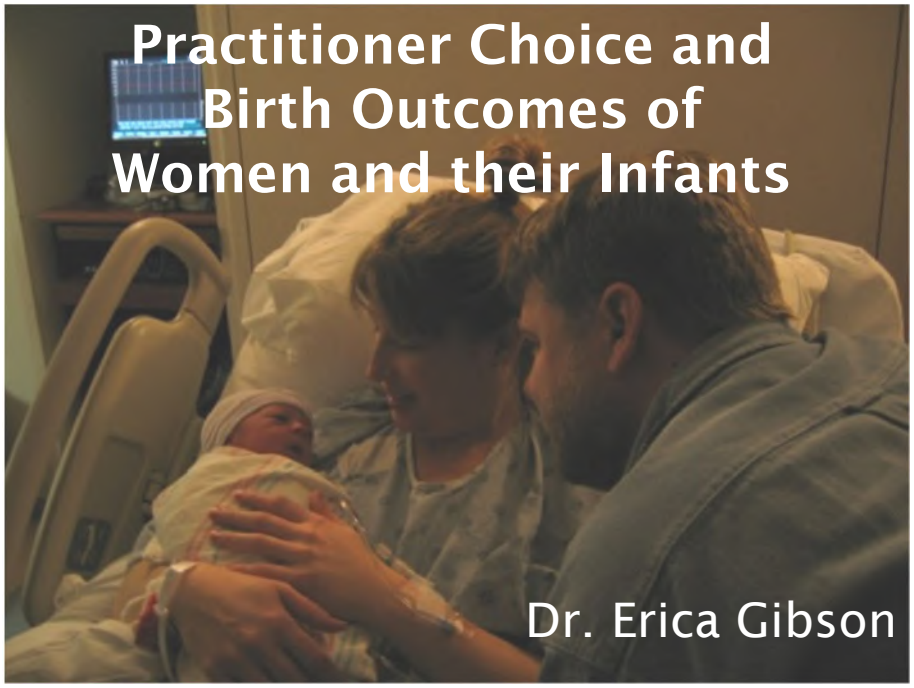


These are results from research done by Dr. Erica Gibson, a medical anthropologist at the University of South Carolina. Research was conducted at an obstetrician's office and two midwifery centers in Florida including the Birth Place.

Hypotheses

- Shared beliefs about pregnancy/birth between clients and practitioners should result in better birth outcomes for the mothers and the infants.

2

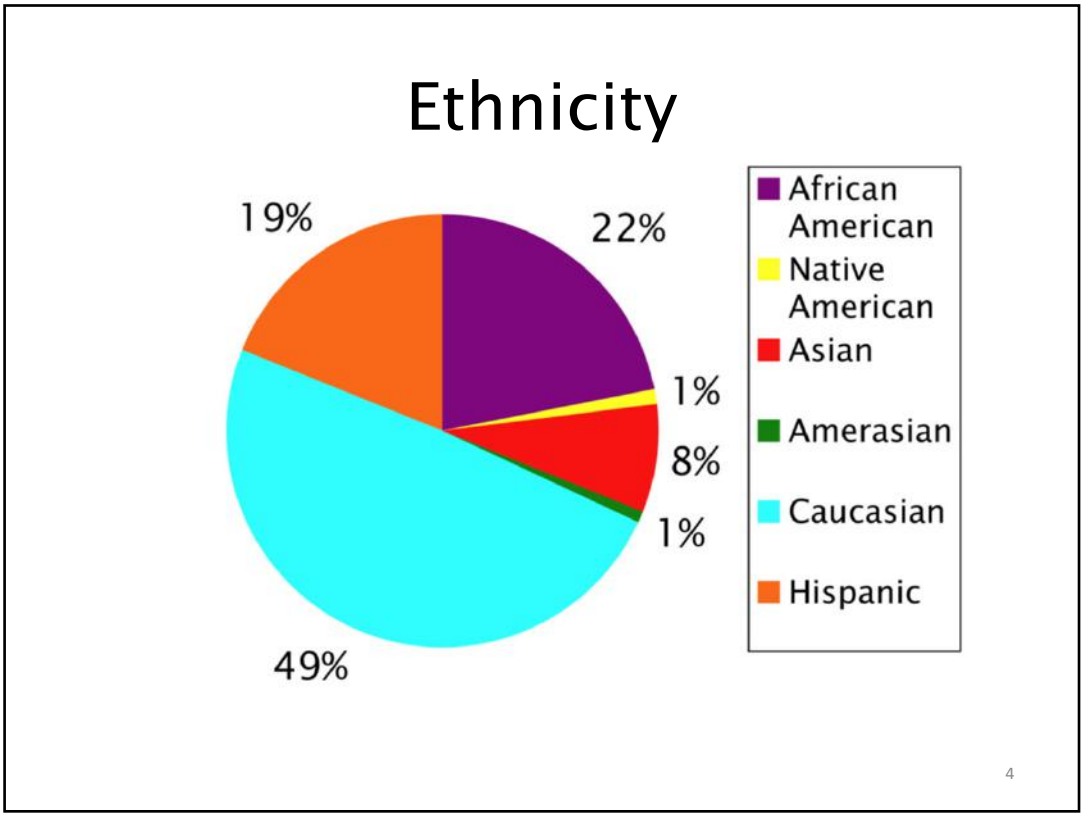
Dr. Gibson interviewed 80 women and their 4 practitioners to see how well their ideas about a good pregnancy and birth matched each other.

Demographic Data

- Age range: 18-45 (mean 27.7)
- Annual household income levels: $0-180,000 (mean $42,500)
- Education level: 9th grade – Ph.D.
- Previous pregnancies: 0-8 (mean 1.3)
- Religion: 68% varying forms of Christianity, 26% no religion, 6% other religions
- Marital status: 58% married, 37% single, 5% divorced

3

Although the average household income was $42,500, just over half of the women were paying for their prenatal care with Medicaid. This means their household income must be no greater than 185% of the federal poverty level, or about $1500-2300/mo.



The demographic breakdown of the group was interesting.
The ethnicity of the 80 women is shown here. This study reflects the diverse ethnic population of Orlando and the surrounding areas. Less than half the women were Caucasian with the next two largest groups being African American with 22% and Hispanic with 19%. The sample also included Asian, Amerasian, and Native American women.

Consensus Model Statements

- Examples of agree/disagree statements include:
  - " A pregnant woman should not have to be in pain during her labor."
  - "I believe that the mind is separate from the body."
  - "I believe that IV's are necessary for women in labor."
  - "Birth is best managed by technology."

5

The interview Dr. Gibson used with the practitioners and their clients consisted of a 22 statement agree/disagree form. The client was matched to their practitioner by comparing the answers to each of the 22 items. If a client had the same answer as their practitioner they were given a "1". These numbers were totaled for use in later statistical analyses.

Consensus

- Clients of both the doctor and the midwives shared consensus with their chosen practitioner, although the midwives and clients had higher levels of agreement on the answers than the doctor and his clients
- Women who had higher levels of agreement with their practitioner had higher birthweight babies (p=.04)

Consensus analysis indicated that practitioners and clients did reach agreement on ideas about good pregnancy/birth, but the midwives had higher levels of agreement with their clients. The most important finding of the study was that women who agreed more with their practitioners had higher birthweight babies.

Means of Health Behaviors and Birth Outcomes of Doctor and Midwife Clients					
	MD Clients	Midwife Clients			Total
		MW	Bio	Total	
EPDS Score	6.0	7.7	**5.8**	6.5	6.2
Birth weight grams	3400	3780	3346	3513	3462
Apgar 1	7.8	7.9	**8.8**	8.4	8.0
Apgar 2	9.0	9.1	**9.5**	9.3	9.0
Prenatal visits	10.7	12.4	**12.6**	12.5	11.7
Weight gain	32.1	35.8	36.4	36.2	34.3
Body Mass Index	24.6	23.5	**22.5**	22.9	23.7

7

Another important finding had to do with babies born to mothers receiving prenatal care from the Birth Place. Dr. Gibson divided these women into 2 groups – those actively seeking a midwife (which were then added to the 8 clients of other midwives) and women who had been referred to the Birth Place but wanted to give birth in a hospital. As shown in the bold numbers above – the women wanting a biomedical birth but receiving care with the midwife (Jennie) had better birth outcomes in 4 of the 6 outcome variables recorded. They had lower PPD scores, higher APGAR scoring infants, slightly more prenatal visits, and reported lower pre-pregnancy BMI. Although the midwife could not affect the pre-pregnancy levels of BMI, all of the other outcomes were better in these women than in clients of the doctor. The majority of these women chose to give birth in a hospital, but their prenatal care with the midwife had a beneficial impact on the birth outcomes of themselves and their infants.