

FOR IMMEDIATE RELEASE

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BirthNet to Participate in National Forum

BirthNet cofounder, Carolyn Keefe of Albany, will participate in the First Mother-Friendly Childbirth Forum in Arlington, VA on Thursday, February 20th presented by the Coalition for Improving Maternity Services (CIMS). CIMS created the Mother-Friendly Childbirth Initiative in 1996.

This Forum will address current vital issues regarding the quality, cost, safety and effectiveness of maternity care in the United States and will include many childbirth experts. Hospital administrators, policy makers, care providers, lactation consultants, perinatal educators, doulas/labor support professionals, and the media are expected to attend.

Ms. Keefe will participate in the afternoon panel discussion entitled "The Future of Maternity Care: Current National Statistics and Trends in Relation to the Ten Steps of Mother-Friendly Care." BirthNet is an endorser of the Mother-Friendly Childbirth Initiative.

For more information, please contact Carolyn Keefe at 482-2504, 248-8361, or carolyn@birthnewyork.org. You can also contact other cofounders Tisha Graham (584-6619 or tisha@birthnewyork.org) or Maureen Murphy (465-5087 or maureen@birthnewyork.org).

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More information about the Forum and the Coalition for Improving Maternity Services follows. The Mother-Friendly Childbirth Initiative and the forum brochure can be found at www.motherfriendly.org.

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BirthNet is a non-profit organization whose mission is to educate the public about maternity care in order to improve it. Childbirth is a normal, natural and profound event in a woman's life. BirthNet's goal is to encourage all women and families to learn about their rights and options. Our primary programs include education in the classroom (high school or college classes), community forums or workshops, and media outreach.

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Coalition for Improving Maternity Services

January 27, 2003

If you care about the health and well being of mothers and babies, please read this:

Tatia Malika French entered Oakland's Summit Hospital with her husband J.B. on December 27, 2001 expecting the birth of their first child. She had recently earned her doctorate in clinical psychology from the Wright Institute in Berkeley, California, and was preparing to enter medical school. She was two weeks past her due date and had not wanted her labor to be induced. Her physicians, however, had convinced her that waiting longer would be dangerous for her baby. At 7:00 pm, she was given Cytotec (misoprostol), to induce labor. Near midnight she was given a second dose. At 4:00 a.m. her blood pressure began to drop and the baby's heart rate plummeted. Suddenly, Tatia seized and died. Doctors performed a cesarean to save the baby, but Zorah Allie Mae (the name she was given) did not survive. According to the Alameda County Coroner's Bureau report, Ms. French died from an amniotic fluid embolism. Her husband told the coroner's office investigator that he felt that they had not been fully informed about Cytotec's risks before Tatia was given the drug.

This seems likely. Tatia and J.B. probably would not have agreed to the use of Cytotec had they known that Cytotec's only FDA approved use is as an oral ulcer medication and that Cytotec is neither designed nor approved for inducing labor. They almost certainly would not have permitted Cytotec had they been told that Cytotec's only advantage over FDA approved induction agents is its extremely low cost. It is doubtful that they knew that Cytotec potentially had serious adverse effects, including an association with amniotic fluid embolism. They also seem unaware that inducing labor in first-time mothers roughly doubles their risk of cesarean section.

While few cases are as tragic as Tatia's, the fact is that most women giving birth in this country are exposed to procedures, drugs, or restrictions that research shows to be neither safe nor effective. Indeed, this problem is not confined to obstetrics. In 2001, the Institute of Medicine published a report concluding that U.S. physicians frequently fail to provide evidence-based care, that is, care based on the best scientific knowledge.

The Coalition for Improving Maternity Services (CIMS), a non-profit United Nations recognized NGO, is a coalition of individuals and national organizations concerned with the care and well being of mothers, babies, and families. Our mission is to promote an evidence-based wellness model of care that will improve birth outcomes and increase satisfaction while substantially reducing costs.

In furtherance of that mission, CIMS is holding a public forum on Mother-Friendly Childbirth February 20th in the Washington, DC area. CIMS has invited health policy makers, maternity care providers, health care insurers and consumer advocates to attend. We welcome representatives of the media to the Mother-Friendly Forum and hope that health reporters will assist us in increasing public awareness on this crucial issue.

Cordially,

Rae Davies
Executive Director



Coalition for Improving Maternity Services

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CIMS SPONSORS FIRST NATIONAL FORUM ON MOTHER-FRIENDLY MATERNITY CARE

Ponte Vedra Beach, Florida- The Coalition for Improving Maternity Services (CIMS) will host an educational forum on Mother-Friendly childbirth on February 20, 2003 at the Sheraton National Hotel in Arlington, Virginia. The forum will address current vital issues regarding the quality, cost, safety and effectiveness of maternity care in the United States and will include a panel of internationally recognized childbirth experts. CIMS advocates maternity care based on scientific evidence rather than on traditional routines, financial motivation, or physician fear of malpractice. Hospital administrators, policy makers, care providers, lactation consultants, perinatal educators, doulas/labor support professionals, and the media are expected to attend.

Roberta Scaer, co-founder and first chairperson of the coalition, and Rae Davies, Executive Director, will present the Mother-Friendly Childbirth Initiative (MFCI), a consensus document that includes guidelines to assist US hospitals, birth centers, and home birth services to provide high quality, evidence-based, culturally competent maternity care. The initiative has been endorsed by leading researchers, prominent individuals, and over 50 organizations in the coalition representing over 90,000 members.

Maternity care providers looking to implement a system-wide change from outdated, costly, and sometimes harmful obstetric procedures can use the Mother-Friendly guidelines to provide a wellness model of care that improves maternal and infant health, reduces costs, and increases satisfaction. Carol Davis, Designation Chair of the non-profit, volunteer organization and a recognized United Nations NGO, will guide care providers through the Ten Steps to Mother-Friendly Designation, a healthcare quality improvement model that has already caught the interest of several birthing services.

Policy makers will be interested in hearing a presentation by Barbara Hotelling, CIMS' co-chairperson, on the parallels between Mother-Friendly childbirth and the Healthy People 2010 goals. Healthy People 2010 is a national agenda to improve the health and well being of childbearing families.

(more)

FIRST NATIONAL FORUM ON MOTHER-FRIENDLY MATERNITY CARE

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In a highly competitive healthcare market, Mother-Friendly birth services have an edge. Dr. Rudolph P. Fedrizzi, Co-Director of the Northern New Mexico Women's Health and Birth Center in Taos, New Mexico, and Diana Sheldon, Director of Patient Services and Joyce Leach, Clinical Manager of the Family Birth Center at Three Rivers Community Hospital in Grants Pass, Oregon, the first two birth services to be awarded the Mother-Friendly status, will report on the positive impact of Mother-Friendly care on their communities.

For more information on the Mother-Friendly Childbirth Forum contact CIMS at 1-888-282-CIMS, or visit www.motherfriendly.org.