

A shift toward greater proportions of births attended by midwives could result in a reduction in rates of obstetric interventions accompanied by similar or reduced rates of neonatal morbidity. Physicians should have access to training in midwifery skills.

PSYCHOSOCIAL RISKS AND RESOURCES ASSOCIATED WITH SMOKING AND SUBSTANCE USE DURING PREGNANCY AMONG AFRICAN AMERICAN AND CAUCASIAN LOW-INCOME WOMEN IN THE MIDWEST

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Background: This study examined associations between psychosocial and spiritual factors and health risk behaviors in pregnancy with African American and Caucasian low-income women. Cigarette smoking during pregnancy is considered the most modifiable cause of adverse birth outcomes in the United States. Few, if any, studies have described the unique risks and resources for smoking or substance use in pregnancy within racial or ethnic groups. **Methods:** A total of 130 ethnically diverse pregnant women between ages of 14 and 44 were interviewed. Valid and reliable instruments included the Psychosocial Profile (PPP), Beck Depression Inventory (BDI), and the Spiritual Perspective Scale (SPS). **Results:** Significantly fewer of the African American women smoked than the Caucasian group of women ($P < .01$). No significant differences were found in self-report of substance use between the two groups. African American women who smoked during pregnancy were significantly more likely than African American women who did not smoke to report lower levels of education ($P < .05$), lower mean scores for other social support ($P < .05$) and total social support ($P < .05$), and a higher incidence of substance use ($P < .001$). Caucasian women who smoked during pregnancy were more likely to not initially know that they were pregnant ($P < .01$), have a higher incidence of substance use ($P < .001$), and have a history of preterm birth or low birth weight infant ($P < .01$) than the group of Caucasian women who did not smoke during pregnancy. **Conclusion:** The results of this study support integrating social support and early health promotion efforts in pregnancy.

CHANGING HEALTH CARE PROVIDERS: A STUDY OF MIDLIFE WOMEN

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Purpose: To examine reasons women report for changing health care providers. **Background and Significance:** As women move into midlife, it is essential to understand what engages them with the health care system, including why they choose to leave a health care provider. **Theoretical Framework:** Kennedy's midwifery framework. **Sample:**

Healthy community-based sample of 288 African American (25%), European American (49%), and Mexican/Central American (26%) women. **Methods:** Secondary analysis of data from a 5-year study of midlife women. This study reports on women's experience with changing health care providers because of dissatisfaction. Data were analyzed by using descriptive statistics, factor, and content analysis. **Results:** More than 42% of the sample indicated they had changed providers because of dissatisfaction with care. Factor analysis identified three components with the majority of variance related to communication issues. The other components were related to access such as location and cost and pretreatment care such as long wait times. There were no significant differences across ethnic groups. **Conclusions:** Women in this study valued how the provider treated them personally and interacted with them. Personal concern, careful listening, spending time, and thorough explanations were linked with the woman's judgment about the quality of care and provider skill. Understanding what women value and what makes them shun health care providers provides the opportunity to examine our own practices, improve care, and influence health care policy.

MATERNITY CARE TRANSITIONS IN NORTHERN RURAL HONDURAS: A PRELIMINARY ETHNOGRAPHIC INQUIRY

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Background and Significance: In 1999, an emerging model of maternity care was introduced in Morazan, in northern Honduras: the Centro Materno-Infantil. Laboring women who come to the center are attended by auxiliary nurses with 1 year of formal training. This is in contrast to the traditional model of homebirth with a partera or midwife. The purpose of this study is to explore maternity care transitions in this rural Honduran community. **Methods and Sample:** Using ethnographic methods, the research team conducted in-depth interviews and focus groups with 35 midwives and 6 interviews with clinic staff. Participant observation of services occurred at the center. Content analysis of qualitative data was conducted. **Results:** A complex relationship exists between the local parteras and the health center staff. Themes from the focus groups included: 1) desire for additional training, 2) desire for support and connection with public health services, 3) providing midwifery services to women who otherwise would not seek care, 4) attending birth as a religious calling, 5) a lack of new parteras for the future. **Implications:** Traditional midwives provide an essential role to child-bearing women throughout the municipality. Integrated referral services would be well received from traditional midwives when accompanied by respectful collaboration and opportunities for additional education or resources. Methods to promote this combine model should continue to

be explored to improve health outcomes for the community of childbearing women in Morazan.

RURAL PRACTICE EXPERIENCES OF CERTIFIED NURSE-MIDWIVES IN NEW MEXICO

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Background: The aim of this project was to identify factors in rural CNM practice that influence access to services in New Mexico. **Methods:** Two focus groups were conducted in the fall of 2003 with rural New Mexico nurse-midwives. Preliminary themes were reflected to participants at the conclusion of each focus group. Independent investigator review of meeting notes and subsequent consensus refined themes. **Results:** Rapid-paced and abrupt change in practice environment is acutely felt and requires adaptation by CNMs in rural communities. Escalating costs, especially doubling malpractice insurance premiums; decreased reimbursement; and hospital change are key background dynamics. Four themes emerged: 1) financial strain on hospitals and physicians has resulted in frequent change in CNM practice arrangements; 2) the rapidly changing business arrangements require CNM business resources and abilities that may not be available; 3) some rural CNMs expand their scope of practice and may work in several roles; and 4) CNMs live on the brink and take personal and financial risk to maintain services for women. **Conclusions:** Rural nurse-midwifery practice in New Mexico is in jeopardy. Resilience, willingness to adapt, cohesiveness of CNMs, and good relations with other providers have made survival possible until now. The future of rural CNM practice in this state will depend on creative strategies to meet the challenges identified.

THE STANDARD DAYS METHOD: NURSE-MIDWIFE AND NURSE-PRACTITIONER PERCEPTIONS OF A NEW METHOD OF FAMILY PLANNING

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Background: The purpose of this study was to determine nurse-midwife and nurse-practitioner perceptions of providing clients a new fertility awareness method of contraception—The Standard Days Method (SDM). **Methods:** A 22 item self-administered questionnaire was mailed to 444 nurse-midwives and nurse-practitioners who attended two national women's health meetings. Data were analyzed by frequencies and cross-tabulation. **Results:** The 144 respondents represented 40 states in the United States. Perceived

reasons for client interest in the SDM include non-hormonal, a natural method, can be used to prevent or plan a pregnancy, easy to use, inexpensive, and tangible. Perceived reasons for client's not choosing the SDM are a slightly higher pregnancy rate, the additional need for STI protection, and the method requires a daily action. Ninety percent (90%) of respondents plan to provide the SDM method for their clients. Nurse-midwives and nurse-practitioners perceived the SDM as an excellent tool for teaching fertility awareness using the accompanying checklist and would offer it free at their service site. **Conclusions:** The Standard Days Method of family planning provides a reliable option to plan or prevent a pregnancy. The method could be offered to clients who prefer a non-hormonal, inexpensive, tangible, and easy to use method of contraception. Nurse-midwives and nurse-practitioners perceive SDM as an important tool for teaching the menstrual cycle and fertility awareness.

PERINEAL TRAUMA IN CHILDBIRTH: A REPLICATION STUDY

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Background: The purpose of the study was to replicate the work of Albers, Anderson, Cragin, Daniels, Hunter, Sedler, and Dusty (1996) who reported factors related to perineal trauma in childbirth and to compare findings with data from a large nurse-midwifery faculty practice. **Methods:** Retrospective descriptive study analyzing data for healthy term women (N = 510) who gave birth during 1996 and 1997. Data were recorded into the Nurse-Midwifery Clinical Data Set. Variables of interest included demographics, intrapartum management, birth position, and infant weight. **Results:** Univariate and multivariate analyses demonstrated that episiotomy was related to parity, marital status, infant weight, fetal bradycardia, and prolonged second stage. Massage was protective. Factors related to episiotomy were also related to laceration, as were age, insurance status, and activity in labor. Birthing in lateral position and manual support were protective. Albers et al. (1996) found ethnicity and maternal education related to episiotomy; warm compresses were protective. Use of oils or lubricants increased lacerations, as did lithotomy positioning. Although none of those factors were replicated in this investigation, some factors were validated. **Conclusions:** Lateral positioning and perineal support were found to protect women from perineal trauma in both studies. Other interventions are contradictory and require additional study.