

MCU IN REVIEW

Official Newsletter for the Midwives College of Utah Community



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President's Message

Kristi Ridd-Young, MCU President

During the last 40 years, Midwives College of Utah has moved from a kitchen table study group to a correspondence model, and now stands as a MEAC-accredited distance education college with a sophisticated learning management system. Students used to finish a course when they could (you'll read about manila mailing envelopes in this newsletter); now we have a trimester structure and the opportunity for federal financial aid. A very small number of faculty and staff often volunteered their time; now MCU employs 45 people. Curriculum that started out with core midwifery courses and traditional midwifery arts has expanded to include a rich variety of social justice and mental health courses. Our graduate students focus their thesis work in one of four areas of distinction: midwifery research, midwifery outreach, midwifery policy, and/or midwifery education.

Between 1994 and 1997, 13 people graduated with midwifery degrees from MCU. Incredibly, in the years 2017 to 2019, 86 students graduated and are practicing as midwives with an MCU MEAC-accredited degree. Since 2012, MCU has committed \$153,234 in scholarship funds to students who are members of an underrepresented community or who demonstrate continued dedication towards advancing social justice and health equity within midwifery. ANY donation that comes to MCU goes toward our scholarship fund.

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Sixty percent of our graduates from the last three years are currently practicing in “medically underserved communities” as defined by the Health Resources & Services Administration. More often than not, MCU faculty, staff, and alumni are publishing midwifery research articles, facilitating national discussions on equity in education, and serving the profession both locally and nationally. I am aware of five people from MCU who are currently volunteering a significant amount of time on national CPM-related boards. You’ll get a glimpse of MCU community members’ spheres of influence just by reading some of the highlights mentioned in this newsletter.

Over the past 40 years, midwifery education and options for birthing families have made tremendous progress; in other ways we are in an abysmal state and sliding backward. What would it be like if midwives were legally authorized to practice in all states, rather than just 35? What if the United States did not have the highest maternal and infant mortality rates among comparable developed countries? Or African Americans across the income spectrum and from all walks of life were not

dying from preventable pregnancy-related complications at three to four times the rate of non-Hispanic white people, and the death rate for black infants was not twice that of infants born to non-Hispanic white mothers.

Though we have cause to celebrate our 40th year, we must continue our commitment to change the crisis state of perinatal care in the U.S. I would have never guessed that in 2020, this work that is ours to carry would become even heavier by a global pandemic and rampant acts of



violence. Danielle Cadet, writing on the website Refinery 29, points out that in 2020, “[T]here’s a tale of two quarantines. Because while some Americans have been consumed by banana bread, others have had to navigate surviving a pandemic in a country they were never actually meant to live in. Over the last few months, Black people have not only watched their friends and family members die at higher rates from the coronavirus, they have also watched people who look like them be gunned down while going for a jog, be murdered in their homes, threatened while bird watching in Central Park, and mercilessly choked on camera.”

This point was driven home for one of our senior students Atoosa Benji:

“I appreciate. . .MCU's commitment to making us midwives of excellence, in every sense of the word. We can and must work towards ending the ugly plague of racism. It has been too long. Too many tears shed, too much blood spilled, and too little willingness to listen

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and get uncomfortable about the state of this country.

Two nights ago at 11 pm, my route to the birth center was barricaded at a major intersection close to Hollywood. I had taken this route hoping there would be no drama, as Sunset Blvd was closed off. . . Two miles into the drive, I was stopped by 40 National Guard soldiers and two enormous Humvees. It was terrifying. I yelled out of my window that I am an essential worker and need to get through. One of the men asked me to approach. He looked me up and down, asked where I was going and what I was doing. He then opened up the barricade and let me through and wished me a great night, with a wave and a smile from all the soldiers.

While I was deeply grateful to be able to get through, I immediately felt sick to my stomach that this was a clear, undeserved gift of my privilege. They did not even ask for my essential worker letter. I was let through BECAUSE OF THE WAY I LOOK. PERIOD. I can promise you that few, if any, even got close to the National Guard at that intersection without ending up on a bus in handcuffs that night.

I can tell you without a doubt that it is through my training at MCU that I have any awareness of who I am in the world as a result of my race. My teachers and the curriculum at MCU has made me angry, made me cry, and forced me to face some very ugly truths about things I did not want to acknowledge and things I truly did not know that I did not know. As a result, I am a better midwife, better doula trainer, and a better birth professional. My children are more aware, and as a family, we have grown to understand racism and privilege in a way I feel few in the community do."

Some of you might be asking, "What can I do to make a difference in this world of racism and injustice?" Torrie Ananda Prema, a black cycle-breaker of intergenerational trauma, shares a clear way forward:

"I don't believe it's fair nor effective to demand that everyone do one specific thing. The journey to revolution, transformative justice, social equity, & anti-racism has MANY lanes.

We ALL have different roles in anti-racism. We all have different capacities. We simply need ALL hands on deck, doing SOMETHING, & making our actions, commitment, & personal work CONSISTENT.

Ask yourself DAILY: 'Am I being performative, or transformative?' Let this question guide you into right, conscious, & aligned action."

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Forty years ago, MCU was founded by Dianne Bjarnson with the belief that community birth is safe and EVERY person deserves to birth wherever and with whomever they choose. The values of our foundation are that ALL people should be treated with grace, compassion, and love. During our next forty years, let it not be our differences that divide us but our humanity that unites us.

Some of us will be listening

Some of us will be grieving

Some of us will be healing

Some of us will be posting

Some of us will be teaching

Some of us will be donating

Some of us will be protesting

Some of us will be learning.



Together, we will see the changes we so desperately seek for birthing families, for our communities, and for our world.



Black lives matter.

MCU is a committed ally to all underrepresented individuals and families who seek access to midwifery care or who strive to become midwifery providers within their communities. We strive to integrate equity and social justice into the very fabric of our organization, from policies and procedures to guiding position statements and collaborative leadership.

MCU incorporates social justice into the very fabric of the curriculum and institutional procedures. We hold students, faculty, and staff to high expectations of equity and inclusivity. From our Admissions procedures to our hiring procedures, MCU strives to engage in best practices to support a diverse student body. MCU is committed to undertaking a holistic approach to disparity and diversity initiatives within our educational system and profession at-large, working with internal and external stakeholders to identify barriers and implement best practices that contribute to healthy and educational equity for all.

MCU believes that all individuals who seek midwifery education should be able to access it. Unfortunately, too often, this is not a reality, and midwifery education, along with the midwifery profession at-large, suffers without diverse communities and representation. We want to continue to be the change we wish to see in the midwifery community; therefore, in our commitment to reducing financial barriers for students, MCU has contributed, since 2012, \$157,000 for tuition scholarships and emergency relief funds. To date, we have provided eleven full-tuition scholarships with ongoing renewals to eligible awardees. These scholarships have all gone to people of color. In Summer 2019 we saw the first graduating recipients of this scholarship. Their success as aspiring midwives and new midwives serving their communities is truly inspirational. To donate to our scholarship and help support our midwives please visit: midwifery.edu/donate

For a more in-depth look at our continued Equity and Social Justice initiatives, visit: <https://www.midwifery.edu/social-justice-actions/>

Bachelor of Science in Midwifery

Bryanna Lee
Alexandra Rounds
Amanda Counter
Amy Michaelson-Ratcliffe
Ashlee Nicole Morton Sourapas
David Carter-Plake
Jennifer Marsh
Katie Hamilton
Kyndall Proffitt
Lauren Clark-Boucher
Libby Silva
Melissa Mayfield
Renee Terralumina

Associate of Science in Midwifery

Adria Dobiash
Amanda Kessner
Cassandra Aho
Kimberly Collins
Marivette Torres
Rachel Dolph
Rebecca Burkett
Romy Sharieff



CONGRATULATIONS

Graduates!

APRIL 2019 - JUNE 2020

Master of Science in Midwifery

Ashley Jones
Gina Gerboth
Ramona Webb

JOIN US AT
MCU'S 40TH
ANNIVERSARY

Virtual Graduation Gala

Tuesday, September 15, 2020, 6:30pm

Zoom login information TBA

Donate & RSVP at midwifery.edu/gala-rsvp

Suggested donation: \$10



MIDWIVES
COLLEGE OF UTAH
MIDWIFING MIDWIVES



Even before starting at MCU in Fall of 2019, Jennifer Silvera could tell that the organization was full of individuals who she connected with. Jen started her journey to MCU by first having the dream, since she was young, of becoming a doctor, specifically an obstetrician.

As she continued her journey she found her way into nursing school and graduated as an LPN in June of 2009. While doing her clinicals for nursing school her desire of working in obstetrics, pediatrics, maternal and postpartum care only amplified. After working as a nurse for two years, Jen began looking into different bridge programs to complete her RN. This is when she learned about doulas for the first time, and instantly she felt this was something she would love doing! Although at the time, she couldn't justify the cost with being a mother of three young children.

When she was having her fourth baby, she decided to hire a doula. It was seeing the doula in action that convinced Jen this was something she had to do. She gave birth to her little girl in November of 2015 and in March of 2016 she was in a doula training class with her baby strapped

to her back. Jen has been working with a group of doulas near her to provide services to birthing people ever since. It wasn't until she was pregnant with her youngest that she decided it was time to get into midwifery.

Through it all, Jen's background of having her own children culminated to bring experience and empathy to the people she helps. Now midwifery will be another part of that care.

During our conversation, Jen also expressed feelings of worry about the future, as she will be the first community midwifery of color in Delaware where she resides. She is also optimistic and hopes to find people who are really needing her help through their journey into parenthood.

Jen has loved the courses that she has taken so far in her time at MCU. COMM 1010 was a class that she really enjoyed because it has helped her in so many of her other courses. She has appreciated the opportunity to get to know so many people at MCU and to be able to network with individuals who can help cheer her along in her journey. One of the greatest things that Jen has gained through being at MCU is the knowledge that the people here truly are her people!

Faculty Spotlight:

Erin Kaspar-Frett

Written by Bailey Bluth, MCU Marketing Intern

Currently Erin Kaspar-Frett is a core faculty member at MCU, but her journey to becoming a midwife started long before her current role. Erin's fascination with pregnancy first began when she was 12 years old, and her mother was pregnant with her younger brother. She began learning about midwifery as she studied and learned about the inquisition time period and loved the idea of the bigger picture of midwifery.

She started by going to college and receiving a degree in biology. Shortly after college she became a doula because it was difficult to apprentice with a midwife in the area she was living. It was after she got pregnant that she decided it was time to get serious about midwifery and choose which school she wanted to attend.

Erin attended MCU from 2002 to 2009, taking time to do book work, attend births, and make time for her own personal life in between. Her experience at MCU looked a lot different from what students experience today. She remembers interviewing with Jodi Palmer, who was the President at the time, and loved having the personal experience of someone talking to her about how to study, what to study, and how to get started before she even applied. When she began her courses, everything was done through postal mail. The manila envelopes would come, she would study her courses, fill out the papers and then send them back. She remembers it being a very lonely process. As a faculty member now, she can see how this process has changed over time making it much more inclusive for those involved. Erin graduated with a Master's Degree in Midwifery in 2009 and immediately started teaching. To this day she doesn't even remember who she talked to or how she applied! She currently teaches the following courses: Clinical

Tests, Genetics, and History along with graduate level courses including Holistic Midwifery and Leadership. Between teaching at MCU and having new students come to apprentice, Erin is reminded what it is like to be a student; she is constantly reminded how hard and sometimes impossible it can be to juggle both personal life and student life.

When asked what qualities are important for midwives to have to be successful, Erin had a two part answer. To be a practicing midwife, one needs to be flexible, be able to problem solve, and to be creative in unexpected situations. She explained that it's hard to be called in the middle of the night, and it's important to learn and rely on the training you have to problem solve when situations get tough. Although her answer did not include personality traits, she said that there is a midwife for every family; you just have to find who you work well with. She continued on to say that not every midwife is meant to be a teacher. She said that it takes a great deal of patience and trust to be able to teach and precept new students.

Erin concluded our conversation with two pieces of advice for students currently attending MCU. She said, "One, know that it is going to be hard. Know ahead of time, if you can, the demands that on call life has of you. And two, reach out because as faculty we would not have jobs if students were not there. Our goal really is to have students succeed; not to give them a pass, but to actually work with them."



Ruth Ann Colby Martin

REMAPPING & THE BRAIN FROM SURVIVAL TO THRIVING

"The organism's main task is to map the self, map the environment, and keep the two in harmonious balance. Without the balance, the organism dies." (Gonzales, pg. 161)

When the "stay-at-home" order came in response to COVID-19 on March 13th, it struck as an incredible blessing for me. I homeschooled and worked from home, so not much changed other than I was offered "less" – less driving, less demands on my time, less stress to magic more time into existence. We were heading into the year-end crescendo for driving and events and I was already not sure how I'd make it until June. I actually cried in gratitude. Which is why I was completely perplexed when, within days, I found myself feeling "lost." I was confused, lethargic, depressed, inefficient and unable to do anything, much, but feed my kids. I could barely work or school the children, much less take care of myself. **Why?**

In the second week at home, I was preparing to teach a field-based class in "Search and Rescue" and working from Laurence Gonzales's book *Deep Survival* on being lost in the woods and the effects on our brains in such circumstances. "Aha!" I realized, as far as my brain was concerned, I was "lost" in COVID-19. My hippocampus and amygdala had registered that the landscape had changed and as I had failed to acknowledge, accept and remap for my new reality, they were firing

alarms all over my body, which all but the rest of my brain had noted. I was stuck in "Denial," the first stage identified in people who are lost (or dying).

I dug deeper into my textbooks and found that thousands of cases of people lost in the wilderness had been studied with startling similarities, such as that adults almost never back track. They always press on. And highly skilled and equipped people are often found dead with a full pack of food, water, shelter, matches, yet they failed to eat, drink water, set up shelter or make a fire. Seriously? **Why? How?**

The recognized stages that lost people move through (to survive and be found) are similar to the stages in dying- and culminate for both in "acceptance." As I began to wrap my mind around the stages of process and how the brain responds to "lost," I began to notice a shift in my being and energy and was finding myself becoming curious about this "new reality of COVID," paying attention to my responses and seeing myself moving through the stages.

I watched myself cope and begin to adapt as I started caring for myself – forced self-care at first- but it worked to apprehend my brain into action. I started seeking the tensions I needed in my "new life" to be grounded and create "normalcy." By week three, I was adapting and thriving, having

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RUTH ANN COLBY MARTN

successfully accepted my new reality and changed my patterns of thinking and action. I was working on new projects and reaching out to my community to offer support.

Here is how it works: Everything we do creates brain patterns or neurobonds. These are physical pathways in our brains that map our realities – physical, emotional, mental, all of it. Everything we do is mapped there and every time we repeat any action or response, the neurobond forms a deeper pathway: a habit.

"So we panic. We run. We buy all the toilet paper, all the gasoline, all the pasta. We can't help it."

The hippocampus is responsible for creating and maintaining the mental map of our environment (physical, emotional, mental). It creates an analog of our world with motion, position, our direction of travel, all that we do. We live our lives and when the mental map matches our reality, we do fine. In the woods, when the streams and mountains match our orienteering map, we are "found" and all is well. But, when we get turned around and what we see before us no longer matches our map; when the map of what we do each day (work, school, life) no longer matches our reality, what happens? The amygdala, which is responsible for "fight or flight" steps in and takes charge.

Both the amygdala and the hippocampus are housed in the core of our skull, our primitive brain, protected not only by skin and skull, but also by the rest of the brain. These are our core survival tools. Interestingly, emotion drives our deepest need to get to a specific reality or place, which fires the amygdala, which fills the body with adrenaline to "fight or flight." So we don't just go – we GO! No backtracking, no re-mapping, no pausing and reassessing, because we literally cannot. Our brains won't allow for it. (*Unless we override it.*) People lost in the woods, highly experienced, skilled and woods-educated people, dump their packs of supplies, take off their clothes and even leave the trail, fleeing their reality in desperate hopes of finding the map that matches their brain – and that no longer exists. The mental map does not and cannot match the landscape, because they are now lost. This they cannot acknowledge because stress interferes with the brain's ability to revise the map. So we panic. We run. We buy all the toilet paper, all the gasoline, all the pasta. We can't help it.

Or can we? Both Gonzales and Charles Duhigg, author of *The Power of Habit*, have studied the brain and detailed processes we can utilize to succeed and thrive. Being aware of these processes, seeing them as a roadmap and a set of skills that are key tools offers us the opportunity to take back control from the amygdala and start the hippocampus on track.

According to Gonzales, the five stages people experience when lost are: Denial, Urgency/panic, Energy Expenditure (often in the wrong direction), Deterioration and finally, Acceptance (or death).



People die of confusion, from a failure to remap their reality. Being lost, whether in the woods, or in COVID, is not a location (or lack of one), it is a transformation. The brain is pliable, and the opportunity presents for authentic and meaningful change.

We must remap for the world we are in. I invite each of us to see these stages or the stages of dying (Denial, Anger, Bargaining, Depression, and Acceptance) in our own process with COVID. These can be useful tools of awareness and they both show that movement is key. It is normal to experience these stages. The critical thing is to not get stuck.

The action step is to **be here now**. Be in our senses. Spending time focusing intensely on our sense of hearing, smell, touch, taste, and sight will help our hippocampus create a new map. Focusing on what is actually before us and around us, right now, is the beginning of the re-mapping process. Gonzales' book culminates with his life's work, listing the survival skills he has identified that people utilize to remap and thrive. The people that did not live, failed to do these things. Consider these:

1. Perceive/Believe (what is actually happening?)
2. Stay calm (focus - use humor, use fear)
3. Think/analyze/plan (get organized - small tasks and management)
4. Take correct, decisive action (be bold and cautious)
5. Celebrate your successes (find joy - no matter how small!)
6. Count your blessings (be grateful - you are alive!)
7. PLAY (games, sing, count, stories, anything works)
8. See the beauty (it's a vision quest to transformation . . .!)
9. Believe that you will succeed (Develop a deep conviction - fake it 'til you make it!)
10. Surrender (let go of the fears, put away the pain)
11. Do whatever is necessary (be determined and get out the box!)
12. NEVER GIVE UP! (do not allow your spirit to be broken) (Gonzales, pg. 287-291)

We need to survive what comes our way, but we hope to thrive in it, to be transformed into "better", ever working toward the best possible version of ourselves. But the truth is, as Gonzales's father, a pilot, used to say, "A good landing is any landing you can walk away from." (Gonzales, pg. 169) Whatever comes your way, you want the tools to survive, thrive and transform; but if you simply survive, you win. We do the best we can, and that is enough.

Duhigg, Charles. *Power of Habit*. New York, NY: Random House 2012.

Gonzales, Laurence. *Deep Survival*. New York, NY: W.W. Norton and Company, Inc., 2017.

Syrotuck, William. *Analysis of Lost Person Behavior*. Mechanicsburg, PA: Barkleigh Productions, Inc., 2012



Midwifery during COVID-19

In light of the recent pandemic, Midwives everywhere have stepped up in order to help many individuals. These submissions only represent a small portion of the services and aide that have been rendered.

Rachael Cook, LM CPM, MCU Graduate BSM from 2015, shared her experience from her practice, New Day Midwifery in Olympia, Washington:

"My practice as always been busy for a solo practice in Olympia, WA. But with the coronavirus pandemic more and more folks are switching to homebirth to minimize exposure and risk of catching this illness.

My practice is taking precautions to minimize exposure by utilizing Tele visits and wearing masks and gloves during prenatals/postpartum and births.

I'm pleased at how many folks are thrilled if they stumbled upon homebirth for so many more reasons other than just to avoid the coronavirus. They are learning the joy in the relationship a client and her midwife have. They are learning to be excited about their birth experience instead of dreading it. They have learned to recognize their power instead of minimizing their experience. This was a text a client sent me the other day:



"Just because you probably don't hear this a lot or even if you do, thank you for providing me and Cory (but mostly me) with a wonderful birth experience. I keep thinking back to that moment where you were like "this is the time where it's really gonna hurt, and it's important for you to listen to me" and I cry because of how much support and trust was in that moment and how it made that experience so much better. I think part of the "normal" birth narrative is that is supposed to be scary or painful. Because of you I get to brag about how transformative and empowering it is instead. Thank you for being the wonderful person that you are!"



Our current MCU Board President and MCU alumni, **Jennifer Rabins**, was interviewed by Leza on Magic 99.1 about birth choices in Northern Arizona during the COVID-19 pandemic, the recording can be found here:

https://beginningsbirth.com/updates/?fbclid=IwAR1Vwy-tt1_F55s-TjSAkxNgB_XqudCaAc77fvaUIqxObaS0rYdB6B-UP9A

Midwifery during COVID-19 cont'd

Gina Gerboth, MCU faculty member and MSM Grad, was interviewed by her local news in April:
<https://kdvr.com/news/local-midwife-sees-more-home-birth-inquiries-amid-covid-19-concerns/>

MCU alumna and NACPM board member, **Jennifer Ross**, recently presented on "Grappling with Clinical Challenges During the COVID-19 Pandemic." The recorded presentation can be accessed here:
<https://vimeo.com/409016155>

Check out Ashley's Instagram Handle
 @doulaofmichigan for more photos!



Ashley Hutton shared: "Last Monday at 7:12 am we had our first baby born since the peak of this pandemic. This is a fourth-time multip who was able to have a beautiful water birth at home. She would have been in the hospital if it weren't for the state of things, so it was nice to be able to give her this new experience. This was also my first time catching a baby (when it was planned at least). This baby had the longest cord I've seen! I'd say at least 2 feet long, and of course it was wrapped around his body twice and tightly around his neck twice. So, when he came I worked for a couple seconds to get his body unwrapped and my preceptor jumped in to help me with the stubborn cord and put him on his mom right away. I turned around to grab the resuscitation bag, but once I turned back to give him some breaths, my preceptor said he didn't need it. He was perfectly pink, toned, eyes wide open and crying seconds later. What a champ! They are both doing perfect, settling into their new life together with the rest of their family.

#NowMoreThanEver #MidwivesAreSavingLives #InternationalDayoftheMidwife"

MCU graduates **Hayley Swedelius** and **Janelle Weishaar** were both mentioned in an article entitled, "Home birth interest grows in Yakima amid pandemic; hospitals and midwives taking new measures" Citation and hyperlink: [J. Retka, "Home birth interest grows in Yakima amid pandemic; hospitals and midwives taking new measures,"](#)

Midwifery during COVID-19 cont'd

Britton Doolittle, Certified Professional Midwife, Licensed Midwife, shared the following pictures as she was heading into a homebirth prep for a client in rural northern Wisconsin, Chequamegon Bay.



A Midwife of Technological Expertise

Written by Masha Mesyef.
Photos by Rachel Ledden.

There are many ways to demonstrate to your clients that you are providing quality care. When accurate, charting paints a picture of the care your client received and outlines one of the most transformative experiences in a client's life. MCU students first learn charting in HLTH 1010 Medical Terminology and Charting. They practice charting at clinical placements all over the United States and sometimes internationally, with charting nuances at each place.

📶 97% 6:21 PM

MIDWIFE TIME CALCULATOR

Labor Start Time	00:00	labor duration	00:00
Pushing Start Time	00:00	pushing duration	00:00
Birth	00:00	placenta duration	00:00
Placenta Delivery	00:00	Total Time	00:00

Enter midnight as 00:00, not 24:00

📶 94% 6:33 PM

MIDWIFE TIME CALCULATOR

Labor Start Time	18:20	labor duration	06:40
Pushing Start Time	01:00	pushing duration	00:42
Birth	01:42	placenta duration	02:18
Placenta Delivery	02:00	Total Time	09:40

Enter midnight as 00:00, not 24:00

Many health care facilities use a 24-hour clock (military time) rather than a traditional clock. This system is computer compatible and avoids am/pm confusion while getting the full stretch of labor through it's time spanse. When births become marathons or take place before the sun crests the horizon, it is possible to get lost adding it all up. As a distance education school, our students are familiar with many different technologies, one of our students, Rachel Ledden, decided to use technology to make charting easier for her. "I was really struggling with the labor/birth form because the chart's aren't the same. I messed up so many charts. I was feeling like an idiot most of the time."

After telling her engineer dad about her struggles, he made her an app. Enter MidTime -- Midwife Time Calculator. "It takes the confusion out of it for me," said Rachel. "I kind of feel like I'm the only person with this problem," she continued. Having the app "took the stress out of it." MidTime Calculator does all the addition for her. "I struggled with the time span with the afternoon and the morning and how many hours passed between labor using military time. So I stick the numbers in there then it tells you the total time, and it tells you the time of the stage." After using it for over a year, Rachel's preceptor noticed it prompting Rachel to see it as a useful tool for other midwifery students. When you're tracking or trying to do math while tired, using the app removes that extra step and extra time. Rachel and her dad see a lot of room for growth with the app including adding the option to add notes to each time stamp. She is excited to make products that are midwife specific and apply to the field. If you'd like to comment or otherwise provide feedback, Rachel would love to hear from you. Use this google form to let Rachel and her dad know what you think: <https://forms.gle/5EkFhkg6nUbYocS68>



Rachel Ledden at Skill Suites August 2018

Recognitions

MCU Student **Romy Sharieff** had an article published in the May publication of *Islamic Horizons*. The article is entitled, "Birth during difficult times"

https://issuu.com/isnacreative/docs/ih_may-june_20



MCU faculty member **Kristin Effland**, CPM, MA, was a part of a publication entitled, "Incorporating an equity agenda into health professions education and training to build a more representative workforce" in the *Journal of Midwifery and Women's Health*.
<https://onlinelibrary.wiley.com/doi/10.1111/jmwh.13070>

Cassandra Aho, CPM, had a student Capstone Project presented on the NACPM webinar on May 28, 2020, check it out here:
<https://www.facebook.com/MidwivesCollegeofUtah/posts/10159283015401789>

In a recent interview with **Jessi Vining**, MCU alumna, **Aisha Al Hajjar**, MSM, LM, CPM, AMANI, was able to describe her path to Midwifery. Take a look here:
<http://thebirthmag.com/2020/02/04/midwife-profile-aisha-al-hajjar/?fbclid=IwAR24cjc-4VO0ltJ2mCvXsDg9lOOhOLhFkpTfDeXkDMFERH4PwPFeLIsFm9k>

Marivette Torres was interviewed by Telemundo; check it out here:
<https://www.facebook.com/marivette.torres/posts/3473099832704186>

Check out the most recent **Equity in Midwifery Education webinars** at:
<https://www.equitymidwifery.org/webinars>

MCU Student **SciHonor Bey** recently authored a published article for "The CT Mirror" entitled, "Health Equity and Black Maternal Health weeks: What do we gain from them?"
<https://ctmirror.org/category/ct-viewpoints/health-equity-and-black-maternal-health-week-what-do-we-gain-from-them-scihonor-devotion/>





Connections between Midwifery and Public Health

Bailey Bluth, *Bachelor's Degree in Public Health, MCU Marketing Intern*

When people first hear the term, “public health,” they instantly start asking questions about what it is. Since studying Public Health at Brigham Young University, I have been asked on multiple occasions what I am going to do with my degree as a career or what this means for my future. Public Health is the science of improving and protecting the health of individuals in their specific communities.

This is done through research, prevention, promotion of healthy living and the response to diseases in communities. As a midwife, your role is to secure better health outcomes for both the birthing person and the baby that you are caring for. When looking to understand the midwives model of care, it talks about monitoring the physical and mental health, providing care and support and identifying the needs of the individual. Although not often acknowledged, public health is central to the role of a midwife, and this role has a lasting impact on a child’s course of life. Throughout the public health field, interventions are being created in order to improve and protect the health of mother’s and children, and midwives have continued to provide public health interventions but have never been recognized as pivotal public health practitioners.

An article entitled, *The nursing and midwifery contribution to public health*, discusses three ways that nurses and/or midwives can maximize their contribution to public health. The first way talks about public health and the individual. This indicates making sure that every job that an individual is taking on is one with purpose, that all advice given is based on evidence pertaining to health and wellbeing. The second way is public health and the community. This focuses on the importance of caregivers to be able to assess, plan and provide community care when needed. The final way midwives can maximize a contribution is through public health and the population.

This is done through being capable to understand and configure political and policy agendas that can be directed towards healthcare constituents.

From this information, it is clear that midwives and/or nurses are pivotal to making the health of a population a reality. Evidence shows that more research needs to be done on the perceptions that midwives have about their public health roles, but one thing is for certain, public health has much to do with midwifery and midwifery has much to do with public health.

<https://www.cdcfoundation.org/what-public-healthDOI:10.12968/bjom.2014.22.9.634> The nursing and midwifery contribution to public health. British Journal of Nursing. August 8, 2013.

Warmest Welcomes to:



Darliegh Webb
Student Finances Administrator



Sandi Blankenship
Adjunct Faculty



Bailey Bluth
Marketing Intern



Maren Monson
Office Intern



Sarah Butterfly
Adjunct Faculty



Cassie Williams
Administrative Intern

Fond Farewells to



Crystal Ogle

Former Adjunct Faculty will remain at MCU in her House Mentor capacity



Jes LaBleu

Core Faculty



Kimberly Muller

Former Student Finances Director; now privately contracted for Quickbooks data entry

On behalf of the MCU Board of Directors, administration, students, faculty, and staff, thank you for your years of service to Midwives College of Utah and all you have done to inspire and support midwives of technical expertise, professional excellence, and personal greatness.

thank you!

MCU IN REVIEW IS FOR YOU!

Share your stories, your updates and your ideas with **marketing@midwifery.edu** to include in the next edition of our newsletter. The newsletter is designed to inform and inspire our community. Are you a seasoned student or recent grad with thoughts about your experiences or are you working on a project, internship, speaking engagement we can pat you on the back for? MCU is interested in what's going on with you. Send your updates to **marketing@midwifery.edu**

or use this form:

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