"Thank You for Listening to Me": Trends and Patterns in the Results of The Birth Survey

The Birth Survey

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Austin, Texas  February 26, 2010

Overview

- Overview of The Birth Survey
- Sneak Peak at Detailed Data
  - Women’s Voices: Free-text Comment Analysis
  - Trends in structured questions to TBS
- Why is Transparency in Maternity Care Important and How Can We Increase it
The Transparency in Maternity Care Project

Overview

Transparency in Maternity Care Project

Vision

To create a higher level of transparency in maternity care so that women will be better prepared to make informed decisions about where and with whom to birth.
Transparency in Maternity Care Project

Four Primary Objectives

1. Annually obtain government reported maternity care intervention rates on an institutional level for all fifty states.

2. Collect feedback about women’s birth experiences with specific providers and facilities using an online, ongoing survey, *TheBirthSurvey*.

3. Present official hospital intervention rates, results of *The Birth Survey* and information about the MFCI in an online format.

4. Increase public awareness of differences among maternity care providers and facilities and increase recognition of the MFCI as the gold standard of maternity care.

Transparency in Maternity Care Project

Campaign to make facility-level intervention rates publically accessible

- Request detailed data, including: method of birth, induction, augmentation, and episiotomy.
- Data requested from state DOH for aggregate data from birth certificates and/or hospital discharge data.
- Trained Local Ambassadors make requests.
- Visit the TBS website for links to available level of DOH data.
- 28% of states have some level of data now!!!
- Currently we’ve collected data or have links to data for VA, AK, CA, NC, NY, MD, NJ, UT, TX, FL, OR, AL, ND, PN.
Transparency in Maternity Care Project

The Birth Survey

- The Birth Survey is an ongoing online consumer feedback survey that can be taken by any woman who has given birth within the last three years in the U.S. and has web access. The survey is available under “Share” at www.thebirthsurvey.com.

- It’s structured around the 10-Steps of the MFCI and quality indicators.

- Women provide feedback about their experiences and quality of care with specific providers and birth settings.

- Only licensed providers are included
  - Physicians
  - Certified Nurse Midwives
  - Licensed Midwives

The Birth Survey

Topics Included in Survey

- Prenatal care
- Place of birth and provider
- Transfers from out-of-hospital settings
- Method of birth
- Labor support
- Labor care/interventions
- Pain management
- Birth care/interventions
- Informed Consent
- After birth care
- Circumcision
- Feeding baby
- Communication and interpersonal skills
- Baby’s care
- Nursing staff
- Environment
- Overall ratings
- Demographic questions
- Survey Feedback
Search Window

Select from the following to view a list of different hospitals, hospital birth centers, freestanding birth centers, or home birth services in your community:

- Birth Settings, Click all that apply:
  - Hospital
  - Hospital Birth Center
  - Free Standing Birth Center
  - Home Birth Service

Find by Zip code OR Find by City/State

Distance

Name (Optional):

Results will display online the consumer feedback provided through The Birth Survey about specific providers and facilities. Visit http://www.thebirthsurvey.com/Terms_results.html.

This is an example of a birth setting search page. You click “View Details” to see more information.
Birth Survey Results: Provider Interpersonal and Communication Skills

Currently Available: “Overall rating, Recommend, Use Again, and 7 interpersonal and communication skills.”

Numerical and graphed results to a 10 item set of quality of care questions, includes an overall rating for a provider or facility.
Total Surveys and Ratings

- Over 25,500 surveys have been initiated nationwide to date.

**Individual Providers with Ratings**
- 2,147 CNMs
- 2,836 LMs
- 7,995 Physicians

**Individual Hospital and Birth Centers:**
- 2,489 Hospitals
- 256 Freestanding Birth Centers
- 110 Hospital Birth Centers

Individual Providers with the Most Ratings

**Doctors:**
1. Robert Biter, Encinitas CA (17)
2. Scott Smith, Rogers AK (16)
3. Kimberely Vanscriver, Jacksonville FL (15)

**CNMs:**
1. Linda Joyce Lee, Mountain View CA (69)
2. Clarice A. Winkler, Okemos MI (59)
3. Olga Libova, Mountain View CA (57)

**Licensed Midwives:**
1. Heike Doyle, Kirkland WA (75)
2. Linda Weaver, Spartanburg SC (72)
3. Valerie Sasson, Kirkland WA (62)
Facilities with the Most Feedback

- **Hospitals (2,489) and Hospital Birth Centers (110):**
  - The Women’s Hospital, Newburgh IN (66)
  - El Camino Hospital, Mountain View CA (63)
  - Swedish Medical Center, Seattle WA (57)

- **Birth Centers (256):**
  - Puget Sound Birth Center, WA (68)
  - The Birth Place, Bryn Mawr PA (47)
  - The Baby Place, Inc., Meridian IN (45)

Who Are the Mothers of The Birth Survey?
Who are the mothers who are taking The Birth Survey*: \( n=13,610 \)

- Average age 32
- 51% Primips, 49% Multips
- 99% Singleton, 1% Multiples
- Prenatal Care
  - 53% with physician
  - 46% with midwife
- Of those planning a hospital birth, 78% prior to labor were definitely or somewhat interested in having a low-intervention “drug-free” natural birth?

*N=13,610 completed surveys for births in the last five years

Who Are the Mothers of The Birth Survey?

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>COMBINED FAMILY INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>91% White Non Hispanic</td>
<td>18% $35,000/Yr or less</td>
</tr>
<tr>
<td>4% White Hispanic</td>
<td>16% $35,000 - $49,999/Yr</td>
</tr>
<tr>
<td>2% Mixed Racial Background</td>
<td>25% $50,000 - $74,999/Yr</td>
</tr>
<tr>
<td>1% Black/African American</td>
<td>18% $75,000 - $99,999/Yr</td>
</tr>
<tr>
<td>1% Asian</td>
<td>23% &gt;$100,000/Yr</td>
</tr>
<tr>
<td>0.5% Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>0.5% American</td>
<td></td>
</tr>
<tr>
<td>Indian/Alaska</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.05% 8th grade or less</td>
<td>1% Some HS w/0 grad</td>
</tr>
<tr>
<td>7% HS degree or GED</td>
<td>30.3% Some college or 2 Yr</td>
</tr>
<tr>
<td>32% 4 Year college grad</td>
<td>30% &gt; 4 years college</td>
</tr>
</tbody>
</table>
**Place of Birth: Planned Vs. Actual**

*n = 13,610*

<table>
<thead>
<tr>
<th>Location</th>
<th>Planned</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>52%</td>
<td>57%</td>
</tr>
<tr>
<td>HSBC</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>FSBC</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Home</td>
<td>23%</td>
<td>21%</td>
</tr>
</tbody>
</table>

**Type of Birth**

*n = 13,607*

- **Vaginal Birth**: 74%
- **Cesarean**: 21%
- **VBAC**: 5%

Vacuum Rate: 3.82%
Forceps Rate: 0.89%
*Included in vaginal birth total*
Types of Cesareans

\[ n = 2,853 \]

- Planned prior to labor
- Planned repeat prior to labor
- Unplanned at Arrival
- Unplanned In Labor

Note: "Unplanned cesareans include transfers of care from out of hospital birth settings"

What Are Women Who Take The Birth Survey Telling Us?

1. Free-Text Items
2. Selected Survey Items
Free-Text Comments: Methods:

- Research Question: What themes are women talking about in the provider free-text comments?
- 19 Codes developed to reflect items in the MFCI Preamble and 10 Steps. These were coded as positive or negative.
- Looked at by birth path providers (doctors and midwives for hospital birth, homebirth, transfer, c-section)
- Each path shared by at least two coders.
- Thank you to survey team: Jennifer Zimmerman, Jenne Alderks, and Amy Collins

Free-Text by Provider Feedback Question

- Question reads: If you wish, you may provide a comment about this care provider below.
- Complete Surveys (N=13, 753)
  - 2660 free text comments were examined.
    - 596-Cesarean Doctor (F01N)
    - 1190-Planned and Actual Hospital Doctor/Midwife, (F01A)
    - 431-Planned and Actual Home Birth or Freestanding birth center, (F01K)
    - Excluded OOH Transfers and Additional Provider from further analysis
**Voices of Women**

- Dr Gerson was great- he knew I didn't want a c section, so when an emergency came up, he looked at me & said "i'll get the vaccuum" he just knew. I think he was the only person who read my birth plan. (HS 8022)

- I love love love my doctor. He delivered two of my previous babies, and knew how I wanted things. He even fought the nursing staff to ensure I got the birth that my husband and I wanted. (7167)

**comments**

- He used scare tactics to scare me into a c-section, saying I NEEDED to have one, that my baby was in danger, and that we had to hurry. I was never allowed to labor, never given a chance to even TRY. I ended up finding out that NONE of it was necessary afterward when I looked at my medical records and did research about my personal experience. (7390)
comments

- What I loved about Veronica was that she would provide her perspective and experience, but the ultimate decision of how I wanted to give birth was up to me. I could give birth how I wanted and have the supervision of an experienced professional. (HB 6188)

- We were confident with Maria Iorillo, she is experienced and competent. We trusted her, and would love to have another birth with her.

Results

- Of the 19 codes. The majority of the responses clustered around general statements of well being or like/dislike- not surprisingly given the context of the question.

- Focused analysis on three birth paths. Homebirth Providers (MDWs&Docs), Hospital Providers (MDWs&Docs), Cesarean Doctors. Excluded transfers and added provider categories.

- Only two steps of the MFCI came up as statistically significant between the birth path groups. Limited or Didn’t Limit Interventions (step 6) and Comments about access to Midwives (Step 1)
Percent of Positive Comments by Codes for Cesarean, Hospital, and Out Of Hospital Providers

- SupportedNormalcy of Birth
  - Empowered
    - 25.50%
  - Supported
    - 7.89%

- General Positive Comment/Well-Being
  - 25.50%
  - 36.47%
  - 70.30%

- Informed Choices/Informed Consent
  - 0.17%
  - 1.01%

- Respect for Personal Preferences
  - 4.79%
  - 9.24%
  - 1.02%

- Care Based on Needs of Mother-Baby
  - 0.01%
  - 3.02%

- Access to Midwives-Step 1
  - 4.64%

- Limited Interventions-Step 6
  - 0.34%

- Percent of Comments for Cesarean Providers, N=596
  - 0.32%
  - 0.78%

- Percent of Comments for Hospital Providers, N=1190
  - 0.00%
  - 9.05%

- Percent of Comments for OOH Providers, N=431
  - 0.00%

Difference between provider categories statistically significant at the p<0.05 level.

Percent of Comments by Negative Codes for Cesarean, Hospital, and Out Of Hospital Providers

- Did Not Support Normalcy of Birth
  - Disempowered
    - 4.19%
  - Did Not Support
    - 0.35%

- Did Not Limit Interventions-Step 6
  - 0.23%

- Lack Access to Midwives-Step 1
  - 0.38%

- Care Based on Needs of Provider
  - 3.03%

- Disrespect for Personal Preferences
  - 4.30%

- No Informed Choices/Informed Consent
  - 0.45%

- General Negative Comment/Lacking Well-Being
  - 2.32%

- Disempowered
  - 1.16%

- Percent of Comments for Cesarean Providers, N=596
  - 1.27%

- Percent of Comments for Hospital Providers, N=1190
  - 9.32%

- Percent of Comments for OOH Providers, N=431
  - 6.97%

Difference between provider categories statistically significant at the p<0.05 level.
Respect/Disrespect

- My OB may have shown some kindness during my labor, but I felt that she was very negative with me for the most part because I did not want to follow her "plan". I was never informed that my personal birth plan would be completely disrespected/irrelevant to staff once I was put on an induction protocol. 5619

Percent of Comments With Well-being or Lack of Well-being Codes by Provider Types

- General Positive Comment/Well-Being
- General Negative Comment/Lacking Well-Being

- Percent of Comments for OOH Providers, N=431: 70.30%
- Percent of Comments for Hospital Providers, N=1190: 36.47%
- Percent of Comments for Cesarean Providers, N=596: 25.50%

- Percent of Comments For OOH Providers, N=431: 2.32%
- Percent of Comments For Hospital Providers, N=1190: 11.01%
- Percent of Comments For Cesarean Providers, N=596: 7.05%
Word Analysis-

- “Professional” (5%), “Knowledgeable” (5%), and “Respect” (7%) in a positive context most commonly associated with OOH Provider’s Feedback Comments

- 7% of the OOH and Hospital Comments are associated with the term “Support” in a positive context.

Knowledgeable

- I am an MD, and have delivered babies myself in hospital. Because of my background and knowledge, my expectations and requirements for a midwife were very high. Ronnie Falcao, our midwife, met and exceeded them. She also spent at least 1h for each pre-natal appointment, and sometimes up to 2 hrs, which, given that regular OB/GYN appointments are 15-30 min, is extraordinary care. (13464)
Support/Unsupportive

- Dr. Brass was supportive of my desire to have a VBAC, and she expressed confidence in my ability to give birth vaginally. 24548
- Evelyn Brady and Dr. Kimberly VanScrewer are both wonderful - I would HIGHLY recommend them to my family and friends, especially if you are a little nervous about your first birth and/or are interested in trying natural childbirth. They were extremely knowledgeable and supportive, unlike the other doctor I worked with, Dr. Joan Macksey and her entire practice. 5778

Selected Trends in Quantitative Data

Respect and Decision Making
Survey Trends - National Average:
Overall Rating by Provider Type

Overall Rating: 1 (worst) - 5 (best) by Provider Type

Physicians (n=8,916*)
CNM (n=6,607*)
LM (n=5,134*)

3.98
4.59
4.77

0.00
2.00
3.00
4.00
5.00
6.00

Would Recommend Provider to Family and Friends

DOCS (N=8344*)
MDWS (N=11,535*)

*number of ratings collected for each provider category. This is different than unique providers with ratings.
Would you want to use this provider again in the future if you were having another baby?

**DOC (N=8,154*)**
- NO: 30%
- MAYBE: 14%
- YES: 55%
**MDWS (N=11,334*)**
- NO: 8%
- MAYBE: 8%
- YES: 84%

*number of ratings collected for each provider category. This is different than unique providers with ratings. Difference significant at p<0.001

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"Always" to Five Interpersonal and Communication Skills by Provider Type

- **MIDWIVES (CNM&LM)**
- **DOCTORS**

1) Doctors had more Sometime and Usually answers. Midwives clustered at Always.
2) Significant at the p<0.001 level
3) Ns vary.

<table>
<thead>
<tr>
<th>Skill</th>
<th>MIDWIVES (%)</th>
<th>DOCTORS (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Always) Treated with courtesy and respect</td>
<td>67</td>
<td>91</td>
</tr>
<tr>
<td>(Always) Comfortable discussing concerns and asking all questions</td>
<td>61</td>
<td>88</td>
</tr>
<tr>
<td>(Always) Explain so they could understand</td>
<td>65</td>
<td>91</td>
</tr>
<tr>
<td>(Always) Answered Questions Completely</td>
<td>59</td>
<td>92</td>
</tr>
<tr>
<td>(Always) Treated with kindness and understanding</td>
<td>67</td>
<td>91</td>
</tr>
</tbody>
</table>
Please indicate how often during [care] with this provider you felt you had any decisions you made about your care respected by the provider?

- Physicians (N=8,059*)
  - Never: 11%
  -Sometimes: 2%
  - Usually: 1%
  - Always: 84%

- CNM (N=6,473*)
  - Never: 15%
  - Sometimes: 4%
  - Usually: 2%
  - Always: 94%

- LM (N=5028*)
  - Never: 17%
  - Sometimes: 9%
  - Usually: 9%
  - Always: 58%

*number of ratings collected for each provider category. This is different than unique providers with ratings. Differences significant at p<0.001

Yes, my [documented] wishes were respected by my care provider

- FSBC Midwife: 57.7%
- Homebirth Midwife: 60.4%
- Midwife Receiving a OOH Transfer: 29.6%
- Doctor Receiving a OOH Transfer: 21.7%
- Doctors in HSP/HSBC: 40.4%
- Midwives in HSP/HSBC: 46.4%

*from ACNM Presentation, data as of 5-09
### Permission for procedures:

Permission **not** given for induction procedure that was done anyway

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Percent Permission NOT Given</th>
<th>Number of women who had intervention*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AROM during vaginal exam</td>
<td>9%</td>
<td>1518</td>
</tr>
<tr>
<td>Stripped membranes</td>
<td>17%</td>
<td>1294</td>
</tr>
<tr>
<td>Pitocin</td>
<td>5%</td>
<td>2682</td>
</tr>
</tbody>
</table>

*D03 Birth Site=Hospital with Both Midwives and Doctors, includes OOH transfers.

### Informed Consent: Induction

Answered they gave permission but did **NOT** receive information about the risks, benefits, and alternatives of the following induction procedures before they were done.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Percent did NOT have Informed Consent</th>
<th>Number of women who had intervention*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AROM</td>
<td>32%</td>
<td>(n=1518)</td>
</tr>
<tr>
<td>Stripped Membranes</td>
<td>26%</td>
<td>(n=1294)</td>
</tr>
<tr>
<td>Pitocin</td>
<td>25%</td>
<td>(n=2682)</td>
</tr>
</tbody>
</table>

*D03 Birth Site=Hospital with Both Midwives and Doctors, includes OOH transfers.
Coalition for Improving Maternity Services (CIMS)  
www.motherfriendly.org

2010 Mother-Friendly Childbirth Forum  
Feb. 26-27

<table>
<thead>
<tr>
<th>Procedures Experienced*</th>
<th>It was the facility's and/or my caregiver's routine although it went against my wishes</th>
<th>There was a medical issue prompting this procedure but it went against my wishes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early AROM (n=2599)</td>
<td>10%</td>
<td>2%</td>
</tr>
<tr>
<td>IV Fluids (n=5271)</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Drugs to Start or Strengthen Contractions (n=3812)</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>Catheterized (n=3259)</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>Episiotomy (n=1237)</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Drugs to Start or Strengthen Contractions (n=3812)</td>
<td>12%</td>
<td>7%</td>
</tr>
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<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>Episiotomy (n=1237)</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Vacuum extraction (n=508)</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>Did NOT delay cord clamping (n=2750)</td>
<td>21%</td>
<td>6%</td>
</tr>
<tr>
<td>Pitocin to speed delivery of the after birth (n=1669)</td>
<td>22%</td>
<td>3%</td>
</tr>
<tr>
<td>Average</td>
<td>13%</td>
<td>5%</td>
</tr>
</tbody>
</table>

"Please indicate why you were given an episiotomy.*"
**Pressure to Have an Induction by Provider Type in the Hospital**

- Yes, I felt extremely pressured into having an induction that I believe was unnecessary (H23A6)
  - No, induction was never suggested (H23A1) 29%
  - No pressure, I requested the induction (H23A2) 6%
  - No pressure, I felt that my care provider presented me with my options and then left the decision up to me (H23A3) 6%
  - No pressure, I felt it was medically necessary under the circumstances (H23A9) 6%
  - Yes, I felt some pressure to be induced, but I also feel the induction was medically necessary under the circumstances (H23A5) 8%
  - Yes, I felt some pressure to be induced, but I also feel that the decision was mine to make (H23A4) 8%
  - No pressure, I felt that my care provider presented me with my options and then left the decision up to me (H23A3) 13%
  - No pressure, I requested the induction (H23A2) 3%
  - No pressure, I felt it was medically necessary under the circumstances (H23A9) 6%
  - Yes, I felt extremely pressured into having an induction that I believe was unnecessary (H23A6) 6%

*Data from ACNM Presentation 5-09

**Pressure to Have a C-section by Provider Type in the Hospital**

- Yes, I felt extremely pressured into having a cesarean section that I believe was unnecessary. (F05A6)
  - Yes, I felt some pressure to choose a cesarean section, but I also feel that the cesarean was medically needed under the circumstances. (F05A5) 4%
  - Yes, I felt some pressure to choose a cesarean section, but I also feel that the decision was mine to make. (F05A4) 8%
  - No pressure, I felt that my care provider presented me with my options and then left the final decision up to me (F05A3) 15%
  - No pressure, the cesarean was done after I suggested it (F05A2) 2%
  - No pressure, I felt it was medically needed under the circumstances (F05A1) 28%

*from ACNM Presentation, data as of 5-09
Mothers Feeling Pressure to Have CS (who had CS)

* Data from ACNM 5/09

Why Transparency Matters

Official Facility Level Statistics
Quiz Slide

1. In how many states in the US are government reported hospital c-section rates available to the public?
   A. 2
   B. 14
   C. 28
   D. 50

Why Transparency Matters

- Intervention rates and outcomes vary widely across providers and facilities
- Most of this variation has to do with factors unrelated to the woman’s health status
- Excess use of interventions leads to excess injury, cost
- Intervention rates can be lowered without compromising safety
- Public awareness of quality indicators results in improved quality
Why Transparency Matters

- Facility and provider intervention rates may be the most important variable affecting health outcomes of women and infants...

Currently, women can not access this information!

So.....

- We must work together to increase the woman taking the survey so their voices can be heard.
- We must increase funding for the project
- We must increase the number of states that have facility level intervention data available.
Next Steps

- 1. State by State Campaign
- 2. Free-Text Comments
- 3. “Custom Results”: Reports that can be customized to view comprehensive detailed feedback results for providers and facilities on more than 10 different topics included in the survey, covering the ten steps in the MFCI and more.

State by State Campaign

- Continue to provide national support for project but focus our leadership energy on fostering success in three states at a time
- Three-pronged approach for each state with specific goal levels to meet:
  - Access statistical data from the Department of Health
  - Raise awareness of The Birth Survey and encourage further population of the survey database
  - Fundraise for the Transparency Project
TBS State by State Campaign

<table>
<thead>
<tr>
<th>Current status: On the Road to Success</th>
<th>End Goal: Full List of Facility-Level Interventions Available</th>
<th>Survey Goal: 2.5% of birthing population taking the survey</th>
<th>$ Goal: 15,000 raised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas</td>
<td>C-Section, VBAC</td>
<td>1,371/ .34%</td>
<td>-</td>
</tr>
<tr>
<td>California</td>
<td>C-section, VBAC (for low-risk)</td>
<td>2,838/ .5145%</td>
<td>-</td>
</tr>
<tr>
<td>Florida</td>
<td>C-section, VBAC</td>
<td>1,360/.587%</td>
<td>-</td>
</tr>
</tbody>
</table>

Are you curious to check out *The Birth Survey*?

- If you have given birth in the US in the last three years please take the “live” survey under the “Share” button at [www.thebirthsurvey.com](http://www.thebirthsurvey.com).

- **All others** should review the demo survey.
  - Find the link to the demo survey at [www.thebirthsurvey.com](http://www.thebirthsurvey.com) under “About the Project”.
  - The survey has many paths based on birth experience. You may wish to view the demo multiple times to get a feel for all the possible survey questions.
  - No answers in the demo survey are saved or used in any way.
**How you can help…**

Visit [www.thebirthsurvey.com](http://www.thebirthsurvey.com) under “PR Materials” to access…

- Downloadable button and banners for personal websites
- “Invite a friend” e-mail to distribute

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**How you can help…**

Hand Out Promotional Materials


- Pre-Printed Postcards can be ordered from the CIMS website at [http://www.motherfriendly.org/pdf/order_form.pdf](http://www.motherfriendly.org/pdf/order_form.pdf).
How you can help…

- Become a Formal CIMS GAC Ambassador and help make this project a reality
  - Become a GAC Marketing Ambassador and help contact local press and coordinate getting the word out about The Birth Survey in your community
  - Become a GACSTAT Ambassador and help make public the intervention rates at the facility level from your state Department of Health.

- To Become a Formal Project Ambassador
  - Email info@thebirthsurvey.com or
  - To sign up for upcoming Marketing and GACSTAT Ambassador Training Webinars please visit www.thebirthsurvey.com.

- Donate to CIMS to support The Birth Survey.

Working Together….

- Together we have created a valuable resource, The Birth Survey, that allows women’s individual voices to be heard.
- All of us in this room are proving that change in maternity care is possible. And CIMS is where we come together
- Help us make it happen….
Bibliography