Staying Current: New Trends in Pregnancy and Birth

Apparatus for Facilitating the Birth of a Child by Centrifugal Force
George B. Blonsky and Charolette E. Blonsky
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The majority of trends in birth are worrisome while others are beginning to show some promise of change. For example, the U.S. cesarean rate continues to increase steadily each year and is at a record high of 33.9% of all women giving birth. After reaching a high in 1996 of 28.3 percent of women who previously delivered by cesarean, the current national VBAC rate is fewer than 1 in 10. And, according to the Listening to Mother’s Survey II, 75% of women report having epidurals. On the more positive side, research suggests that more women are opting to deliver at home. Using birth certificate data, researchers from the National Center for Health Statistics report they saw a 20% increase in home births between 2004 and 2008.

Of even greater concern is the cultural shift in beliefs about birth. Many women now believe that a cesarean is safer than a vaginal birth. One of the reasons they give is that they believe vaginal birth causes damage to the pelvic floor. In addition, they can set a date for birth and plan their life around that. What is predictable feels more comfortable to them. Furthermore, women believe they can have a baby without having to feel labor contractions if they don’t want to. The trend is moving in the direction of nurses and doctors who have never seen a normal birth without medical interventions.

Through all of these changes, birth has become a technical experience with the use of medical procedures and obstetrical drugs. Women are depending on others to get their babies out and in the process they are numbing themselves to the full experience that birth has to offer. Learning only comes through experience. Experiencing birth fully without numbing effects offers women a peak experience that is empowering and transforming.

I believe that the pendulum of birth has swung to the end of its range and it will have to swing back, because nature must prevail. We cannot presume that mankind is smarter than nature because there is too much we don’t know or understand about the marvels of the human body. One sign of the pendulum swinging back is the growing awareness of womb ecology also known as primal health.

Primal health is defined as the period of time from conception to the end of the first year of life. Data from extensive clinical and experimental studies indicates that early life events play a powerful role in influencing later susceptibility to certain chronic diseases. These diseases span all medical fields from heart disease, stroke, obesity, metabolic syndrome and type 2 diabetes mellitus.1 In addition, breastfeeding with mother-baby skin-to-skin contact in the hours after birth is crucial for fetal limbic brain development. Even premature babies function better when laid against their mother’s skin than when placed into an incubator.

Another sign of the pendulum swinging back is the current trend of more women becoming midwives. Midwives have a more natural approach to birth than obstetricians and can work in hospitals as certified nurse midwives (CNMs) or at home as certified professional midwives (CPMs). They believe that birth is a normal and natural event and their birth practices are reflective of this. Midwives and doctors often use different models to explain and understand birth.

The predominant model used by physicians is the biomedical model. This model does not take into account the role of social factors or individual subjectivity. The biomedical model is also based on reductionism, the attempt to take apart all the components to find the root cause of a problem and explain biological processes using the same explanations used to interpret inanimate matter.

In contrast, the systems model looks at how all the parts come together to form a whole. This model recognizes that the ways in which the body performs, or doesn’t perform, can be better understood by taking into account the larger system of the community, the family, inter-personal relationships and things like individual responses to stress. This model acknowledges that every aspect of a woman’s world and environment is constantly and simultaneously affecting her physiology. These include the presence of the doctor and his/her staff, his/her expectations, the
and if 8.5 cm is achieved, the extra 1.5 cm will come when the head is crowning.

The claims made about the EPI-NO sound attractive, but they are contrary to my beliefs about the human body. I believe that the hormonal state of my body is different three to four weeks before labor as opposed to the time of crowning; therefore I wouldn’t want to be dilating my perineum before it is ready. I also believe that as long as the perineum is kept warm to ensure good blood supply and hard pushing is avoided it will open – just as it is supposed to – for birth.

At first glance, the biomedical model may seem to be working making many women and their caregivers happy. Women can give birth without feeling strong labor contractions. They can plan when they want to give birth and doctors don’t have to wait around. The use of medical procedures and obstetrical drugs provides economic and financial incentives for the hospital. Legal consequences are minimized because doctors have used the cesarean as the ultimate intervention. As far as the court is concerned there is nothing more that could have been done.

Balance is the key word. I would like to see the trends in birth bring a balance between both the biomedical and systems models of care. There are times when medical procedures and obstetrical drugs are necessary, but it is equally important to consider the role of other factors that might be keeping a labor from progressing, such as fear.

Giving birth requires the opening of the body and letting go of all inhibitions. In order to do so a woman in labor needs to let down all her defenses. She must have full trust and faith in her body’s ability to give birth and follow it as her guide. She also needs to be in a place where she feels safe. I would like to see pregnant women be able to choose their safe place for giving birth and feel supported by their caregivers.

Good quality childbirth education is needed now more than ever before. It is needed for both birthing parents and caregivers alike. Women need to know and believe that they are born with the knowledge about how to give birth and caregivers need to know how to support them in this philosophy. This month, I am giving a presentation to nurses and doctors in labor and delivery at a large local hospital. The title is “Supporting Women in Labor Without Epidurals.” Another sign of the pendulum shift is that this presentation was requested by a female obstetrician who is trying to change the hospital environment and make it more friendly to normal, natural birth. She acknowledges this has to be done through education.

Though I am worried about the current trends in birth, I am also optimistic. I hope as more women are training to become midwives and more midwives are being employed by hospitals and attending home births, and with good quality childbirth education reaching more pregnant women and their families, surely we will begin to see change towards a better balance in the biomedical and systems approaches to birth.

Birth is and always will be a sacred event, a miracle - one that changes a woman’s life and our lives forever.

Reference:

Since so many women today use the Internet to get information, my goal for this article was to see what I would find if I used the key words “new trends in pregnancy and birth.” The first few articles focused on teen pregnancy. One article, *New Data: Teen Pregnancy, Abortion on the Rise* (2010), reported that the Guttmacher Institute and the CDC found that “pregnancy rates among U.S. teenagers, which had been dropping since 1990, took an upturn in 2006...(and the increase was) concentrated among 18 and 19-year olds....”

A subsequent article *Reflecting on the Trend: Pregnancy After Age 35*, written back in 2007 as a collaborative project of Best Start: Ontario’s Maternal, Newborn and Early Child Development Resource Centre and the Halton Region Health Department, addressed the other end of the age spectrum. This article reported that for Canada and other industrialized countries, the average age at which women are having a first birth is increasing. As a result, these women are also having subsequent babies at older ages. This is especially problematic since we know that women at both ends of the age spectrum are often treated as “high risk.”

For example, WebMD.com, a popular search site for medical information, states that teen moms may not get adequate prenatal care and are at higher risk of high blood pressure, premature birth, low-birth-weight babies, STD’s, postpartum depression and feeling alone and isolated. In terms of ‘aging’ mothers, WebMD notes that birth rates for women who live in the US and are in their 30s are at the highest levels in three decades. They go on to claim that women over the age of 35 have increased risk of birth defects, miscarriage, low-lying placenta, bleeding in the third trimester, stillbirth and cesarean birth and experience chronic health problems such as diabetes and high blood pressure. As a result, greater oversight and more testing and procedures during pregnancy and birth are routinely recommended for both teen and aging moms, resulting in what is known as a ‘cascade of intervention.’

For example, an article in the BMJ (July 15, 2000: 321(7254): 125-126), *Obstetric Interventions Among Private and Public Patients*, by C. Roberts, S. Tracy, and B. Peat, reports that women 35 and over are more likely to have genetic testing, a multitude of prenatal tests, induced labor, diagnosis of fetal distress, epidural anesthesia or forceps or ventouse delivery. Moreover, the rate of cesareans rises – especially with private care.

What these and other articles fail to address are the social, psychological and emotional consequences of being labeled “high risk” as well as the effects of maternal stress on the unborn baby. Additionally, the average reader may not realize that there is often a vast disconnect between what is truly “high risk” and what falls under the perception of “high risk” and that the mere suggestion or expectation of complications can create a stress response in the mother.

Another article, entitled “Trends in Pregnancy and Birth,” was found on Parent Profiles.com. This article reported that “pregnancy and birth have become more consumer-oriented as women begin demanding more choices and to be treated as as a woman experiencing a natural process, rather than a medical patient.” While that may be the case with homebirths, unfortunately it is not the norm with hospital births.

An article from back in 2006, entitled “Top Trends in Pregnancy and Birth,” claimed that birth networks (educate, empower, support), birth stories (birth options, tools, classes techniques), hypnosis for childbirth, prenatal yoga, water-assisted labor (birthing tubs), doulas (emotional and tactical support) and pregnancy massage’ were the top trends of that time. Many of these trends are still popular today and I’m proud to say that BirthWorks, as a birth network, effectively fulfills many of these roles. More specifically, our Childbirth Education program is comprehensive and effective and our Doula trainings focus on supporting and empowering women and birth. In addition, the Newsletter provides space for women to share their birth stories and to learn about birth options.
Editor's Note / New Trends in Birth and Pregnancy

New Trends in Birth and Pregnancy

Submitted by Mali Schwartz

While there is a percentage of women in the United States who have access to birthing methods which can lead to a healthier birth experience, it’s important to ask whether all women have equal access and can therefore benefit from these birthing methods.

A National Council of Health Statistics Data Brief that was published in October 2008 reported that infant mortality is one of the most important indicators of the health of a nation. Infant mortality is associated with a variety of factors such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices. Findings also suggested that there are large differences in infant mortality rates by race and ethnicity.

The differences become clearer when we contrast the infant mortality rates of certain races and ethnic groups to the choices that celebrities have regarding the way they give birth. According to Lucinda Loveless, author of Celebrity Birthing Trends (www.pregnancy.org), celebrities birthing methods receive a great deal of press and may promote particular birthing methods among the general public. For instance Demi Moore, Cindy Crawford, Pamela Anderson and Meryl Streep gave birth at home. Between 2004 and 2009, home births increased 29%.

Brazilian supermodel Gisele Bundchen is one of a growing number of women embracing water birth, said to be a gentler way to bring a baby into the world. In 1995 only three hospitals in the country offered water-assisted labor. Now it’s offered in 15% of all U.S. hospitals. As the shift toward self-education continues to grow, large numbers of American women are choosing alternative ways to prepare for childbirth and cope with the intensity of labor. Instead of waiting for the doctor to tell them what they need to know, women are doing more research on their options and exploring ways to make pregnancy and birth less painful.

According to an article that lists the top trends in holistic childbirth on the website holistichealthhabits.org, American women have become more proactive in helping to empower women to educate and support each other and advocate for the improvement of maternity care. Amy Romano of Lamaze International reports that more birth networks are being organized and the number of regional groups of pregnant women and birthing professionals who advocate for the improvement of maternity care in their communities has doubled in the past two years.

Another trend that has skyrocketed is the sharing of the birth story. There are now seven birth story nights. For instance Dateline featured hypnosis and Pregnancy.org lists the top trends in holistic birth and delivery. Most pregnancy magazines now feature birth stories on a regular basis and many birth networks and childbirth educators now sponsor birth-story nights.

Since a 1999 segment on NBC’s Dateline featured hypnosis for childbirth, interest in this...
New Trends in Birth and Pregnancy

method has steadily grown. The HypnoBirthing Method and Hypnobabies are two of the oldest and most popular programs. Celebrities Angelina Jolie and Busy Phillips both chose HypnoBirthing. While no program promises a pain-free birth, this is reported to be a common experience for Hypnobirthers. In the late 1990s there were only a few hundred HypnoBirth educators, and as of this year, there are over 3000.

Other birth trends that celebrities have embraced are scheduled elective cesarean sections and vaginal birth after cesarean. “Too Posh to Push” celebrities include Britney Spears, Madonna and Christine Aguliera. Victoria Beckham says all her c-sections were under doctor’s order. Celebrities who have chosen VBACs include Kate Winslet, who said she felt triumphant after the birth of her second child, Kate Hudson and Michelle Dugger.

While celebrities help to bring attention to the birth method they prefer, they represent a small percentage of the total population of women in the United States. In order to get a broader picture of birth trends in our country we must review what organizations like The Center for Disease Control Division of Vital Statistics have to report.

The CDC released statistics on cesareans, preterm birth and inductions in 2006 that are thought provoking. Compared to 2005, there was a 3% increase in the number of births that occurred, bringing the number of births in 2006 to 4,265,555. There was also a 3% increase in the number of babies born to mothers 15-19 years of age. This was a notable change since previously there had been a 14 year decline in the number of

In 2006, the cesarean rate climbed to 31.1% of all births as did the number of primary cesareans (mothers having a cesarean with their first birth). This trend is likely related to the increase in inductions and other medical interventions. About 92% of mothers with a previous cesarean chose to have a repeat cesarean, versus about 8.5% of women choosing to have a VBAC after already having a previous cesarean. The message that more

women could safely have a VBAC is evidently not getting across to the majority of mothers with a previous cesarean.

In terms of instrumental deliveries, e.g. using a vacuum extractor or forceps, the 1990 rate of 9% was cut in half in 2006 to 4.5% of all births.

Another consistent trend in childbirth is that 7.9% of births in the U.S. are attended by nurse-midwives.

While the U.S. infant mortality rate overall declined throughout the 20th century, our international infant mortality ranking fell from 12th in 1960 to 25th in 1990 to 29th in 2004. Moreover, the U.S. rates did not vary much between 2000 and 2005. As expected, this has generated concern among researchers and policy makers.

What are the reasons behind this plateau? One reason is the increase in preterm birth and preterm-related infant mortality. Because the majority of infant deaths occur to very preterm infants, changes in either the percentage of these infants, or in their infant mortality rate, can have a large impact on the overall infant mortality rate. In 2005 alone, 36.5% of infant deaths in the United States were due to preterm-related causes of death, a 5% increase since 2000. Another reason is that the infant mortality rate for non-Hispanic black women is 2.4 times the rate for non-Hispanic white women. Rates were also elevated for Puerto Rican and American Indian or Alaska Native women.

We as childbirth professionals must be aware of these trends so that we can help birthing mothers make the right decisions for themselves and their babies.
New research by Katherine Laughon, MD and her colleagues published in the American Journal of Obstetrics and Gynecology examined differences in childbirth labor patterns over the past fifty years.

The researchers compared the data from the National Collaborative Perinatal Project (CPP) dating from 1959-1966 to the data from the Consortium on Safe Labor (CSL), dating from 2002-2008. Data from a combined total of 137,850 women from the two studies were included in the 2012 study.

The CPP (1959-1966) was a prospective study following 54,000 births to 44,000 women. The children were then followed for seven years after birth. Laughon and her colleagues (2012) limited the use of the CPP data to only women known to be birthing for the first time. Thus, the 2012 study included data from 39,491 women from the CPP study.

The CSL (2002-2008) was a retrospective cohort study of 228,668 births, with the majority of births (87%) occurring between 2005 and 2007. Laughon and her colleagues (2012) limited their use of the CSL data to those women who presented in spontaneous labor with a single gestation. Thus, the 2012 study examined 98,559 women from the CSL study, inclusive of a total of 137,850 women from both the CPP and CSL dataset.

Characteristics of the women, of their labors and of their newborns differed significantly between the earlier CPP and the contemporary CSL study.

Differences were found in both maternal characteristics and obstetric practice patterns over the fifty year span. For example, women in the CSL were older than in the CPP (26.8 years vs. 24.1), had a higher average BMI both pre-pregnancy (26.3 vs 24.1) and at delivery (29.9 vs 26.3), were more racially diverse, and delivered an average of 4.9 days earlier. Their babies weighed an average of 99 grams (3.48 ounces) more and Apgar scores were higher in the CSL than the CPP.

Additionally, while the previous cohort had a higher number of operative vaginal delivery rates, the contemporary cohort revealed a two hour increase in length of the first stage labor and a fourfold increase in the cesarean section rate. The authors conclude that each of these differences in labor patterns are a direct result of changes in obstetric practice patterns, even after controlling for maternal and obstetrician characteristics.

Laughon and her colleagues concluded:

“…since labor times are longer today than in the past, the benefit of extensive interventions such as oxytocin and cesarean delivery in modern labor management needs further evaluation” (14).
How Caregiver Inquiry Can Shape Prenatal Care and Birth Experiences

By Anna C. Holder

What’s your cesarean section rate? What is your episiotomy rate? May I eat and drink during labor? May I have a doula/ lots of family/ a photographer at my birth?

Women and their partners are often encouraged to ask these and similar questions when selecting a care provider for their pregnancy and birth and often assume that the provider who gives the answers they are looking for will provide safe and effective care.

What about compassion, satisfaction in the birth process and empowerment of the woman and her partner? The answers are in the questions - the questions that the provider asks that is. When a doctor or midwife goes beyond the impersonal lifestyle surveys and “intake” questions they are able to establish a relationship of trust with their client. This also allows them to gain a unique and in-depth look into the lives of their clients. Conversely, women and their families are given a strong voice and invited to become true partners in their care and the birth process rather than obedient “patients.” If a provider cannot be bothered to ask in depth questions or encourage the birthing family to research both scientific evidence and discover their own personal realities; how could they be expected to value the laboring woman or her support team in the throes of labor?

Moreover, if the woman and her care provider have not explored these issues in the relative calm of the prenatal period, how will the relationship between them play out in the excitement of birth?

Some questions prospective caregivers should be asking women are:

1. Tell me about your previous births or experiences with birth, what did you like or not like about them?

This question encourages reflection on the part of the woman and her partner and identifies possible fears, expectations and goals. When started early, this dialogue can build a foundation of trust between provider and client as well as between the woman and her partner. It also helps to create a framework for what the client and provider are working towards in regards to maternal and fetal health and birth process.

I once had a client who wanted a vaginal birth after cesarean (VBAC). Her primary cesarean was for a breech baby where no option for External Cephalic Version (ECV) was offered. She was separated from her child for 3 hours and suffered Postpartum Depression. Upon learning of her second pregnancy, she chose a different provider and place of birth. When it was found that her second child was also breech, she was encouraged to try herbs, acupuncture and positional techniques before being offered an ECV. When the version was unsuccessful, she chose to go into labor on her own before a repeat cesarean was performed. She was never separated from her child and reported a great deal of healing from her first experience. As she had explained her hopes and fears to her doctor, she had her wishes honored and had a respectful birth.

2. Why do you want to have or avoid particular tests or procedures? Have you read about the risks/ benefits?

Asking this sets the stage for informed consent or refusal and promotes research and accountability for the birthing family. When families are encouraged to participate in their care and hold some level of responsibility for it they are more likely to make well thought out choices in addition to feeling more satisfaction with their experience. For example, many obstetricians dissuade women from pursuing a VBAC in spite of the most current recommendation by the American College of Obstetrics and Gynecology (ACOG) endorsing trial of labor after cesarean(s) (TOLAC). Even a cursory exploration of the current research would provide those wishing to have a VBAC with ample support of their goal.

3. What are you eating? How can I help you incorporate healthy changes?

Simply telling a woman not to smoke, drink alcohol and avoid sushi is not the same as ensuring proper protein intake and identifying any potential deficits in her diet. By dedicating ample attention to nutrition, mother and baby can achieve optimal health while avoiding complications from morning sickness to pre-eclampsia.

I know of a woman who was
planning a home birth with a midwife. At her home visit it was found that her blood pressure had elevated after she had been following a strict diet and herbal regime. After asking more questions and a tour of her cupboards it was found that a powdered tea beverage the woman was drinking daily was delivering a whopping 27g of sugar. The midwife counseled her that this was not healthy and could make her already presumably large baby bigger. After removing the beverage, the woman went on to have a healthy 8lb 15oz baby at home 3 weeks later. (Okay, okay, the woman was me, but I still haven’t had any more chai!).

Just as a provider’s cesarean rate doesn’t always reflect their philosophy about birth, no matter how many babies a woman has had, she must remember that each pregnancy and birth is unique. The earlier clients and their providers establish a deep and meaningful dialogue, the more compassion and satisfaction are united with safety and efficacy to provide better outcomes for moms, babies and providers.

BOOK REVIEW

Submitted by Netoab Menela CCE (BWI)

Book: Unassisted Childbirth
Author: Laura Kaplan Shanley

The premise of the book Unassisted Childbirth, by Laura Kaplan Shanley, rests on two ideas. First, Shanley asserts that women can give birth totally on their own without anyone’s help and should be empowered to do so if they want to. The second theme that runs throughout the book is that we create our own reality. What a powerful notion - one that I have heard many times but rarely been instructed in.

Shanley offers some specific suggestions for how to manifest our thoughts into reality. This process involves a deep look into ourselves and what we really believe. This reminds me of examining our own beliefs in childbirth classes! For example, say that I believe that birth is safe and complications rarely arise when birth is not interfered with, but somewhere deep inside I am scared to be alone because ‘what if....’ Instead, every time I have a negative, fear-based thought that contradicts my belief in the safety of birth I can replace that thought with a “belief suggestion.” Eventually, when my belief is pure and strong, it will become my reality. In turn my birth will be safe and smooth with no need for outside interference.

Like many books on childbirth, Shanley aims to inform the reader of the nonsensical and non-woman-centered aspects of maternity care within the medical model. Taking her argument one step further, she asserts that midwives can interfere with birth just as doctors do, and that the very presence of an expert takes the authority out of the birthing woman’s hands. She explains how a traumatic birth can affect a whole family, then shares several unassisted birth stories and offers her own story as well. One part that stood out to me was the sense of alienation that she and her husband suffered on account of their interest in and experimentation with spiritual self-work. I feel blessed to be surrounded by a community of folks that support each other in such endeavors. One anecdote involved Shanley’s husband showing a public health nurse, who was keeping an eye on them because their parents had reported their unassisted birth, how he had been able to lactate. As a result they nearly lost custody of their children. This story served as a stark reminder to me of how closed-minded and fearful people can be, especially when working within a system and a society that expects conformity. Yes, even in America!

Practically speaking, I hoped to find a list of things one would need to have an unassisted birth at home. No list was provided, but it was clear that towels and maybe a pair of sterilized scissors were about all that was needed. I might add a few things from my homebirth list for convenience.

I wouldn’t recommend this book indiscriminately. However, I think the message that we create our own reality, even in birth, is a powerful one that is effectively conveyed through this book. I do plan to incorporate that idea and the technique of belief suggestions into my teaching. As a midwife, I would be open to attending unassisted birth in a completely hands-off role, so long as the parents accepted full responsibility for the process and outcome. But I don’t feel comfortable suggesting unattended birth to couples who have not come to that decision on their own.
**Kale and Toor Dhal**
From: FatFree Vegan Kitchen

**Ingredients:**
- 1 cup toor dhal (may substitute red lentils)
- 4 cups water
- 1 bunch kale, washed, center rib removed, and sliced or chopped
- 1 tsp. canola oil
- 1 tsp. cumin seeds
- 1 tsp. black mustard seeds
- 1 tsp. chopped garlic
- 1/2 tsp. coriander
- 1/2-1 tsp. red chili pepper or cayenne
- 1/2 tsp. ground cumin
- 1/8 tsp. fenugreek
- 1/4 tsp. asafetida
- 1/8 tsp. freshly ground black pepper
- salt to taste

**Directions:**
Cook the dhal in the water until it is soft, about 30-40 minutes. Use a blender or hand blender to completely puree the dal in its water. Set aside.

In a deep skillet or wok, heat the oil over a medium-hot burner. Add the cumin and mustard seeds and the garlic, and cook for one minute. Add the kale and stir. Add one tablespoon water and cover the pan. Stir every minute or so, and cook until the kale is wilted, about 4 minutes.

Add the dal and remaining ingredients to the kale. Cover and cook for about 10 minutes. Serve over rice.

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**Stir-Fried Cauliflower with Cumin**
From: Fran’s House of Ayurveda

This colorful and nutritious dish goes excellently with a side of basmati rice with mustard seeds, a creamy dhal, or fresh somosas.

**Ingredients:**
- 3 tbsp olive oil
- 1 tsp raw white rice (any type)
- 1/2 tsp cumin seeds
- 1 lb (about 4 cups) cauliflower
- 1/2 red onion, sliced
- 1 yellow pepper, chopped
- 1-inch piece ginger, peeled, minced
- 1 tsp salt
- 1/2 tsp garam masala
- 1/4 tsp turmeric
- Fresh black pepper to taste
- 1/4 cup water
- Fresh cilantro

**Directions:**
Heat oil in a wok or skillet over high heat. Add rice and cumin seeds. Stir-fry several seconds until rice is golden. Add cauliflower, onions, yellow pepper and ginger. Stir-fry 7 minutes or until cauliflower starts to blacken. Stir in salt, garam masala, turmeric and pepper. Add water. Cover and reduce heat to medium. Cook 2 minutes or until cauliflower is just tender. Garnish with fresh chopped cilantro when serving.
TRAINING AND CERTIFICATION

Host a Childbirth Educator and/or Doula Workshop

Are you interested in hosting a childbirth educator and/or doula workshop for BirthWorks in your community? Could you benefit from getting a reduced training fee? We are looking for women who are - or would like to be - connected to their birthing community by bringing BirthWorks to their area. Before applying, please have a location for the workshop in mind, suggestions for advertising in your area, and allow for six months planning time. Write to kathleenr@birthworks.org for more information about this unique and rewarding opportunity.

2012 BWI CHILDBIRTH EDUCATOR AND DOULA WORKSHOPS

Scheduled:

6/29/12 Doula Workshop- The Woodlands, TX
11/3/12 Doula Workshop- Auckland, NZ
11/16/12 Doula Workshop- Auckland, NZ
1/11/13 Childbirth Educator – Phoenix, AZ

In the Planning Stages:

Childbirth Educator:
Binghamton, NY
Philadelphia, PA
Denver, CO
Gorsham, OR
California (Northern and/or Southern)
Virginia/DC area
Texas (open to suggestions for location)

Doula:
Medford, NJ

Accelerated:
Medford, NJ (or) Brooklyn, NY
I attended the BirthWorks CEW expecting a blend of teaching demonstrations, techniques, and exercises. While these were certainly part of the experience, the workshop had the feel of an intense counseling session and was an affirmation that BirthWorks is a calling for me that I am excited to answer.

I was really impressed with the integration of so many different concepts, facts, and exercises toward the common goal of getting women to have trust and faith in their body knowledge. Every personal reflection and centering exercise was tied back into how they might work in the classroom, how different students might benefit differently, how they reflected the heart of BirthWorks philosophies. The result was a much deeper understanding of what I’ve already completed in my own certification process, as well as a deeper understanding of myself. Gaining experiential knowledge of the things I already have book knowledge for has cemented them and made me more confident to share them with other people.

I loved all the priceless tips for facilitating BirthWorks classes, such as not sharing information about professions in introductions, inviting people to participate, asking permission before any activity involving touch (as someone who does not like to be touched, I really appreciated this!), using questions to generate discussion, creating safety and encouraging...
self-exploration, normalizing to reduce fear, and avoiding the rigid pelvis prop in favor of some much more effecting, low-cost, low-tech props (the tube and marble was my personal favorite).

I have struggled with how to present information I feel passionate about without conveying pressure to conform to my beliefs. Our facilitator was very helpful in clarifying how we can provide facts and information, then just let our students make their own choices. We can always offer to share more information outside of class if asked for it, but ultimately, our students must take what they learn and apply it to their own birth experience as they see fit. As a huge proponent for informed choice (consent or refusal) this made perfect sense and helped remove some of my self-imposed pressure to “save the world”.

Also, for dealing with opposing or confrontational views in class, Sally offered the mantra of “accept and inform.” It’s not about getting anyone to agree with everything you say; our job is to help them feel heard and validated, then offer them information they may not have. It may change their mind, or they may keep their current opinions. Either way, our job has been done.

So many of the exercises were about seeing birth from a different perspective, which I thought was brilliant. The turtleneck exercise, while both troubling and hilarious to watch, was a great way of connecting to birth from the baby’s point of view, which I know I never thought about in my births. I could see this being particularly powerful for dads/partners to help them relate better to the work involved for both mom and baby, and ultimately the awesome sense of accomplishment following birth.

In another activity, we were asked to write about our birth from our mother’s perspective. This was much more difficult for me than I thought it would be, but it was so powerful in helping me to connect to her in ways I have not been able to previously (and she wasn’t even there!). Just this simple shift in perspective allowed me to feel an empathy for my mom that was much stronger than the negative feelings our relationship tends to produce. How vital this kind of personal healing is for a woman approaching motherhood herself!

My two favorite parts of the entire workshop were pelvic bodywork and the grieving and healing session. The demonstrations of pelvic positioning and personal pelvic size were so simple, but perfect for showing how big the pelvic outlet can be, adding confidence and countering that common fear of how to push a big baby through a (perceived) small opening. The grieving/healing session was challenging, but it was also freeing to talk about personal loss and participate in so many different activities geared toward helping women acknowledge and deal with the feelings of loss, guilt, grief and fear that can get in the way during birth.

I don’t believe it was coincidence that this workshop fell on my birthday weekend. Being so immersed in birth (my own, my children’s, the births of fellow attendees, births from around the world in videos we watched) was a deeply spiritual, cleansing, enlightening encounter for me. I have a new appreciation for the core BirthWorks concepts that birth in ancient and all women are born knowing how to give birth. I can say with confidence that I believe both with all my heart and I cannot wait to share what I have learned in my classes.
Concordia University issued the following news release on 12/9/2011: First dates, job interviews or Christmas cocktail parties can be stressors for some people. Such social rites of passage have no doubt made shy or introverted individuals wish for a magic potion that could make them feel like socialites, yet the answer might actually come from a nasal spray.

New research from Concordia University, published in the journal Psychopharmacology, has found that an intranasal form of oxytocin can improve self-perception in social situations. Oxytocin, a hormone naturally released following childbirth or during social bonding periods, has recently been investigated for its impact on social behaviors.

“Our study shows oxytocin can change how people see themselves, which could in turn make people more sociable,” says senior author Mark Ellenbogen, Canada Research Chair in Developmental Psychopathology at Concordia University and a member of the Centre for Research in Human Development. “Under the effects of oxytocin, a person can perceive themselves as more extroverted, more open to new ideas and more trusting.”

Some 100 men and women, between the ages of 18 and 35, were recruited for the study. To be eligible, participants couldn’t take medication, suffer from a current or past mental disorder, use recreational drugs or smoke cigarettes.

Participants inhaled oxytocin from a nasal spray and completed questionnaires on how they felt 90 minutes later. Participants were evaluated for neuroticism, extraversion, openness to new experiences, agreeableness and conscientiousness.

“Participants who self-administered intranasal oxytocin reported higher ratings of extraversion and openness to experiences than those who received a placebo,” says first author Christopher Cardoso, a graduate student in the Concordia Department of Psychology and a member of the Centre for Research in Human Development. “Specifically, oxytocin administration amplified personality traits such as warmth, trust, altruism and openness.”

The study builds on previous experimental research at Concordia that has shown intranasal oxytocin can influence how people perceive their ability to cope with difficult circumstances.

REPORTS FROM THE FIELD

Ambassador’s Reports
By Mali Schwartz

BirthWorks International Ambassadors are comprised of a diverse group of women who are dedicated to going the extra mile to help promote our organization. Women who have expressed an interest in becoming an ambassador are asked to sign a contract and receive a packet of information that outlines their responsibilities.

BWI Ambassador can select from an array of opportunities to help spread the word about BWI in their state, region or country. Ambassadors are asked to create name recognition for our organization; promote BWI workshops by hosting or helping a hostess to organize a CBE or Doula workshop; submit a press release about BWI to their local newspaper; and organize a fundraiser to help support BWI. They can also network with childbirth professionals, as well as childbirth organizations to help promote BWI.

Many variables can influence the type of response ambassadors receive when disseminating information about BWI. For instance when asked about the attitude of childbirth professionals, lay people, and the type of hospitals in her state, Maggie McCecil, one of the newest BWI Ambassadors who started in 2010 and who lives in Iowa finds that “our natural birth community is awesome! I know that more and more people (general public) are talking about...
and hiring doulas in general, not just BirthWorks Doulas. I also hear a lot of people (general public) talk about birth as a bad/painful experience and induction/cesarean rates are high. We as a natural birth community are making strides to try and get awareness out there to the general public.”

In response to a question about policy setting and birth activism in her area, Maggie shared that “the Friends of Iowa Midwives has been working hard every year to try to get CPM’s legalized in Iowa and have made progress each year, but it is a struggle.” Maggie is currently certifying in the dual BWI CBE and Doula program.

Deborah Bach, who became a BWI Ambassador to Israel in 2009 shared that when she moved to Israel 25 years ago, the cesarean rate was around 10% and has since doubled. She finds it interesting that midwives deliver most hospital vaginal births in this country, but if there is a tear or episiotomy, the doctor has to do the stitching.

A large organization that has existed here as long as I have been here is the Israel Childbirth Education Association,” according to Deborah. “As far as I can tell they have navigated a relatively conservative position between the mainstream medical and activist. There is now a more activist organization called Nashim Korot Laledet which is a play on words. Nashim means women, Laledet means to birth and Korot can mean to squat or to call out. This organization has a much more proactive, change oriented message. Unfortunately, the bottom line is that the Cesarean rate is climbing.”

Deborah is aware of the challenges of promoting BWI to childbirth professionals in Israel and she thinks that part of the problem is that women want to enroll in a program that is already well established in Israel. The second issue is language. Although most Israelis understand at least some English, materials will eventually need to be translated. Deborah goes on to say “It can be frustrating since many educators and doulas in Israel share most if not all the philosophy that BWI promotes.”

Emily Cunningham became a BWI Ambassador representing the Southwest region that includes TX, NM, AZ, LA in 2008 to help promote the BWI philosophy about childbirth in her community. Emily feels that in “promoting BWI, I am promoting my classes.” When asked about the percentage of people who know about BWI in your community, state, region or country, Emily responded that it is still very small, but I’m encouraged to see some new CCE Trainees sign up in Texas.

There are times that Emilie feels like she is truly the only one advocating holistic childbirth in her town of 150,000, and she recently went back to get a graduate degree in public health because she feels that she can have a greater impact on the status of childbirth in this country by taking this route. Emilie still offers childbirth education classes on an individual basis and teaches approximately 8 classes per year.

When asked how becoming an ambassador has enhanced her role as a BWI educator, Yulia Welk who represents the upper Midwest region which includes MN, WI, ND, SD, she shares “it has helped me to have a deeper commitment, interest and motivation. Yulia who became an ambassador in 2010 and teaches a BWI childbirth education classes once a year, learned that “in my community it directly stems from the birthing women. If she is educated, and knows what she wants she will have a satisfying birth. Hospitals are very supportive of women’s desires and welcome education in my community.”

Yulia has found that sharing information about BWI definitely has helped to get more people interested in what BWI has to offer. She knows that “my community is definitely very active in the birthing world, people are open ICAN and La Leche groups, and home birth have been on the rise.”

The BWI Ambassadors quoted in this article represent just a percentage of the total number of ambassadors that are engaged in this role. You can log onto the BWI website at www.birthworks.org or look for the entire listing of ambassadors that appears in the BWI newsletter. If you are interested in becoming a BWI Ambassador to represent a state, region or country, please contact the BWI office at 888- 862-4784 or info@birthworks.org.
Benefits of Facilitating Childbirth Classes

By Kristi McKee, CPM, CCE BirthWorks

For the past eight years, I have been involved in birth in one form or another. I decided I wanted to become a Licensed Midwife and so began my long journey towards licensure. The midwife I was working under suggested I become a childbirth educator in order to expand my knowledge of birth and as a means to enter into the pregnancy and birth “scene.” I chose BirthWorks International® because it shares the same beliefs that I hold and is thorough and holistic.

I became certified and taught several classes over several years, had a baby of my own, and began midwifery school. As a result, childbirth education was put on hold. Now, having passed my midwifery exam and my baby now a toddler, I have been thinking about how to put my knowledge into practice. After many nights debating on how to balance my new life I decided that - although I have been a doula, midwife, and childbirth educator - teaching childbirth education is at the top of the list!

Being at births is my passion. So is helping women have quality birth experiences, and the best and most far-reaching way I have found to help with that is to catch them before they are in labor and educate them along the way as to how strong they are, how their bodies were meant for birthing, how to take care of themselves and their babies before labor, and how to stand up for their beliefs and rights. I am very excited about becoming a midwife, but I know that I still want to make sure that quality childbirth classes are available to the public. This is so important at a time when most women’s birth experiences are anything but satisfying and empowering. Many women do not even think that there might be something wrong with the current standards in birth care. They think that this is the way it is supposed to be. Women get induced, labor on their backs, and think that the doctors will take care of everything. With BirthWorks International® classes women and their partners are able to see that they have choices, options, and rights. They are able to see that when they take charge of their bodies, their births and their care - the outcome is much more satisfying. I am hoping that, as a midwife teaching childbirth classes I will be able to reach out to more new parents who are not aware of their choices and the beautiful possibilities that birth can hold.

POETRY CORNER

For Glenda; Witnessing Carter’s Birth
By Debbie Hull

She stands before me, glorious, bare and full.
The space she occupies is transformed, made holy by her sacred work.
Minutes before, she held the earth in her hands, smiling as she reveled in the summer of her fertility.
As her harvest nears, the work becomes difficult, a mountain to scale, a wave to slip over.
But even as she doubts, those around her behold and are made humble by her magnificent power.
She is Woman, as Woman before, this birth a giving for her baby.

Note: This was Debbie’s first time attending a birth!
ON THE BUSINESS SIDE:

NOTES FROM THE BIRTHWORKS OFFICE

**BirthWorks Program Materials**

All of our certification packets, the childbirth preparation workbook, and the BirthWorks Childbirth Educator Manual were updated in 2011. If you would like to have an updated version of your current materials, contact the BirthWorks office.

**Comprehensive Essay Exam (CEE)**

As of July 1, 2011, instead of receiving a printed copy in the back pocket of the manual, you will receive an electronic copy of the CEE. You can choose to either download and print the exam or you can respond to the questions online and return it to your reviewer via an email attachment. This will make it easier to track questions and answers for the reviewers as well.

**Extension and Recertification Fees**

Remember that your recertification and paperwork are due one year from your date of certification. Thereafter, recertification is due every two years. Extensions are set based on your date of completion and each are valid for one year. Remember, delays in payment will jeopardize your active standing in the program. Please contact the office at info@birthworks.org with any questions regarding your membership, recertification or extension fees.

**Reviewers Needed**

If you’d like to assist students through the certification process, we invite you to find out if you qualify as a reviewer with us. You can get more information by clicking on the “Reviewer” tab on the home page in the Member Center.

**BirthWorks on Facebook**

Women are attracted to our organization because of its unique philosophies, evidence-based curriculum, and the comprehensive nature of our certification materials, as well as our educational and inspiring workshops.

BirthWorks currently has over 2,500 friends on our Facebook pages and that number is growing every day. Check out the various great deals on Facebook being offered from time to time. Help us keep spreading the word about BirthWorks by encouraging your friends to join us on Facebook. You can ask birth-related questions, post inspirational quotes, or mention birth-related stories you’ve seen in the news.

**Become an Ambassador for BirthWorks**

Our goal is to have an Ambassador in every state by the end of 2012! If you are a student in one or both of our certification programs, being an Ambassador will help you make contacts to build your own small business at the same time helping to promote the BirthWorks name. You can also be an Ambassador for BirthWorks if you are not currently enrolled in our certification programs but as a member are attracted to our philosophies and want to help us further our mission. If you would like to become an Ambassador for BirthWorks write to Mali Schwartz, chair of our Ambassador committee. Mali’s email is: malischwartz@verizon.net.

**Board Positions Open**

Within the last few months BirthWorks has undergone some exciting changes! In order to enhance the support we can provide to our members, as well as the birthing and parenting community, we are expanding our Board of Directors. BirthWorks is currently accepting applications for the following positions: Director of Public Relations, Director of Marketing, and Director of Fundraising.

Not only is this an opportunity to contribute your time and expertise to BirthWorks, it is a great way to keep your skills up-to-date and looks great on your resume! If you are interested in applying for one of these positions, or you have questions about the requirements of a particular position, please contact the BirthWorks office by calling 1-888-TO BIRTH (862-4784) or via email at info@birthworks.org.
BirthWorks Online Store

Please note that all orders from the online store or through the office will be sent by priority mail and the childbirth preparation workbooks by media mail. This means you need to get your orders in at least two weeks in advance of your classes so you receive them in time. Rush orders are available at an additional cost. You can also call the office to request UPS or FedEx options. Be sure to look for postal slips when looking for your package as it has come to our attention that some orders have not been picked up.

iGive - You Save and We Grow

We invite you to utilize the many shopping-savings we offer in the Member Center through our sponsor, iGive. A portion of all purchases will be donated to BirthWorks. Get more information on the Member Center or contact the BirthWorks office at info@birthworks.org.

Annual Membership

Please keep your membership current. If it lapses, you will no longer have access to our Member Center. Active membership is $30 and Auxiliary membership for inactive women is $35. Your membership fee helps us to reach more birthing families, education them about safe options in birth. Your first year of membership is FREE if you are enrolled in our educator and/or doula programs. Remember this is separate from the recertification fee.

“BirthWorks For Life” Lifetime Membership

What are the benefits of becoming a lifetime member of BirthWorks International? You will be acknowledged in our newsletter publications, E-news, and on our website as a “BirthWorks For Life” member, at the same time showing how much you value and support the organization. Sending in your BirthWorks Lifer fee of $1,000 for the Doula Program or $1500 for the Childbirth Educator Program also means you will never have to remember to send membership fees again! The Lifetime membership includes discounts in the online store and conferences.

Give a Gift of BirthWorks

Did BirthWorks help you to have a more positive birth experience? Did BirthWorks help you grieve birth-related losses? Now you can make a difference by helping other families benefit from our unique and innovative childbirth classes and doula services through your tax-deductable donations. Just click on “Donations” on our website.

Disclaimer: Information contained in the BirthWorks International newsletter is intended for general consumer understanding and education only and is not necessarily the view of BirthWorks International.

BirthWorks International does not officially sanction, monitor or endorse chat groups online, other than the BirthWorks CD or CCE Yahoo group. Members who participate in the discussion chat groups do so of their own accord. We encourage any BirthWorks International members who have questions about philosophies or policy to contact the BirthWorks International office directly or their Regional Ambassadors.
NEW ENTRANTS

New Educator Entrants:

Amanda Crim  Madison, WI
Nancy Conte  San Carlos, CA
Candice Fabian  Towson, MD
Liz Fullerton-Dummit  Philadelphia, PA
Jamie Meriwether  Laporte, CO
Annabelle Munro  Grey Lynn, NZ
Renee Palting  Tuscon, AZ
Ashleigh Trimble  Arlington, TX
Jackie Vergerio  Portsmouth, VA
Lindsey Welch  Frederick, MD

New Doulas Students:

Candace Fabian  Towson, MD
Ban Abdul Hafeedh  Auckland, NZ
Tiffany Hare  Cherry Hill, NJ
Elizabeth Ritche  Mangawhai, NZ
Andrea Dawson  Canterbury, NZ

Newly Certified Educators:

Molly S. Wales  Athens, OH

Newly Certified Doulas:

Maya Bromolson  Ames, IA

*** Current as of April 1, 2012

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