The year 2014 and the first six weeks of 2015 have been monumental for Midwives College of Utah with a record number of women acquiring midwifery degrees. Thirty-one new midwives are harvesting the fruits of their labors by attending mothers and babies with the care only a midwife can give. I can’t think of a more fitting way to celebrate MCU’s 35th year and honor the vision of our founder Dianne Bjarnson.

All MCU graduates complete the required (and often beyond) number of prenatal, postpartum, and newborn exams along with those exhilarating primary births where you find yourself anxiously and in awe wondering, “Are these really my hands receiving this baby?” Academic credits are completed along with the formidable final exam which eventually leads to the diploma and certification that give you the credential to practice as a midwife.

I ask our graduates and those of you who are still students, “Was there more to your education than just the accumulation of credits, clinical skills and birth-related experiences?” I whole-heartedly hope so. From its inception, Midwives College of Utah has been committed in assisting our students in their quest to become a midwives of technical expertise, professional excellence, and personal greatness—namely Midwives of Excellence™.
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Our founder was visionary in understanding the value of a qualitative rather than just a quantitative education. Let’s dig a little deeper into the meaning of qualitative and quantitative. If you’ve taken MCU’S STAT 313 course, you’ve heard these terms applied to two types of research. Quantitative research “is used to quantify the problem by way of generating numerical data or data that can be transformed into useable statistics.” Qualitative research, on the other hand is used to “gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas or hypotheses for potential quantitative research. Qualitative Research is also used to uncover trends in thought and opinions, and dive deeper into the problem.” (Wyse, 2011)

Let’s imagine how we might apply quantitative and qualitative terminology to education? A major map and specific graduation requirements tell an MCU student how many credits she needs to graduate. Quantifying credits creates a structure with a required end number; upon completion of said credits a degree is awarded. Is that all there is to an education—especially a midwifery education?

One of our favorite sayings in the birth world comes from famed sociologist Barbara Katz Rothman. "Birth is not only about making babies. Birth is about making mothers- strong, competent, capable mothers who trust themselves and know their inner strength." Just as there is more to birth than making babies, I believe there is more to education than a quantitative number of credits. Your midwifery education is about the learning those credits signify, the highly developed knowledge, skills and behavior relevant for a midwife, a midwifery educator and a birth rights advocate. Only in the last decade has U.S. higher education started focusing on this concept with much debate and effort centering on improving the quality of education so graduates have more than the required credits—they are prepared for work, citizenship, and life. Employers initially noted as they “continually lament the lack not just of specialized technical expertise, but also vital ‘soft skills’ such as critical thinking, communication and teamwork.” (Adelman, 2014)

I know that as a midwifery student, it is easy to become hyper focused on the numbers of clinical experiences and credits required. Certainly the academic theory and clinical skills you are striving to master are important--you hold life in your hands. Unlike liberal arts major or someone seeking a degree in business, you are not left to wonder what you might do when you graduate. Your end goal is clear; you want to catch babies. Is it possible that you can deepen your education by thinking less about the quantitative aspect and more about the qualitative? Will you be a better midwife by doing so?
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With every class you take, I challenge you to do more than just the required reading, and assignments. As you participate in class discussions with your peers, explore some of these questions:

- What are the underlying reasons for this practice guideline?
- Can I think outside of the box in developing my practice guidelines?
- How do I apply this topic to my practice?
- How can I improve my skills next time I attend a birth or do a prenatal exam?
- How can I dive deeper into the problem or the theory I’m learning in this class?

In addition, there are the “soft skills” you have the opportunity to develop as an MCU student. MCU’s mission statement doesn’t stop at technical expertise—professional excellence and personal greatness are the other two tenets of a balanced, refined and resilient midwife. Though it is difficult to assess and award a letter grade for personal excellence, would you receive an A for your attitude and behaviors as an MCU student?

- Do I keep disruptive emotions and impulses under control?
- Do I inspire others because I am positive, hopeful and resilient?
- Do I experience and demonstrate compassion?
- Am I mindful, authentic and in tune with myself and others?

Your patterns of interaction with your professors, your peers, and MCU staff allow you to practice habits that are either character building or less than becoming. What you practice as a student molds your behavior as a midwife. A qualitative learning process will not be complete unless it becomes ingrained in your character, unless it becomes part of who you are. As an MCU student you have the opportunity to be enlightened, uplifted and changed. In turn, you have the opportunity to support women who are “strong, competent, capable mothers who trust themselves and know their inner strength.”

MCU is dedicated to midwifing midwives, which means that we believe that the process through which a student goes through her education is as important as the quality of the curriculum she is learning.

The first element in the supportive community of Midwifing Midwives is what we call the House Mother program. Students have been sorted by our intuitive "sorting hat" and assigned a house, which is made up of 25-35 students. Each house is lead by a House Mother who will provide continuity of care throughout your program. She will be the point person for your questions, she will track both your academic and your clinical progress, and she will be providing group and individual coaching.
Houses will become a community of sisterhood and support to each other as they build relationships, walk with each other during times of difficulty and celebrate victories with each other.
We’ve all had those assignments that we’d rather not do. You know the ones that involve a ton of research, analysis, and effort to complete. These are the ones that seem to drag on for days, sometimes weeks, with barely a keystroke hitting the page. But I’d like to challenge you to see them in a new light, a useful one, and a purposeful one.

In fact, today I’d like to share the story of one of my own toughest-papers-turned-real-life-asset. It was my review of the literature assignment for STAT 313. This paper was killer. It was one that took me weeks to complete, mainly because there was so much research, reading, and note taking involved before actually pulling it together into a finished paper.

When deciding on a topic I decided to focus on one that is a thorn in my side in my region, episiotomy. I figured if I was going to take the time to write it, I might as well make it a topic that could be useful.

After all, in the Middle East, nearly 100% of primiparous women are routinely cut during second stage. When I try to challenge this procedure the medical community often makes up reasons for cutting all women with statements such as, “The elasticity of Arab women’s skin isn’t able to stretch enough so we must cut them.”

Now I know this can’t be true, but without having any research to back me up I’ve found myself really sunk for a comeback. So I decided to use my review of the literature to flush out this angle of the debate and see what I could come up with. In the end my findings strongly support restrictive use of episiotomy in all settings and cultures and debunk most all excuses given by local OBs about why they “must” cut every woman.

What’s more important than the high mark I received on the paper is that I was able to turn the findings into a PowerPoint presentation and deliver it at a conference at a Saudi government hospital. Even better than that, I was able to use it at a debate with Egyptian obstetricians at a government teaching hospital in Alexandria, Egypt. This is where the rubber hit the road. The audience was made up of over 100 people, including medical students, residents, consultants, and professors of obstetrics—the ones that teach the next generation that every woman must be cut.

My hard work paid off. I had done my best work and the paper, therefore the presentation, was solid. After the debate the head professor stated, in a public forum, “With regards to our debate on episiotomy, I think it’s time Egypt change. Doctor Aisha (they call everyone doctor), we need your
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support. Could you return in May to lecture at our annual conference?”

Whoa! This was amazing. Here I was, just a mom who studied midwifery at MCU, a fresh BSM graduate, with an audience of 100 obstetric professionals, not only being listened to, but also respected and heard! To ice the cake, one of the other Egyptian OBs stood up and said, “I was skeptical of natural birth, but after listening to these ladies speak at the natural birth conference last week, I changed my practice. Last night at 3 am I delivered a primip and for the first time in my life, I didn’t cut her.” He then turned to me with tears in his eyes and said, “Thank you.”

While griping about the research assignment, I never could have known the impact it might have! To watch senior obstetric professors admit in a group forum of their peers and students that what they have been teaching for generations is wrong and needs to be changed is a monumental and historical moment in the birthing rights of Egyptian women!

I have to thank Courtney Everson, my STAT 313 teacher for holding me accountable for every assignment in her class. I knew this paper had to be good to pass her mark and because of that it was good enough to stand up under the toughest scrutiny ever. The bottom line is that if you’re going to do any assignment, do it well and make it count!
Students and preceptors often ask me the same question: what should I ask at an interview with a potential student or preceptor? Here are a few suggestions:

For a student to ask a potential preceptor

• How did you get your original training?
• How do you stay up to date on evidence-based practice?
• What do you feel is most important to teach and counsel clients about in prenatal care?
• How do you handle informed consent discussions with clients?
• What sort of labor support do you usually offer clients, or what do you like students to provide?
• What is your most common reason for transferring a client during labor?
• How do you handle transfers and what do you expect a student to do to help?
• How do you choose which students will attend which client’s births as assistants, and when the time comes, as primary under supervision?
• Can I talk to other students you’ve taught in the past?

For a preceptor to ask a potential student

• What midwifery classes have you completed and what are you studying right now? (MCU students can ask for a copy of their transcript to be sent to potential preceptors)
• What skills do you have in the areas of beginning midwifery (like taking vital signs or fetal heart tones)?
• Have you attended births before as a doula or assistant?
• Do you have references I can talk to? (MCU students can also ask for their letters of reference provided at application to be sent to potential preceptors).
• What is your understanding of confidentiality and how do you plan to keep client information private?
• What arrangements have you made to be on call and attend clinic or home visits?
• What is your plan for completing your apprenticeship/clinical placement? What is your timeline and when do you hope to complete your training?
Students and preceptors may also choose to contact references to learn more about how they practice. Here are some questions to ask a reference:

- How does this student or midwife treat clients who are “difficult”, high needs or hard to work with?
- Have you ever known this student or midwife to disclose confidential details of a birth or a client’s health history?
- How does this student or midwife apply the midwives model of care in her practice or learning?
- Have you ever witnessed this student or midwife acting in a way you would say is ethically questionable?
- How does this student or midwife give and receive informed consent? Does she present all the potential benefits and risks? Does she leave room for clients to decline, even procedures she feels are important and necessary?
- If you have worked with this student or midwife before, but are not working with her now, how did she handle the end of your student-preceptor relationship? What is your relationship like now?

Felicia Marki-Zay Vincze, CPM has started a research project about out-of-hospital midwives' job satisfaction, and you can help.

As a practicing homebirth midwife in Hungary, I am experiencing the difficulties of my everyday work. I would like to ask you to fill out the questionnaire below and to send my questionnaire to as many homebirth midwives as possible so we can get a real picture about the factors that could contribute to the stress of our work that could even lead to burn-out. The more answer we get, the better. – Felicia Marki-Zay Vincze, CPM

Thank you very much for your help!

- Link for the questionnaire:
- https://docs.google.com/forms/d/1pP3_GnQLgHBF7F8LtDxIWOLZ95pzN6QKURjFB3zXsE/viewform
Briana Blackwelder Equal Access Scholarship

Midwives College of Utah believes that all women should have access to an education in midwifery. Unfortunately, this is not always a reality. We want to be the change we wish to see in the midwifery community; therefore, we have created an initiative to rapidly broaden the cultural landscape of our college.

MCU is committed to the vision that every woman deserves a midwife. The MCU curriculum is firmly grounded in the unique and profound power of the Midwives Model of Care™ as a primary pathway for improving outcomes and eliminating disparities for women and babies during the childbearing year.

Eligibility Criteria

To be eligible for this award, applicants need to:

- Identify as an underrepresented minority;
- Intend to practice midwifery as a Certified Professional Midwife serving diverse and underrepresented communities;
- Be actively involved in the birth community prior to admission to MCU and/or during tenure at MCU (for example, as a lactation consultant, birth or postpartum doula, childbirth educator, midwife assistant or another role as an advocate for women and children);
- Demonstrate financial need; and
- Be accepted and intend to enroll or be currently enrolled in either the ASM or BSM degree program at MCU prior to tuition relief. Prospective applicants are encouraged to apply for this scholarship award concurrent with their admissions application. Current students may apply for this scholarship award at any time during their program at MCU.

Application Deadline
June 15th, 2015.

For further details about this scholarship and to apply, please visit http://www.midwifery.edu/diversity-scholarship-fund/.

To access Midwives College of Utah’s Position Statement on Cultural Diversity, please visit our www.midwifery.edu:cultural-diversity-position-statement
Attend the Graduation Gala. RSVP by February 21, 2015

www.midwifery.edu/rsvp