone for the first time, or walk into a house you are thinking of buying, or read the first few sentences of a book, your mind takes about two seconds to jump to a series of conclusions.”

So the question I pose to you is this: What is your writing saying about you? When your assignments go to the teacher to be graded, and their eyes hit the first sentence, what do they notice? Are your answers a good representation of what you know, clean and polished? Or are they disheveled and incorrect, like mismatched clothes?

We want to be judged based on what we are, not how we appear, on paper or in person. But the sad truth is, we are often judged or prejudged based on what is apparent. Someone reading a handout or website about your midwifery services may subconsciously conclude, “She can’t be a good midwife. She can’t even write a complete sentence properly.” “Look at all these errors. I don’t trust her with my baby’s health.” Unfair? Very likely so. Many extraordinary midwives throughout the ages were completely illiterate. But those who have risen to the heights of understanding and communicated the mission and importance of midwifery to the world knew how to write. Ina May Gaskin, Jeanine Parvati Baker, Sheila Kitzinger. You clean and correct. If it wasn’t you would never have gotten past the first chapter. And then those books would never have changed your life.

I’m including a list of common mistakes in spelling and grammar for you to consider. Compare it against the work you are doing this week. Look for ways to improve. If nothing else, use the spell check on your computer. There are few things less professional than glaring spelling errors.

This isn’t an effort to make you into someone you aren’t. It isn’t making everything you write slick and glossy. It is about letting the message of what you write shine right through, unclouded by mistakes or errors. 

2008 California Association of Midwives Conference ~"Circle of Life, Center of Light"

Come join us May 16 -18 in Occidental, California for an inspiring weekend filled with fun and education. This conference is open to anyone interested in midwifery, professionals, students and doulas. Speakers this year include Pam England (Birthtech From Within), Robbie Davis-Floyd (medical anthropologist specializing in reproduction), Mary Jackson with Ray Castellino (Womb Surround process-work), Gail Hart and many others. CEUs are available to LMs, CPMs and RNs. We also offer enticing vendors, stimulating entertainment, great midnight stories, and the latest about California midwifery politics. This will be one of the best and affordable conferences this year. Your fee includes lodging, food and entertainment for the entire weekend! Volunteers and seniors will receive discounts.

For more information contact Fawn Gilbride at (707) 251-8747 or homebirthmidwife@sbcglobal.net.

**Why I'm A Midwife**

I once did an interview on local cable TV show discussing midwifery, as a student midwife. Though I’ve managed to block out most of the memories of my shiny forehead and bumbling answers to the host’s questions, I haven’t forgotten the question about why I want to be a midwife. With blinding studio lights in my eyes and cameras rolling, I wasn’t entirely sure what to say.

Why did I want to become a midwife? Why would anyone want to become a midwife? It’s messy, it’s hard work, the pay generally sucks. It’s a life of responsibility, uncertainty, and humility. It’s a life of profound changes and endless new beginnings. It’s not a career so much as it is a lifestyle, and it’s a lifestyle which demands flexibility, adaptability, and a subtle, yet constant, state of cat-like readiness. It involves all forms of bodily fluids and secretions, occasional debilitating sleep deprivation, and the stockpiling of boards of knowledge. Case in point, to be a midwife demands the ability to wake instantly from a deep sleep to have intelligent conversations about amniotic fluid and cervical mucus. And, of course, to sound pleasant while you do it.

Why had I decided to become a midwife? I decided to give the host the short answer - that it was an idea that had just stuck. The idea of becoming a midwife had just kept pestily popping up, eventually persisting to the point that I could no longer ignore it. In my early 20’s and struggling with what to do with my life, I was discovering that the more I learned about midwifery, the more it just somehow... made sense. Messy bits and all.

But the long answer, the one I didn’t get into, is that secretly my becoming a midwife is really about changing the world. In tiny, and not so tiny, subtle and not so subtle ways. It’s about helping to have more healthy, productive, well-adjusted people in the world. It’s about helping people to grow and discover their strength. It’s about listening to women who really just need to talk. It’s about recognizing the importance of women and the importance of birth. It’s about honouring the tide of power that comes through a woman when she’s working to birth her baby. It’s about that look of delight, relief, and wonder in a mama’s eyes as her baby slides into her arms for the first time, and she realizes that she’s done it. It’s about helping babies to have good, gentle starts in the outside world and about helping those babies to have confident, empowered mamas who feel good about their births.

And it’s for entirely selfish reasons. It’s because I love it with a passion I don’t fully understand. It’s about that post-birth feeling of elation that’s impossible to match. It’s about the bulletin board in my office that begins to overflow with pictures of glowing mamas and beautiful babies that remind me that all the work is well worth it. It’s about how, at 3 in the morning, you can crouch, tired, sweaty and hungry, with your legs asleep and your back aching, arms wet up to the shoulders from leaning too far into the birth pool, and not be concerned about any of it. Because as you crouch there, what matters is that your hands are helping to support this emerging head. You know that yours are the first hands EVER to touch this baby. And with your eyes wide and glowing, you get to be RIGHT THERE as the universe shifts to make room for this whole new person who's being born. As logical thoughts of scalp colour and perineal integrity wizz through your mind, you get to be RIGHT THERE. Not many experiences are more real than that. Or as gratifying.

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**The Business of Being Born**

Compelled to find answers after a disappointing birth experience with her first child, actress Ricki Lake recruited filmmaker Abby Epstein to examine and question the way American women have babies. Their new film interlaces the way American women have received. More than 10% of the entries. We were astounded by the quality and quantity we received. More than 10% of the student body participated and the decisions were very difficult. We have some fine writers among our midwives and I hope that means we will see articles and books being published in the coming years from our students and graduates. Congratulations to all who participated!

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**Evidence Based Care**

The Evidence Basis for the Ten Steps of Mother Friendly Care was published as a Supplement of the Journal of Perinatal Education this spring. Now you can download it for free from tinyurl.com/24torf. Copies are also available for sale through the Academy of Certified Birth Educators & Labor Support Professionals. www.acbe.com/products5.html

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**More Info on the BMJ Homebirth Study**

Here’s an example of a great new web site that Citizens for Midwifery pointed out to us. Ken Johnson and Betty-Anne Davis, authors of the study on birth outcomes for Certified Professional Midwives that was published in the British Medical Journal, now have a web site. www.understandingbirthbetter.com. Of particular interest is the "Answers to Questions" page, where they answer clearly and in detail some questions people have had about the study. If you are not familiar with this study, check out CMi’s summary. www.cfmidwifery.org/pdf/CPM2000.pdf.