The Power of Numbers: Transforming Birth Through Collaborations

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ABSTRACT

Collaborative efforts and coalitions have replaced exclusivity as birth organizations and individuals unite to humanize birth and provide women with transparency of information about maternity care providers and facilities and about access to the midwifery model of care. The Coalition for Improving Maternity Services and the upcoming 2010 “Mega Conference” to jointly celebrate the 50th anniversaries of Lamaze International and the International Childbirth Education Association serve as excellent examples of collaborative efforts to support natural, safe, and healthy birth practices as well as women’s choices in childbirth. Childbirth educators are encouraged to learn from and support national coalitions devoted to improving maternity care and to use local resources to develop their own collaborative efforts on behalf of childbearing families.

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What is the driving force that brings hope to birth activists as we continue to humanize birth and make it safer for mothers and babies? It’s the feeling that we are not alone in our efforts; we are united.

The year 2010 will give birth professionals and activists the most visible evidence of how far we have come over the past 50 years in our efforts to collaborate on behalf of childbearing families. Two stellar examples stand out. First, Lamaze International and the International Childbirth Education Association will celebrate their 50th birthdays in a combined conference, scheduled for September 30 – October 3 in Milwaukee, Wisconsin. Second, Childbirth Connection continues to introduce additional collaborative guidelines to help us provide safe, effective, satisfying, and evidence-based maternity care for all families. These types of collaborative

efforts represent the best attempts to bring the change we need to move from almost last in the industrial nations of the world in maternal-infant safety to providing the optimal care all women and families deserve. This “Tools for Teaching” column explores the benefits of collaboration on behalf of childbearing families, describes the rise of national collaborative efforts, and identifies local resources you can use to improve maternity care.

BEFORE COLLABORATION

We often think the 1960s was the era when childbirth classes were introduced in America; however, it was actually 1908, when the American Red Cross introduced prenatal classes that focused on maternal hygiene, nutrition, and baby care. Over 50 years later, two different organizations appeared

For more information on the upcoming 2010 joint Lamaze and ICEA Mega Conference, “Uniting for the Future of Birth,” visit the Lamaze Web site (www.lamaze.org).

Read more about Dr. Fernand Lamaze and the formative years of the Lamaze movement in Paula Michaels’ article, “A Chapter from Lamaze History,” on pp. 35–43.

simultaneously: Lamaze International (formerly, ASPO/Lamaze) and the International Childbirth Education Association (ICEA). Lamaze began as an organization of parents and health-care professionals and providers to promote Dr. Fernand Lamaze's approach to birth, whereas ICEA began as a federation of local groups focused on creating a consumer-based organization to improve maternity services. Around the same time, Robert Bradley, a Denver obstetrician, advocated for nonmedicated birth and for fathers to serve as active coaches for birthing women, which became known as "The Bradley Method" of childbirth (Hotelling, 2007). Later in the 1970s, the National Association of Parents and Professionals for Safe Alternatives in Childbirth (also known as "NAPSAC") promoted the demedicalization of childbirth.

Over the years, other childbirth organizations emerged and, along with existing organizations, developed their own programs to provide education for expectant parents and certify birth educators. Their missions and visions varied, but they all promoted safe and healthy birth practices. Each organization had its own board of directors, staff, and membership. Each held its own conferences and produced individual publications. Childbirth educators were not likely to join more than one national organization or attend another organization's conferences. Similarly, members of one organization were not likely to volunteer for another organization's activities, even when that organization was predominant in the local region. Competition, not collaboration, seemed to shape the character of each organization's efforts.

WHAT CHANGED?

In 1992, the Lamaze Board of Directors created a consensus approach to birth. Also, while planning for the Lamaze conference of 1994—titled "The Winds of Change"—Judith Lothian, the president of Lamaze at that time, and fellow board members began to talk about the way many birth groups and individuals had little contact, and at times criticized each other's organization or methods. Consequently, Lamaze board members invited other childbirth organizations and individuals to attend a summit meeting at the upcoming conference. With Murray Enkin (representing *The Cochrane Database*) as keynote speaker and Ray De Vries (birth sociologist and board member of Lamaze) as facilitator, this historic meeting included presidents from ICEA, the Association of Labor Assistants and Childbirth Ed-

ucators, Birth Works, The Bradley Method, and LaLeche League. Recognized birth leaders such as Suzanne Arms, Roberta Scaer, and Mary Brucker also attended (Lothian, 2005). According to Lothian, "Our goal was for everyone to leave the summit with a personal plan to create change and, most importantly, to form alliances and begin to collaborate in every way possible to change the culture of birth" (p. 37). The seed for the Coalition for Improving Maternity Services (CIMS) was planted.

The process took a little longer than one summit meeting. Two and a half years and three meetings later, the collaboration produced a consensus-driven, evidence-based document. *The Mother-Friendly Childbirth Initiative: The First Consensus Initiative of the Coalition for Improving Maternity Services* was ratified by 26 organizations and 31 individuals prominent in birth activism (CIMS, 1996). A coalition was born.

Since that time, the CIMS Leadership Team, committees, and projects have included organizations and individuals working together toward a strategic plan. As the number of yearly meetings grew, so did the number of organizations and individuals willing to commit their resources toward CIMS projects. With collaboration, the walls of exclusivity fell, allowing a variety of groups to come together with one voice to oppose the disinformation being offered to the public, lend support to The Birth Survey sponsored by CIMS, and endorse each other's publications and projects, showing widespread support for evidence-based maternity care.

With all this collaboration, it was still a surprise when two of the most competitive childbirth education organizations—Lamaze and ICEA—recently announced they were planning a joint 2010 conference to celebrate together 50 years of growth and service to women and their families. Since the beginnings of CIMS, both Lamaze and ICEA have been actively involved as members of the CIMS Leadership Team. In this coming together of organizations and activists, we found we respect one another and, subsequently, have left our differences at the door so we can work together. Both organizations worked hard to meet each other's needs so their public collaboration at the 2010 Lamaze/ICEA "Mega Conference" can occur. Lamaze and ICEA

Lamaze and ICEA remain independent from one another; yet, as two international organizations, they are focused on demonstrating to the world the power of working together.

Learn more about CIMS and its publications, resources, and ongoing projects, such as *The Birth Survey*, at www.motherfriendly.org

To view Lamaze's approaches to pregnancy, birth, and parenting, visit www.lamaze.org and click on "Who We Are."

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COLLABORATION WITHIN CHILDBIRTH CONNECTION

Founded in 1918, Childbirth Connection (formerly, the Maternity Center Association) provides evidence-based childbirth education in numerous venues. As described in an historical timeline of the organization's development, Childbirth Connection began providing maternity care for underserved women in New York City neighborhoods (Childbirth Connection, 2008). Its local efforts to humanize maternity care moved to the national level in 1929 when the organization began educating public health nurses across the country and in Canada through its "Maternity Institutes." In 1931, Childbirth Connection established the first U.S. school of nurse-midwifery in New York City. In the following years, Childbirth Connection participated in various projects that included collaborations with such individuals and organizations as Dr. Grantly Dick-Read (author of *Childbirth Without Fear*), Yale University, the American Institute of Public Opinion, the American College of Nurse-Midwives, and the media industry. Childbirth Connection also established such notable projects as the National Association of Childbearing Centers and, with the help of a multidisciplinary national steering committee, co-sponsored "The Nature and Management of Labor Pain: An Evidence-Based Symposium" with the New York Academy of Medicine. Indeed, Childbirth Connection has been, and continues to be, a model of collaboration.

Today, Childbirth Connection carries on its tradition of improving maternity care through collaborative efforts that focus on changing public policy. In 2006, Childbirth Connection became an active member of the National Quality Forum to shape U.S. initiatives for improving maternity care. Childbirth Connection's most recent collaborative efforts have led to the *Transforming Maternity Care* project, which engages stakeholders across the health-care system to provide a blueprint for quality mater-

nal-child care. The project generated two important reports, each published in January 2010. The first report, "2020 Vision for a High-Quality, High-Value Maternity Care System," identifies values, principles, and attributes of an optimal maternity care system (Carter et al., 2010). The second report, "Blueprint for Action: Steps Toward a High-Quality, High-Value Maternity Care System," charts the path toward the collaborative group's envisioned maternity care system (Angood et al., 2010).

RECOMMENDATIONS FOR CHILDBIRTH EDUCATORS AND ADVOCATES

Coalitions in communities, organizations, and health-care facilities have escalated rapidly in the past two decades (Butterfoss & Kegler, 2002). For example, community- and faith-based groups have developed coalitions to ensure adequate housing and health care for the underserved. By sharing resources and speaking with one voice, coalitions are often capable of effecting change that individuals and organizations are unable to accomplish on their own. Coalitions may be able to secure grant funding for collaborative work more easily than individual organizations. Effective coalitions evolve over a period of time and rarely develop in a linear fashion. Yet, coalitions are more appropriate for long-term change.

Although you may not be able to use a national coalition to aid you in improving birth practices in your area, there are ways you can form collaborations within your own community. By enlisting people whose lives will be affected by your activities, you cultivate a community of invested stakeholders who can contribute. While you may be working toward the same outcomes, the members of your collaborative group will come from varied perspectives and experiences that, if respected, will increase the effectiveness of the group. Consider thinking outside the box. Not only do you want people who are in your same field, but you also want to include people from other fields and with other talents. For instance, one model of local collaborations, birth networks, is composed of parents, professionals (such as doulas, childbirth educators, lactation consultants, and massage therapists), and care providers including physicians, midwives, massage therapists, and nurse practitioners. Members have skills in business, advertising, politics, sales, and other areas that lend to successful promotion of the group's mission and vision. Birth networks have emerged as strong grassroots coalitions of all types

To find a birth network in your area, visit the Lamaze Web site (www.lamaze.org) and click on "Birth Networks" under the "Get Involved" heading.

Health-care professionals and pregnant women benefit from Childbirth Connection's efforts to improve maternity care. Visit www.childbirthconnection.org to learn more.

of parents and professionals interested in seeing the practices of *The Mother-Friendly Childbirth Initiative* become a reality. There are birth networks that began over 25 years ago and those that are just getting started today. Lamaze International has a list of birth networks at its Web site (www.lamaze.org).

Your network can participate in national as well as local projects. Contributing to national efforts will validate and strengthen the changes you want to make locally. One such project is The Birth Survey, sponsored by CIMS. The Grassroots Advocates Committee of CIMS began as a group of enthusiastic conference participants and went on to develop what no one else has been able to do—The Birth Survey, a mechanism for giving parents the information they need to choose a provider and a place for their births. Here is the committee's story:

In the spring of 2006, more than 50 grassroots activists attending the Coalition for Improving Maternity Services' (CIMS) Conference in Boston, Massachusetts participated in a breakout session entitled "It Takes a Village." Included in this group were birth activists from all across the United States and around the world. The activists met for a total of 6 hours over the course of the weekend and came out of their meetings with a new CIMS committee, the Grassroots Advocates Committee (GAC). Its intent was to develop a collaborative project to be called Transparency in Maternity Care. (GAC, 2010, para. 1).

There are other strong collaborations today making changes in women's choices for birth. For example, Midwives & Mothers in Action (MAMA) is a collaborative effort by the National Association of Certified Professional Midwives, Midwives Alliance of North America, Citizens for Midwifery, International Center for Traditional Childbearing, North American Registry of Midwives, and the Midwifery Education Accreditation Council to achieve federal recognition of certified professional midwives (MAMA, 2009). MAMA has achieved what these individual organizations were unable to do on their own. Nineteen states have licensed certified professional midwives, and four states regulate certified professional midwives (Midwives Alliance of North America, 2009).

No longer can we isolate ourselves in our own well-intentioned organizational structures. We must reach out to other groups with the same goals to see our visions become reality. In many cases, we

are opposed in our efforts by giant machines with resources far beyond ours. One message delivered with the power of many voices is strong enough to create transparency in maternity care or to give women access to midwifery models of care.

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