

Dear Friends and Colleagues,

In October, 2011, I facilitated a Future Search titled *Home Birth in the United States*. I want to share three things: 1) why I saw this as a risky undertaking, 2) how even a loosely connected group around an intense issue can have a successful meeting, and 3) a recently-announced, high-visibility outcome about which we are all proud.

First, I was cautious about this meeting because Home Birth in the United States is a very contentious issue. I learned there are 11 states in the United States where Home Birth is illegal and some women have faced serious backlash. At the same time, the rate of women wanting birth-setting choice is on the rise, with more women and their partners seeing it as a critical part of the birth experience. In many ways, the discussions were deadlocked.

Another reason for caution was the array of stakeholders themselves. They were affiliated and non-affiliated professionals and non-professionals in all parts of the country. The amount of interdependence among associations, institutions, networks and communities of interest varied from strong to non-existent. While they all agreed that safety is of utmost importance, maternity care providers and researchers have disagreed for years about appropriate settings for birth.

I would only go forward with this if the “right people” were present to each other and willing to engage in a conversation.

Imagine for a moment what that group would look like and what it would take to get them in the room for 3 days. The planning started in 2009, stalled and then picked up in 2010. Fifteen senior professionals from maternity care and health organizations met for one face-to-face meeting and then every couple of weeks on conference calls for over a year. The planners reached out to every part of the system and contacted people personally. When I saw the extensive invitation list, I was skeptical about who would even accept. The planners were persistent. Their message: This was to be a dialogue about how to support women’s choice, provide care and ensure safety. This was not going to be another debate on the *rightness or wrongness* of home birth.

The result was a testament to the planners’ ownership and effort. An extraordinary group of people from all over the country not only accepted, but showed up — and stayed.

And what a meeting it was. They called it a Consensus Summit because they were most comfortable with the word consensus, but I clarified the principle of Common Ground. Marv and I always say at the start, “No person has to change his or her mind for this meeting to be a success. We are looking for the Common Ground that exists. What is not agreed is important information, but need not be an action item.” We never assume that there will be Common Ground, but we

know that we increase the potential for people to discover it. This principle, repeated when necessary, assures people that their voice won't be stifled and that we are not looking for majority rule or passive agreement but, literally, shared aspiration.

As you can imagine the discussion around each Common Ground Statement, the Reality Dialogue, was long and intense. Every voice was heard. Nothing was glossed over. Words were taken apart. This was their opportunity, as a very diverse group, to unpack all the assumptions they held about each other. Having built connection and mutual respect over the two days, they stayed fully engaged in the conversation. I stayed alert to potential splits, getting people joined when they arose. It wasn't easy and took hours, but people hung in and reached agreement on the wording of 9 Common Ground Themes (they called them Statements) and then made action plans.

#2 – what do I believe it took to pull this off? The “right people” were in the room. Look at this group. They were: clinicians (midwives, obstetricians, pediatricians, family physicians), health professional educators, insurers, lawyers, ethicists, administrators, policy makers, researchers in epidemiology, public health, sociology, medical anthropology, legal, health policy and clinical research, consumers with successful outcomes and even unsuccessful outcome. There were staunch advocates, staunch critics, three international voices and a baby. That was the magic.

Please look at their website, www.homebirthsummit.org if you're interested in the whole story, including the list of participants (they call them delegates.)

Now, #3, one of the outcomes that “blew me away.” Less than a month after the conference. US Congresswoman Lucille Royball-Allard introduced the Common Ground Agenda into the Congressional Record. She said that women want choices for childbirth without compromising quality care and the meeting (the Future Search) was an important step in constructive dialogue around Home Birth. I think you'll enjoy the 5 min video.

http://www.youtube.com/watch?v=Nd7yn1wwkiU&feature=channel_video_title>

Don't hesitate to pass this on to a potential client who is curious about applying Future Search to a complex issue with a national scope. We have credible principles and a powerful process — it's so satisfying to continue finding this out.

Warmest regards,
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