THE birth TRUST

To increase access to midwifery care and to strengthen the collective impact of organizations promoting evidence-based maternity care in North America.

Over the last ten years, as key midwifery organizations have created new coalitions and strategies to increase their impact, FAM has worked to strengthen the infrastructure and to support the professionalization of the midwifery movement. This requires far more resources than FAM has had to date. For this reason, FAM is working hard to identify other partners to invest in midwifery and midwifery-related organizations.

And of course, we engage in fundraising from individuals for the money that we grant to projects. Historically, midwives have been FAM's strongest supporters. But midwives cannot fund this change alone, and FAM works hard to reach midwifery consumers – the very people most likely to know of the benefits of midwifery and to support it. With greater resources, imagine the change you and our grantees could bring to the maternity care system.

Our Grantees

FAM makes grants in five key areas to improve access to midwifery care: public policy, public education, research, promoting birth equity, and international access (within North America). Here are our most recent grantees:

Birth Trust Grantees 2014

The Midwives Alliance of North America **$5,000**
To validate and publish the 4.0 MANA Stats data set

The Midwives Alliance of North America **$10,000**
To support the operations and expansion of the MANA Stats data collection

The Midwives Alliance of North America **$5,000**
To build capacity for MANA's Public Education & Communications Program

The MAMA Campaign **$5,000**
For lobbying expertise to pass H.R. 1976, the Access to Certified Professional Midwives Act of 2013.

Midwifery Education Accreditation Council **$4,000**
To answer consumer demand for CPMs by addressing barriers to midwifery program accreditation

Mamatoto Village **$4,000**
To broaden the community birth worker training program curriculum

Homebirth Summit Collaboration Task Force **$5,000**
To disseminate the Best Practice Guidelines: Transfer from Planned Home Birth to Hospital

Homebirth Summit Regulation and Licensure Task Force **$4,000**
To create a web repository on midwifery education, competencies, and scope of practice for policy makers.

Commonsense Childbirth **$3,000**
To expand prenatal care to Spanish-speaking populations by training Spanish-speaking birth workers

Birthing Hands of DC **$2,000**
To launch the website for The Grand Challenge: Matching Scholarships to Birth Workers of Color

Ancient Song Doula Services **$3,000**
To provide nutritional counseling to pregnant women in at-risk neighborhoods in Brooklyn, NY

Birth Trust Grantees 2013

The Midwives Alliance of North America **$25,000**
To support the operations and expansion of the MANA Stats data collection

The Midwives Alliance of North America **$10,000**
To build capacity for MANA's Public Education & Communications Program

The MAMA Campaign **$6,000**
For lobbying expertise to pass H.R. 1976, the Access to Certified Professional Midwives Act of 2013.

Midwifery Education Accreditation Council **$4,000**
To enable web-based submission of applications and reports associated with the accreditation process,

Mamatoto Village **$4,000**
To implement the DC-area community birth worker training program

Homebirth Summit Regulation and Licensure Task Force **$5,000**
To create a web repository on midwifery education, competencies, and scope of practice for policy makers.

University of British Columbia Division of Midwifery **$10,000**
For a matched cohort study of maternity outcomes and midwife-led care in the United States

The Midwives Alliance of North America **$5,000**
To further develop social justice frameworks and training within the organization

ACOTCHI of Guatemala **$2,500**
To address postpartum hemorrhage by providing training in and access to oral misoprostol

Business of Being Born: The Classroom Edition **$5,000**
To bring BoBB:CE to regions where laws and access to midwifery are especially challenging

National Council for Aboriginal Midwives **$3,500**
To promote midwifery care to rural aboriginal communities using indigenous multi-media platforms

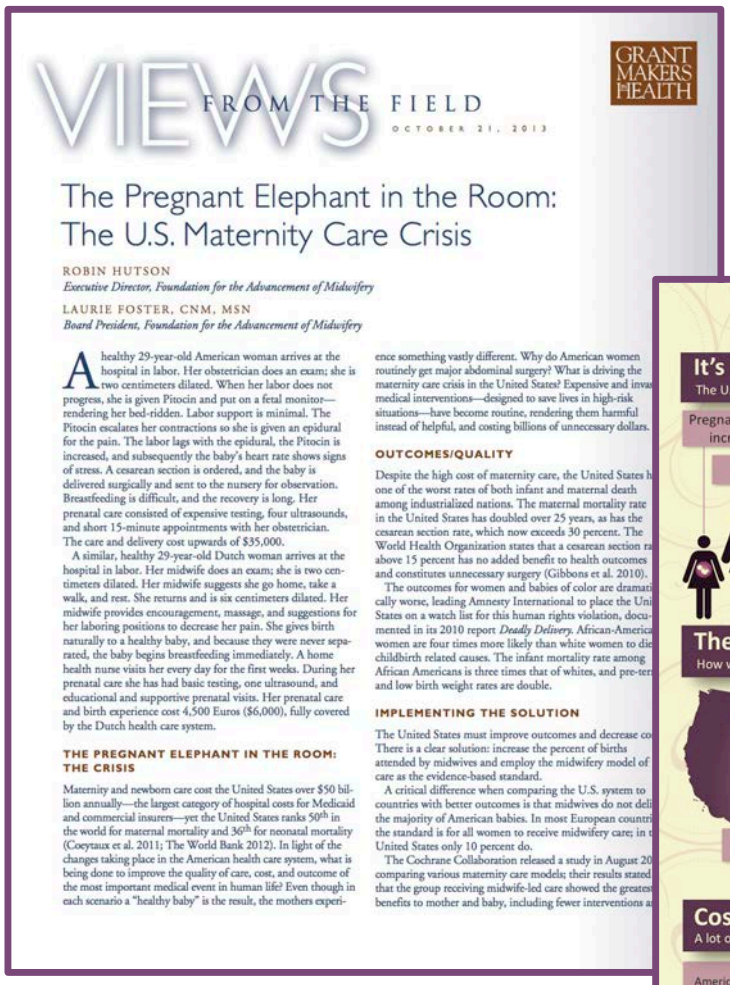
Birth Trust Grants Total for 2013-2014 **$130,000**

The Birth Trust:
Giving You a Voice in Grant Making

FAM uses a unique model of grant making called the Birth Trust, for donors most dedicated to the cause of improving birth for women and babies. The board presents a prescreened docket of projects, and the Birth Trustees select the projects that receive funding. FAM believes that the vision and strategy to advance maternity care should be a collective process shared among as many stakeholder groups as possible.

The Grand Challenge

Promoting Midwifery with Other Foundations



VIEWS FROM THE FIELD

OCTOBER 21, 2013

GRANT MAKERS HEALTH

The Pregnant Elephant in the Room: The U.S. Maternity Care Crisis

ROBIN HUTSON
Executive Director, Foundation for the Advancement of Midwifery

LAURIE FOSTER, CNM, MSN
Board President, Foundation for the Advancement of Midwifery

A healthy 29-year-old American woman arrives at the hospital in labor. Her obstetrician does an exam; she is two centimeters dilated. When her labor does not progress, she is given Pitocin and put on a fetal monitor—rendering her bed-ridden. Labor support is minimal. The Pitocin escalates her contractions so she is given an epidural for the pain. The labor lags with the epidural, the Pitocin is increased, and subsequently the baby's heart rate shows signs of stress. A cesarean section is ordered, and the baby is delivered surgically and sent to the nursery for observation. Breastfeeding is difficult, and the recovery is long. Her prenatal care consisted of expensive testing, four ultrasounds, and short 15-minute appointments with her obstetrician. The care and delivery cost upwards of $35,000.

A similar, healthy 29-year-old Dutch woman arrives at the hospital in labor. Her midwife does an exam; she is two centimeters dilated. Her midwife suggests she go home, take a walk, and rest. She returns and is six centimeters dilated. Her midwife provides encouragement, massage, and suggestions for her laboring positions to decrease her pain. She gives birth naturally to a healthy baby, and because they were never separated, the baby begins breastfeeding immediately. A home health nurse visits her every day for the first weeks. During her prenatal care she has had basic testing, one ultrasound, and educational and supportive prenatal visits. Her prenatal care and birth experience cost 4,500 Euros ($6,000), fully covered by the Dutch health care system.

THE PREGNANT ELEPHANT IN THE ROOM: THE CRISIS

Maternity and newborn care cost the United States over $50 billion annually—the largest category of hospital costs for Medicaid and commercial insurers—yet the United States ranks 50th in the world for maternal mortality and 36th for neonatal mortality (Coeytaux et al. 2011; The World Bank 2012). In light of the changes taking place in the American health care system, what is being done to improve the quality of care, cost, and outcome of the most important medical event in human life? Even though in each scenario a "healthy baby" is the result, the mothers experience something vastly different. Why do American women routinely get major abdominal surgery? What is driving the maternity care crisis in the United States? Expensive and invasive medical interventions—designed to save lives in high-risk situations—have become routine, rendering them harmful instead of helpful, and costing billions of unnecessary dollars.

OUTCOMES/QUALITY

Despite the high cost of maternity care, the United States has one of the worst rates of both infant and maternal death among industrialized nations. The maternal mortality rate in the United States has doubled over 25 years, as has the cesarean section rate, which now exceeds 30 percent. The World Health Organization states that a cesarean section rate above 15 percent has no added benefit to health outcomes and constitutes unnecessary surgery (Gibbons et al. 2010).

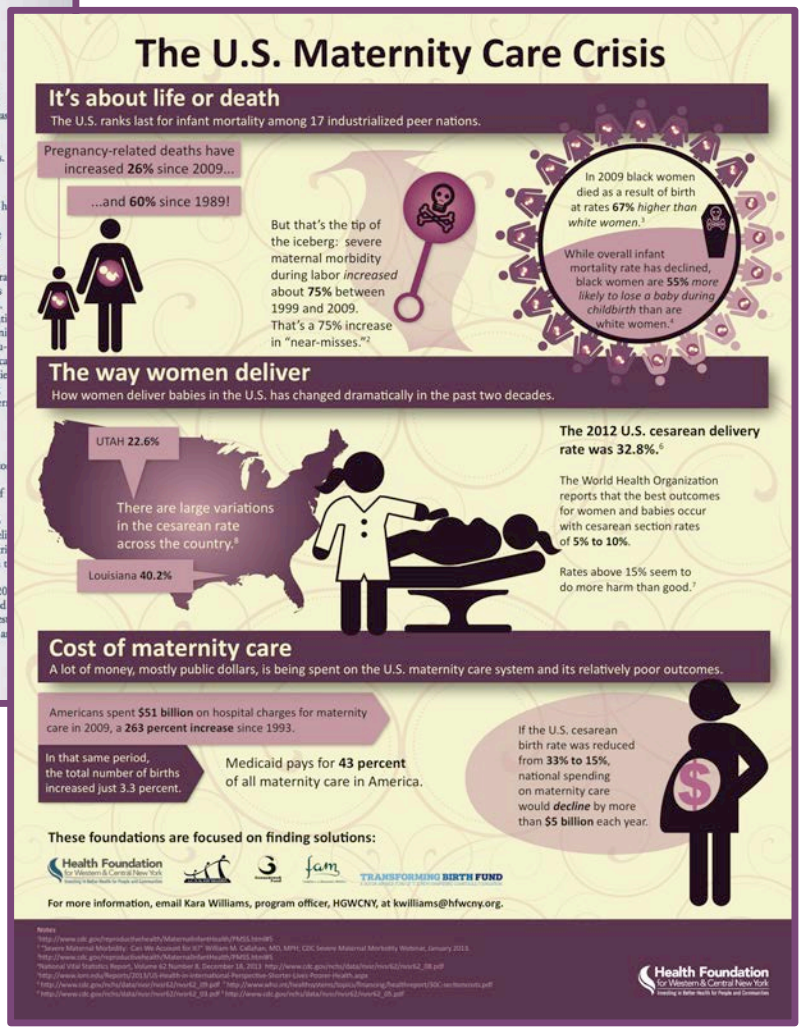
The outcomes for women and babies of color are dramatically worse, leading Amnesty International to place the United States on a watch list for this human rights violation, documented in its 2010 report *Deadly Delivery*. African American women are four times more likely than white women to die childbirth related causes. The infant mortality rate among African Americans is three times that of whites, and pre-term and low birth weight rates are double.

IMPLEMENTING THE SOLUTION

The United States must improve outcomes and decrease co... There is a clear solution: increase the percent of births attended by midwives and employ the midwifery model of care as the evidence-based standard.

A critical difference when comparing the U.S. system to countries with better outcomes is that midwives do not deli... the majority of American babies. In most European countri... the standard is for all women to receive midwifery care; in t... United States only 10 percent do.

The Cochrane Collaboration released a study in August 20... comparing various maternity care models; their results stated that the group receiving midwife-led care showed the greates... benefits to mother and baby, including fewer interventions a...



The U.S. Maternity Care Crisis

It's about life or death

The U.S. ranks last for infant mortality among 17 industrialized peer nations.

Pregnancy-related deaths have increased **26%** since 2009...

...and **60%** since 1989!

But that's the tip of the iceberg: severe maternal morbidity during labor *increased* about **75%** between 1999 and 2009. That's a 75% increase in "near-misses."[2]

In 2009 black women died as a result of birth at rates **67%** *higher than white women*.[3]

While overall infant mortality rate has declined, black women are **55%** *more likely to lose a baby during childbirth* than are white women.[4]

The way women deliver

How women deliver babies in the U.S. has changed dramatically in the past two decades.

UTAH **22.6%**

There are large variations in the cesarean rate across the country.[8]

Louisiana **40.2%**

The 2012 U.S. cesarean delivery rate was 32.8%.[6]

The World Health Organization reports that the best outcomes for women and babies occur with cesarean section rates of **5% to 10%**.

Rates above 15% seem to do more harm than good.[7]

Cost of maternity care

A lot of money, mostly public dollars, is being spent on the U.S. maternity care system and its relatively poor outcomes.

Americans spent **$51 billion** on hospital charges for maternity care in 2009, a **263 percent increase** since 1993.

In that same period, the total number of births increased just 3.3 percent.

Medicaid pays for **43 percent** of all maternity care in America.

If the U.S. cesarean birth rate was reduced from **33% to 15%**, national spending on maternity care would ***decline*** by more than **$5 billion** each year.

These foundations are focused on finding solutions:

Health Foundation for Western & Central New York · fam · TRANSFORMING BIRTH FUND

For more information, email Kara Williams, program officer, HGWCNY, at kwilliams@hfwcny.org.

Several years ago, FAM realized it was critical to involve other large health foundations in discussions —and funding— regarding increased access to midwifery care. Since that time, FAM is proud to be a leading force behind convening a group of funders that are committed to funding midwifery-related organizations and has organized meetings in Boston, New York, and Atlanta this year through our memberships with the Grantmakers in Health and the Women's Funding Network. We are working hard to increase the strength of this group to identify more resources.

Health Foundation for Western & Central New York
Investing in Better Health for People and Communities

EVERY MOTHER COUNTS

A.C.N.M. FOUNDATION

Groundswell Fund

TRANSFORMING BIRTH FUND
A DONOR ADVISED FUND OF THE NEW HAMPSHIRE CHARITABLE FOUNDATION.