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**Midwifery Today
International Conferences**

JOIN MIDWIFERY TODAY IN GERMANY!

Midwifery Today's next international conference is scheduled for 22–26 October 2008, in Bad Wildbad, Germany. Come share "The Epic Journey of Midwifery and Birth" in this beautiful spa town.

Class topics include:

- Improving Your Practice with Research, Insights and Realities (Full-day class)
- Labor Support for Doulas and Midwives (Full-day class)
- Midwifery Skills Update (Full-day class)
- Induction Epidemic
- Homebirth Practice
- Success in Breastfeeding
- Special Massage for Restarting Stalled Labor
- Birth into Being; Effects of Birth on Life

Conference teachers include Hilde Curinckx, Suzanne Colson, Jan Tritten, Elizabeth Davis, Debra Pascali-Bonaro, Eneyda Spradlin-Ramos, Barbara Harper, Peter Schmitz, Jesus Sanz, Emilio Santos Leal and Tlalíe Vered Shir.

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Quote of the Quarter

The test of the morality of a society is what it does for its children.

— **Dietrich Bonhoeffer**

The Art of Midwifery

It is critical that midwives counteract the poor self-image that many pregnant and new mothers experience. We need to remind these women of their beauty. We also need to remind them that after birth, it is normal to still look five months pregnant and that resuming one's pre-pregnancy weight can take 6-12 months and sometimes longer. We especially need to educate fathers and family members about this fact, to keep the pressure off the mother. This is a good time to reiterate how breastfeeding helps to restore the body's shape.

— **Shafia Moore**, excerpted from "Midwives Honor the Sensuality of Pregnancy and Birth," *Midwifery Today*, Issue 85

Subscribe to *Midwifery Today* magazine...

...an essential resource for anyone dedicated to safe, natural childbirth. 72 pages packed with practical, in-depth information and real-life stories. *Midwifery Today* educates and empowers parents, enhances midwifery studies and supports childbirth professionals. Four issues per year. Read more:

[Go here](#) for more information and a complete program on our Germany conference.

Do you have international articles of interest to the birth field?

What is midwifery like in your country? What techniques do midwives use? Do you have any birth stories you want to share? Have you worked in other countries? We would love your short stories!

Send your submissions to:
iam@midwiferytoday.com

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Country Contacts

Highlight: Imtiaz Kamal—Pakistan

After half a century of a "One woman crusade," the Midwifery Association of Pakistan (MAP) was established in February 2005. It got registered in Pakistan in 2006 and became a member of ICM in 2007. A dream come true. Even though it is less than three years old it has made a lot of progress. It has been represented in two international conferences: The international Forum for Midwifery in Tunisia in December 2006 and in Women Deliver in London in 2007.

Mission: to contribute to the reduction of maternal and neonatal morbidity and mortality in Pakistan by providing skilled care to women during the entire maternity cycle irrespective of the place of delivery.

The justification for creating MAP was that 80% of the deliveries are conducted at home by untrained personnel. In developed countries 80% of the deliveries are conducted by midwives. Pakistani midwife also want to play the same role for women of her country.

There are more than 350 members, including nurse-midwives, midwives and health visitors from all over Pakistan.

[Editor's Note: For more information about Imtiaz Kamal and her work with the Midwifery Association of Pakistan, please see her listing in the IAM directory.]

Midwifery Today is interested in promoting international networking among childbirth practitioners. Our goal is to strengthen the international community by establishing country contacts in every country of the world.

Would you like to be part of our international network? We are looking for people who are passionate about birth and who have a deep desire to help make birth a good experience for mothers and babies. Each country contact should be an active participant in the natural childbirth movement in their country and attend conferences and receive journals or newsletters if they are available.

Proficiency in the English language and access to e-mail and the Internet are necessary.

Write to jan@midwiferytoday.com and tell us why you think you would like to be a country contact.

[Past sexual abuse affects women during pregnancy and childbirth.
How can you help?](#)

[Survivor Moms](#) **Survivor Moms: Women's Stories of Birthing, Mothering and Healing after Sexual Abuse** was written to help break down the isolation pregnant women and their

caregivers often feel—as though they were the only ones having to cope with these challenges. You'll be able to read excerpts from 81 women's stories of birthing, mothering and healing after childhood sexual abuse. The book also includes some complete narratives, discussion of implications of women's experiences for their care, suggestions for working together during maternity care and beyond, resources to consult, and information from current research.

Suitable for both caregivers and pregnant survivors, *Survivor Moms* will help anyone whose life has been touched by sexual abuse. Published by Motherbaby Press, an imprint of Midwifery Today. [Get the book.](#)

IAM Member Spotlight

Gilda Ganzon is a midwife in the Philippines. She offers individual care to women and their families and helps them take part in their own care planning during pregnancy. Both during and after pregnancy she will be with the woman in her own locality.

Gilda believes that midwifery is as much about supporting the woman and her partner, as with helping with the birth of the baby. Support continues from the confirmation of the pregnancy through the postnatal period (i.e., the period after the end of labour during which the attendance of the midwife upon a woman and baby is required, being not less than 10 days and for such longer period as the midwife considers necessary). Counseling, listening and general communication skills are obviously essential. Many mothers, especially new ones, need advice and support. Aside from the practical caring skills the midwife must also be aware of the social and cultural context in which childbirth takes place.

Her goals for international midwifery are the development of practical skills and effective communication skills, which she believes are paramount to the profession. She is also interested in meeting co-midwives globally.

If you are interested in connecting with Gilda, you can find her contact information in the IAM Directory.

Helen Crichton works for Wakisa Ministries in Kampala, Uganda. Wakisa Ministries is a crisis pregnancy centre for teenage girls who have been thrown out of their homes for being pregnant. Many are pregnant as a result of rape and sometimes incest. Some are refugees from surrounding countries. Many have lost either one or both parents. Most are poor and some have never had the opportunity to go to school. Wakisa offers them a home while they are pregnant and normally up to two weeks after they have given birth. Helen teaches birth education and other health-related subjects from sexual and reproductive health, to hygiene, nutrition and parenting.

She is looking for an alternative to delivery in the government hospital, where girls can deliver safely, so if you know of anywhere in Kampala at a reasonable cost, preferably near Namerembe, she would be interested to learn more.

Helen would also love to hear from midwives working in developing countries with the challenges of poverty and lack of resources that they face. She especially would appreciate hearing from those who are working with pregnant teenage girls and of course any midwives working in the Kampala area.

Helen Crichton
c/o MAF
PO Box 1
Kampala, Kampala
Uganda
E-mail: helencrichton@yahoo.co.uk

Editor's Note: We have many new members in the IAM directory; please go have a look around and see who's there! (Log in at <http://www.midwiferytoday.com/iam/login.asp> then click on "Search the Directory." Select "Show newest members first" to view returns beginning with the most recent member.)

Saving Babies' Lives

The *New York Times* reported in June on a study in *The Lancet* showing that home visits by health care workers in developing countries can help save lives of newborns. The study, which took place in Bangladesh, compared three groups: one in which babies and moms received no intervention, one in which the mothers were offered childbirth classes, and lastly one in which mothers and their babies had five visits from health care workers with six weeks of training.

The neonatal death rate was virtually identical in the first two groups, but 34 percent lower in the third group. Those moms and babies had been offered supplements and taught about the need for sterile cord-cutting, breastfeeding and keeping the baby warm, as well as having their babies checked after birth and diagnosed, given advice or treated with antibiotics when they developed infections. The cost for this intervention was approximately \$3000 per life saved.

— *New York Times*, 10 Jun 2008

European Network of Childbirth Associations (ENCA) Meeting Highlights

In Poland 99% of the women who give birth naturally will have an episiotomy (routine). Fundacja "Rodzic Po Ludzku" has started a campaign to make women aware of the situation. They are told that they can refuse this episiotomy when it is only done routinely. Beverley Beech from AIMS (UK) did a press conference with Anna Otfinowska to explain how England is handling episiotomy. Several research studies have shown that giving a routine episiotomy doesn't prevent tearing. The Fundacja has also printed leaflets and posters to inform women about episiotomy.

In Spain, some action groups have been formed to stop hospital interventions in birth, one of which is fighting to stop the separation of mother and child after birth. After a c-section the baby is often moved to another part of the hospital—often right after birth, so that the mother does not see her baby at all. She may not have an opportunity to see her child at all for several days.

Agnes Gereb, from Hungary, shared how homebirth is under attack there. She had a baby die with shoulder dystocia in a homebirth and the press called her a baby murderer. The doctors took the opportunity to forbid homebirth again, not addressing the fact that babies also die in hospital.

In Greece three alternative organizations are trying to change the system: Eutokia, Birth Voice in Athens, and a third organization in Thessaloniki. The third organization is pushing for fewer c-sections, epidurals and separation of mothers from their babies. Eutokia started a doula training, but midwives are unhappy, fearing that doulas would take their jobs. Currently, doulas are only allowed to help women after birth.

In the UK, the government is pro homebirth. Unfortunately, not enough capable midwives are available to serve the women who want homebirth, which forces them to go to hospital to have their babies.

In Austria the percentage of c-sections is increasing. Pediatricians there are opposed to c-sections because of the respiratory problems that babies have after the operation. Gynaecologists there state that when women only want one baby, the best they can have is a c-section, because that is the safest. Austria intends to start birth centres, but only in or next to a hospital.

In the Netherlands, one of three women gives birth at home. Because of statistics showing more deaths at night and on the weekend, there is a discussion afoot about building big birth hospitals, which would be expected to decrease the numbers of homebirths because of distance problems. They also have an epidural protocol that states that a woman must receive an epidural within one hour of requesting it.

Germany has 120 free standing birth centres, and health insurance covers births there. Their infant mortality rate is low.

In France, 65% of all women receive an epidural and the c-section percentage is high.

— **Report of ENCA Meeting 2008**

Tanzania Trip Fundraising

I am going with Circle of Health International (COHI) to Tanzania again this August and this time Yael is joining us. She will be acting as photographer, stenographer, office manager, blog writer and cheerful go-for. As a member of the Board of Directors of COHI I am now busy helping to organize this year's trip and will be leading teaching and training sessions

with midwives, nurses and doctors in the Kisarawe region.

This year we are bringing with us equipment, medical supplies and medications that have been donated by organizations in USA and Australia. We are coming with a multi-disciplinary team that includes: midwives, doctors, nurses and HIV/AIDS experts and have organized a week of teaching and training on topics that have been requested by our partner organization in Tanzania, FLEMAFA, including neonatal resuscitation, evidence-based practice, postpartum hemorrhage prevention and outreach to men and teenagers in the subject of responsible sexual behavior.

The culmination the week-long project will be a conference, to be held in Kisarawe township, which will be attended by regional and national government officials responsible for development, women's and children's health, HIV/AIDS prevention and family planning. At the conference we will be evaluating what progress has been made since last year's conference, assessing the current situation and making plans for the coming year.

Asking for money is never easy, but here I am reaching out and doing it again. Each of the participants has pledged to raise \$1500 in addition to paying his/her own way and making a generous contribution to FLEMAFA. So Yael and I are facing the challenge of together raising \$3000.

Some day, hopefully not in the far distant future, I will be writing to you about the ambulance that was purchased and the birthing home that was built which will be preventing deaths of mothers and babies in Kisarawe. Today, 22 women die every day in Tanzania from pregnancy and birth-related causes. That's almost one an hour—almost impossible to imagine. One of the major problems is transportation, which simply doesn't exist. So the solutions involve significantly improving the local care and getting the women who are at risk to a higher level care facility in time and not too late.

Anyway, that's the story in a nutshell.

So, for those of you who feel motivated, inspired and in a giving mood, or for those who just like and trust me and want to help me out on this, contributions can be made through the COHI Web site at: www.cohintl.org or by sending a check to:

Matt Bieber
COHI Tanzania Project Coordinator
171 S. 4th St., Apt. 3
Brooklyn, NY 11211

In either case, please indicate that you are connected to me or to Yael so you can help us to fulfill our quota.

— **Mindy Levy**
Israel

Connections

WANTED: Mothers/Midwives/Parents from different countries or cultures to provide their stories and experiences on a variety of topics including, breastfeeding, birth, circumcision, toilet training, sleeping habits.

My name is Kelly Huppatz, I am an Australian and I am in the process of writing a book on *Mothering Across the Cultures*. I have a simple questionnaire to fill out, which can all be done via e-mail as my initial point of contact.

If you are interested in assisting or know of someone who is please contact me via e-mail at: huppatzkm@internode.on.net or phone +61 (0)425754187.

— **Kelly Huppatz**

Opportunities

The government of Chiapas is investing in a midwifery school in their state—a school that will also take Guatemalan women. The Health Minister of Chiapas stated that there will be a meeting to which they are inviting the 3000 traditional midwives of the state to tell them about the school. Women who are 18 years old and have nine years of education will be able to enrolling on scholarships. The government of San Luis Potosi has committed to having every one of their rural clinics have a professional midwife on staff.

Birth India's Maternal Health Exchange Program

Support India's natural childbirth movement through connecting similarly impassioned midwives/doctors/doulas with volunteer opportunities in India.

Our Aim: To forge lasting links between Indian and foreign maternal health spheres, creating trust, change and, above all, support for the natural childbirth movement in India and abroad!

For you—The benefits of volunteering in India are not restricted to this continent. Depending on where you choose to volunteer, you will probably witness and experience practices and medical complications unheard of in the West. As a result of India's vast population, your clinical/practical skills will increase greatly. Your nonverbal communication skills will be fine-tuned by language barriers and many cross-cultural situations. Your time in India could possibly transform practices that inhibit natural birth or inspire you to use a disheartening experience to spread awareness about maternal health issues. Above all, both the heartbreaking realities and uplifting moments will add to your passion for childbirth as an event that transcends culture, distance and time. Please visit Birth India's Web site to read more about our history and childbirth rights in India.

How: After browsing through our ever-expanding page of clinics, NGOs and hospitals, carefully choose a place that best matches your needs and desires. Although we have compiled these contacts and are available for support and advice, it is up to you and the hospital to organize the logistics of your stay. Keep in mind that you may have to vigilantly contact several places before you secure a position. Although we have done our best to explain the structure of our program to these contacts, communication in India can be a very harrowing and lengthy process. Often you simply need to let people know of your arrival and then show up and offer your services. Do not expect too much to be confirmed over e-mails and phone calls—this program caters to very proactive individuals who are willing to pursue opportunities that may not be logistically or informationally concrete. Even if you arrive and things do not work out we can help you find somewhere else to work.

After you have found a place, please contact either Grace MacNair, gam24@email.unc.edu or Ruth Malik, ruthmalik1@yahoo.com. In your e-mail please include where you have chosen to volunteer and your expected length of stay. Also, please send us the link to any blogs, Web sites or e-mail update lists you may have created to document your time in India. Also, please help us to keep our records current by informing us of new opportunities or changes/updates for the present list.

Ruth Malik
ruthmalik1@yahoo.com

Midwifery Today Web Site Update

Would you have guessed? The previous issue of *IAM News* went out to 2100 subscribers! Thank you for helping spread the news about the International Alliance of Midwives.

Read this article in Spanish now online: [Opciones de Parto en Venezuela](#)—por Fernando Molina

Read this editorial by Jan Tritten from Issue 86, Summer 2008, of *Midwifery Today* magazine: [Baby's Choice](#)

A pictorial essay of Jan's recent trip to South Africa is online [here](#).

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