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BirthWorks® International

The BirthWorks International Newsletter

Supporting Women Without Epidurals

because it's ancient

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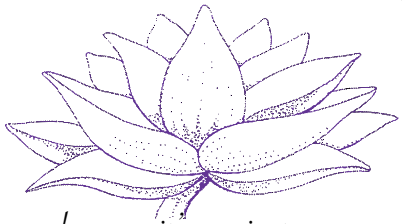

because it's ancient

Letter From The President

Cathy Daub

There are few events in life that offer the opportunity to have a peak experience. Birth is one of them. All women deserve to have the experience of birth that makes them feel, "If I can do this, I can do anything!" In this way birth has the potential to empower and transform women.

However, we live in a day and age when women believe that they donít have to feel pain when giving birth, even though this is natural to the body and not pathologic in nature, and they accept drugs to numb themselves from the experience. According to the Listening to Mothers II Survey (2006), 75% of women giving birth are having epidurals.

When I was asked to present a workshop at the 2011 Partners in Perinatal Health Conference in Massachusetts, I was intrigued by the topic I was given, "Supporting Women Who Choose Not to Have an Epidural." My immediate thoughts were:

- Because so few women are giving birth without interventions, we are losing memory of normal, physiologic, pure birth (labor without interventions) and our ability to support it.
- What are the forces in society that have driven the cesarean and epidural rates so high?
- Part of the experience of giving birth is lost when epidurals are administered. Knowing that it is only through experience that learning takes place, what learning is being missed and how is this affecting fetal brain development?

The bottom line is that non-pharmacologic means of helping women in labor to cope with contractions of labor have been shown to be effective but remain underused. These techniques include immersion in warm water, position changes, visualization, massage, acupressure, low lights, privacy, decreased neocortical stimulation, and encouraging words to help women feel safe and respected in labor. These techniques pose no risk to the mother or baby, whereas medical interventions all have a component of risk.

One of the most important non-pharmacologic means of helping women in labor to cope with contractions is the presence of a doula. This is because a primal fear of all mankind is being abandoned in a time of need. The doula helps a laboring woman to feel safe by saying, "I will not leave you." It is simply her presence and her ability to keep positive energy in the environment that keeps the hormone oxytocin flowing to help labor progress. She offers encouraging words and helps with position changes. She knows how to keep talk to a minimum to decrease neocortical stimulation so the laboring woman can move into her primal brain that already knows how to give birth. Since these techniques are shown to be effective, what is the reason more women aren't using them?

I believe more women who have used these techniques need to share their experiences with other women of childbearing age. Simply reading about non-pharmacologic ways to help women in labor may not be enough. The emotions of euphoria, the endorphin high and confidence are also contagious. As the full power of a natural birth experience is communicated to others, more women may be willing to give natural birth a chance.

At the same time, education is important. For example, women and their caregivers need to learn about optimal pelvic positions that help the baby to move through the pelvis more easily. They need to learn about human values in birth. A woman who knows and believes in her infallible truth ñ that the knowledge about how to give birth is born inside all women at birth - will come to birth with more confidence, trust, and faith her body knowledge that knows how to give birth.

I am excited about being asked to speak to the nurses and their supervisors at a large local hospital here in New Jersey, that has a cesarean rate of 43%. The hospital administration knows this rate is much too high and is supporting the efforts of an OB/GYN who is working to do something about it. She has begun a series of education lectures to educate the labor and delivery nurses and doctors about natural birth.

I'll keep you posted. §

Editors Notes

Sally Dear-Healey

The topic for this issue - supporting women in labor without epidurals - is especially timely given that, according to the most recent National Vital Statistics Report (April 6, 2011, Vol. 59, Number 5), "61% of women who had a singleton birth in a vaginal delivery in the 27 states* in 2008 received epidural or spinal anesthesia" (p.1). The report also indicated that "non-Hispanic white women received epidural or spinal anesthesia more often (59%) than other racial groups" (pg.1). Further, "early initiation of prenatal care increased the liklihood of epidural or spinal anesthesia receipt, as did attendance at birth by physician" (p. 1 & 2). However, what I found most interesting were the findings that "levels of treatment with epidural or spinal anesthesia decreased (my emphasis) by advancing age of mother (and) levels increased (my emphasis) with increasing maternal educational attainment" (p. 1).

Another study published by the National Center for Health Statistics confirmed that women women with a master's degree or doctoral degree were *twice* (my emphasis) as likely to have epidurals as women who had no education and that "nearly 70% of women who had graduated from college received this type of anesthesia compared to 48.5% of women who did not finish high school. This makes me wonder what kind of an education these women are getting!?! As a university professor who teaches classes on family and health, I actively embrace the opportunity to provide my students with evidence-based information about pregnancy and birth, especially since - more times than not - I hear comments like "I didn't think they would allow you to give birth without an epidural," or "I didn't think women could give birth without an epidural."

As BirthWorks educators we also have the unique opportunity to provide women (and men) with evidence- and empirically-based information so that they can make educated choices about their births, remind them of their options, inform them about the process of birth both, offer them useable tools they can use to minimize pain in labor, and support women wherever they are in their birth journey. This is so much more than they get in other classes and one of the main reasons I believe in and support BirthWorks.

*Only 27 states had implemented the 2003 U.S. Standard Certificate of Live Birth as of January 1, 2008.

Upcoming 2012 newsletters:

Please send your articles, book/journal article/movie reviews, birth stories, reports on birth-related work you are doing and conferences you attended, teaching tips, recipes, poems, pictures, etc. to Sally Dear-Healey at newsletter@birthworks.org Submissions are due by January 1 (#1), April 1 (#2), July 1 (#3), and October 1 (#4).

Vol. 14, No. 1 - Staying Current: New Trends in Pregnancy and Birth

Vol. 14, No. 2 - Mothers, Daughters and Birth

Vol. 14, No. 3 ñ Birth Activism; The Birth You Save May Be Your Own!

Vol. 14, No. 4 ñ Creating Your Best Birth Experience; The Who, What, Where, Why and When of Birth Planning §

FEATURE ARTICLES

Supporting Women Without Epidurals

By Anne Lueck

Even for families with many children, each birth is a once-in-a-lifetime experience, uniquely and powerfully memorable. What needs do you have in common with all women in labor? While certain things may vary with individuals, most women share some common needs: 1) informed decision making regarding routines and procedures in maternal & infant care; 2) physical comfort and physical assistance in achieving comfort; 3) emotional support during one of the greatest transitions in human life; and 4) a singular focus on achieving the goal of healthy mother, healthy baby, and healthy family.

Even knowing these common needs, new questions arise when you consider women who labor without epidurals: how can you best support a woman laboring without an epidural? How can you best support yourself if you are a woman laboring without an epidural? Partners and staff who understand how to work with rather than against the natural process can provide phenomenal and essential support. Because women laboring naturally tend to become intensely focused on physical sensations, birth partners and staff may assist in three major areas: 1) providing and/or facilitating informed consent and shared decision making; 2) reminding the laboring mother of self-comfort techniques; and 3) actually providing physical support and comfort to the laboring woman. While informed decision making provides a critical foundation for a satisfying birth experience - an absolute must in prenatal preparation - it is beyond the scope of this article. Here, you can zero in on physical comfort techniques for the laboring woman and the birth partner(s) and team.

Partners and staff, take notice! Reminding mothers of self-comfort techniques may help speed the progress of natural labor by reducing levels of fear, pain, and labor-slowing adrenaline. For the soon-to-be-laboring mother, memorizing every possible position or coping technique is overwhelming and unnecessary. However, taking the time to familiarize yourself with various positions and techniques before your birth will pay BIGTIME in terms of your confidence and ease with the process (see below for resources). Having someone remind you vs. explain/demonstrate it for the first time makes it much easier to implement once youíre off to the races. Sharing this information with your partner will add to your confidence by removing the pressure for you to remember. Even if you lose your grip on your relaxation because of a position or personnel change, for example, your confidence in yourself, your body, and your ability to handle such powerful sensations will soar when your birth partner and/or staff suggests a position change or relaxation technique that helps you get back in your zone. When you are relaxed and focused, your birthing hormones and endorphins can work unimpeded to move your labor and birth forward. Confidence and a feeling of safety and support are critical ingredients in this process... so build up your own, and prep your partners and staff to lay on heavy doses of praise and encouragement.

Partners and staff who understand how to provide physical and emotional support serve as "behind-the-scenes heroes" of the birth process. Saddle up, and enjoy the ride! Encouraging frequent hydration and urination, suggesting position changes, and providing actual physical support - while praising, encouraging, affirming and reaffirming the incredible work the mother is doing - are the golden keys to the natural process. While the physical strength and courage of a birthing woman cannot be overstated, that 10+ month belly may be unwieldy at times... and that's when it's NOT moving. Helping the laboring woman into and out of positions conserves her energy and saves time. Providing relief in the form of hip squeezes, leg/back/buttocks rubs, hand/rolling pin/tennis ball massages, etc., are just a few of the ways in which you may help support a woman laboring without an epidural.

Nurturing an attitude of constantly adapting and being willing to try whatever it takes can allow you to achieve greater physical comfort with some help from your team. Although the sensations may be uncomfortable or even painful, when you reach a place where you feel supported - you can focus your energies on reaching the goal: becoming a mother, and accepting a lifelong role and gift. It is arguably the most challenging and rewarding work you may ever do. Happy birthing to you!

Results of 2011 BirthWorks Survey on Epidurals

Birth Works recently conducted an informal survey (N [total participants] = 51) and asked women a

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number of questions relative to the use of epidurals. The questions were:

1. Where do you feel safe giving birth?
2. I want to be engaged in my birth and am choosing not to have an epidural. Some tools and strategies for my birth are?
3. If you have previously given birth without an epidural, what kind of things made your pain better (less)?
4. What can birth professionals and hospital staff do for women who choose not to have an epidural?

Responses to question 1: 68.6% of women felt safer giving birth at home, followed by 23.5% (hospital), 5.9% (other), and 2.0% (birth center). Some of the reasons given for choosing the hospital were medical (PROM before 34 weeks, breech baby), financial/ legal (insurance covered the hospital birth), and lack of awareness of options. For those that chose homebirth, women responded that they wanted to avoid interventions and they 'weren't sick.'

Responses to question 2: women used a variety of tools and strategies including reading about normal birth, having lots of support and trust in their bodies, choosing a safe place, having a supportive birth team including a doula and midwife, having a VBAC support group, doing yoga and relaxation exercises, trying different positions, eat and move around, and doing BirthWorks classes. Note: the term "doing BirthWorks" is symbolic of the nature of our program - we don't take birth - we do birth).

Responses to question 3: in terms of what helped with the pain or made the experience better, many women mentioned being well-educated and informed about their body and birth and knowing their options (risks, benefits, alternatives). Women also used deep breathing, yoga asanas' and breaths, 'being present,' quiet surroundings, choosing a safe place, knowing how to identify and reach a "peaceful place," releasing fear, visualization/guided imagery, privacy/a serene environment/no distractions, focusing on the baby, water, massage, eating and drinking as needed, essential oils (lavender), herbal remedies, TENS unit, intermittent monitoring, focus between 'rushes,' freedom of movement, positioning (sitting on toilet), remaining upright and out-of-bed, low light, using a birth ball, prayer/meditation, vocalization, validation of the pain, strong and calming support from husband/ partner/midwife/doula, and faith/trust/confidence in the process.

Responses to question 4: Forms of active support included encouraging freedom of movement (baby dance, rhythmic hip swaying, staying out of bed), protecting the labor environment and providing the woman with her own 'birth space,' minimize noise/ disruptions/interventions, low lighting, avoiding dilation checks/intermittent Doppler monitoring/no IV/pitocin, water (tub and shower), slow-deep breathing, massage/ touch, biofeedback, and simply 'sitting and waiting and letting the woman do what she needs to do.' Women also reported the usefulness of learning about natural birth and following the midwifery model of care. Encouragement and support could come in the form of a womanís husband/partner, doula, mom, and midwife.

Using Facebook, BirthWorks asked:

"What do you think is the best way to support a mother who has decided against using an epidural?" Responses included:

- Allow continuous labor support of doulas to be covered as a medical expense
- Allow consumer oriented childbirth classes to be taught in the hospitals.
- Encouragement - praise the woman and her partner, especially as each finds a rhythm that works
- Affirmations are powerful.
- Simple "atta girls" after every pushing effort is wonderful
- Help others to respect Mom's space as in "just a moment, she's working through a contraction right now." Or, "Mom, do you want this intervention or change of plans?"

Conclusions from 2006 Listening to Mothers II Survey Support BirthWorks Findings:

Our maternity care system is profoundly failing to provide care that many mothers told us they want and that is in the best interest of themselves and their babies.

Safe and effective maternity practices are available, but they are not being utilized. Our goal is to increase childbirth preparation for all childbearing women and their families so more can achieve safe vaginal birth.

Health professionals need to become educated in normal birth and improve their care and skills to help

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more women achieve safe vaginal birth.

Research must seek ways to translate current knowledge about safe and effective maternity care practices so they are easily understandable and can be put into practice by not only childbearing women and their families, but also health professionals. §

RESEARCH UPDATES

Is there a connection between epidurals, fever and birth injuries?

By Sally Dear-Healey

According to a February 2012 article in the U.S. News & World Report, more than 60 percent of the 4 million women who give birth each year in the United States get an epidural. In some hospitals that number is much higher.

Prior research found an association between epidurals and fevers in some moms during labor. A study entitled Intrapartum Temperature Elevation, Epidural Use, and the Adverse Outcome in Term Infants, Greenwell et al. (2012), reports that babies of women who develop an epidural-related fever while in labor are at greater risk of problems right at birth, including poor muscle tone, breathing difficulties, low Apgar scores and seizures. The purpose of the study was to "examine the association of intrapartum temperature elevation with adverse neonatal outcome among low-risk women receiving epidural analgesia and evaluate the association of epidural with adverse neonatal outcome without temperature elevation" (Abstract).

Using data from 2000 mothers who were 37 weeks or greater, neonatal outcomes were compared between women receiving (n = 1538) and receiving epidural analgesia (n = 363) in the absence of intrapartum temperature elevation (≤99.5°F) and according to the level of intrapartum temperature elevation within the group receiving **epidural** (n = 2784)"(Abstract).

The study found that over 19 percent of mothers at receiving the injection developed fevers of more than 100 degrees. For women who didn't have an epidural, that figure was 2.4 percent. An attendant finding was that the chance of a baby developing a serious problem following birth increased commensurate with how high the mother's temperature rose. An attendant finding was that, in women who didn't develop a fever, there was no differenced in outcome for babies for women who had an epidural and those that didn't.

Although the study has been cited for its usefulness, there is a call for further research to more closely examine other causes that might also be contributing to fever during labor.

Source: U.S. News & World Report, "Epidural plus fever in mom may raise risks for baby" Jenifer Goodwin, Feb. 3, 2012

Pain Management for Women in Labour: An Overview of Systematic Reviews
Jones L, Othman M, Dowswell T, Alfirevic Z, Gates S, Newburn M, Jordan S, Lavender T, Neilson JP. Pain management for women in labour: an overview of systematic reviews. Cochrane Database of Systematic Reviews 2012, Issue 3. Art. No.: CD009234. DOI:10.1002/14651858.CD009234.pub2.

Editor's Note: Material is quoted as is. The full article is available with an individual or institutional subscription at: http://onlinelibrary.wiley.com.

Excerpt from article:

Main results

We identified 15 Cochrane reviews (255 included trials) and three non-Cochrane reviews (55 included trials) for inclusion within this overview. For all interventions, with available data, results are presented as comparisons of: 1. Intervention versus placebo or standard care; 2. Different forms of the same intervention (e.g. one opioid versus another opioid); 3. One type of intervention versus a different type of intervention (e.g. TENS versus opioid). Not all reviews included results for all comparisons. Most reviews compared the intervention with placebo or standard care, but with the exception of opioids and epidural

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analgesia, there were few direct comparisons between different forms of the same intervention, and even fewer comparisons between different interventions. Based on these three comparisons, we have categorised interventions into: " What works" , What may work , and Insufficient evidence to make a judgement .

What Works

Evidence suggests that epidural, combined spinal epidural (CSE) and inhaled analgesia effectively manage pain in labour, but may give rise to adverse effects. Epidural, and inhaled analgesia effectively relieve pain when compared with placebo or a different type of intervention (epidural versus opioids). Combined-spinal epidurals relieve pain more quickly than traditional or low dose epidurals. Women receiving inhaled analgesia were more likely to experience vomiting, nausea and dizziness.

When compared with placebo or opioids, women receiving epidural analgesia had more instrumental vaginal births and caesarean sections for fetal distress, although there was no difference in the rates of caesarean section overall. Women receiving epidural analgesia were more likely to experience hypotension, motor blockade, fever or urinary retention. Less urinary retention was observed in women receiving CSE than in women receiving traditional epidurals. More women receiving CSE than low-dose epidural experienced pruritus.

What May Work

There is some evidence to suggest that immersion in water, relaxation, acupuncture, massage and local anaesthetic nerve blocks or non-opioid drugs may improve management of labour pain, with few adverse effects. Evidence was mainly limited to single trials. These interventions relieved pain and improved satisfaction with pain relief (immersion, relaxation, acupuncture, local anaesthetic nerve blocks, non-opioids) and childbirth experience (immersion, relaxation, non-opioids) when compared with placebo or standard care. Relaxation was associated with fewer assisted vaginal births and acupuncture was associated with fewer assisted vaginal births and caesarean sections.

Labor and Marathons Reprinted from the blog "Stand and Deliver" with permission of author, Dr. Rixa Freeze

Pregnant women encounter so much negativity and fear: your baby might be too big or too small. You might develop toxemia. You are gaining too much or too little weight. You might hemorrhage and die. Your pelvis might be too small. Your baby's head might become trapped. Your baby might go into distress. You probably won't be able to handle the pain so you should consider an epidural. You don't get a medal for having an unmedicated birth. All that matters is a healthy baby anyway. What if we were as pessimistic about marathon running as we are about childbirth?

Here's my imagined scenario for a hopeful marathon runner, Ann:

Ann was in reasonably good shape and could run several miles, although at a fairly slow pace. She started researching how to run a successful marathon. She went to her local public library, which had a shelf of books that focused on the risks of marathons. Most discussed in great detail the various injuries common to marathon runners. They warned that although marathons can be empowering, most people cannot successfully train for or complete them. The books also emphasized the tremendous amount of pain that marathon runners experience. Ann knew that certain injuries were possible and although she appreciated the information, she preferred to have more information about how to prevent the injuries in the first place through proper training, stretching, and nutrition. She also wanted to read books that motivated her and assumed success rather than failure.

She knew that there must be more useful information out there and finally stumbled upon a small but vocal community of marathon runners who had successfully completed the race and who raved about the experience. Their stories were generally ones of triumph, confidence, and exhilaration. They talked about the hours of mental and physical preparation, the extensive research they did into ensuring they were in top physical condition, and the ways to prevent common injuries such as shin splints or knee problems. They supported each other when a runner didn't reach her desired time, or when physical problems forced her to drop out of the race. They cheered each other on as race day grew nearer.

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Ann posted her training schedule around the house so she would see it every day. She decided to maintain a positive outlook, knowing that top athletes considered mental preparation as important as their physical training. She dedicated time every day to meditation and visualization. She visualized her heart beating strongly, her blood supplying oxygen to her muscles, her breath even and steady. She repeated positive affirmations to herself, such as It will be exciting and hard at times but I know I can do it.

Ann mentioned to a friend that she was training for a marathon and was surprised when her friend told several horror stories of marathon runners who suffered lifelong injuries—even one about a runner who drank so much water that he died during the race. Even Ann's family thought she was crazy. Ann replied that she had carefully researched both common and rare injuries and that she was sure that she could either prevent them, treat them herself, or seek help if something serious arose. She asked that they either speak positively about her upcoming race or that they refrain from saying anything at all.

Ann noticed that the media always focused on the sensational stories of marathon running turned ugly. When TV crews covered races, they usually interviewed runners who had to drop out. Afterwards the TV host would remind the audience that most people cannot complete marathons and that it was best not to get your hopes up. Ann's training continued. She enjoyed her changing body—seeing her leg muscles become more toned, noticing the articulations of each muscle group. Preparing for the race also gave Ann a heightened appreciation for good, nutritious food. Her body craved proteins, fresh fruits and vegetables, and complex carbohydrates. She ate sweets every once in a while but no longer enjoyed them.

Several months into her training, Ann heard of a disturbing new trend in marathon running: elective bone breaking or EBB. She knew that stress fractures were a common injury among runners, not to mention the rare but drastic broken bones from accidental falls. Apparently some people were advocating a new preventive treatment, which consisted of wearing bone fracture monitors while running. The monitors were touted for being able to predict bone fractures. Using information from the monitors, surgeons could then carefully finish breaking the bone (to ensure a clean, even break) and repair it in a controlled setting. The monitors were quite heavy and occasionally caused runners to fall and suffer extensive injuries. However, they were the hot new thing in running, touted as every runner's safety net. One surgeon promoted the new technology as making the leg bones better than new. Has the world gone mad? Ann wondered. Why anyone would choose to have their bones broken before a serious problem even developed was beyond her. Fliers started arriving in her mailbox describing EBB. Ann had to smile when one company named itself EBB—Even Better Bones.

As race day grew near, Ann experienced a mixture of confidence and trepidation. She knew she had prepared thoroughly for the race, but she had never run 26 miles before. She decided that if something went wrong during the race and kept her from finishing, she would accept it calmly, knowing that she had done everything to ensure success. She continued her daily visualizations, imagining how empowering it would be to finish. The race would end in a beautiful river valley. Ann often swam in the river and knew that the cool water would feel incredible after the race. She kept this image in her mind: lying on her back floating in the clear water, her body suspended between water and sky. One of Ann's running partners, who had finished her first marathon a year ago, handed Ann a package while they were standing in line to register. It was a t-shirt with the slogan Drug-Free Zone. You'll need it, her friend said, especially around mile 22 where the race's sponsors are handing out morphine pills. They know better to stay away from people with these shirts on; otherwise they'll get an earful and the occasional well-aimed punch. Ann grinned.

While she stretched, she turned inward, visualizing the stages of the race and repeating her affirmations. I can do it. I am strong. I am ready.

BirthWorks Comments: BirthWorks believes that every woman has within her the knowledge and strength to give birth. §

HEALTHWISE

DHA and Omega-3 fatty acids

By Cathy Daub PT and Horatio Daub MD

In a nutshell, pregnant women who receive daily supplementation of DHA and omega-3 fatty acids or who choose diets rich in these fatty acids, have healthier babies. This article also points out still another way that the human body is the most healthy when it is in balance. It is the balance of omega-3s and omega-6s that is crucial to anyone's health, but especially for mothers and their babies.

In the early 1980's Danish investigators discovered that women living on the Faroe Islands gave birth to babies that were 194 grams heavier and had gestation lengths four days longer than babies born in Denmark (Olsen 1986). They realized that the Farose diet contained significantly more omega-3 fatty acids and fewer omega-6 fatty acids than the Danish diet. Red blood cell fatty acid content (expressed as the ratio of omega-3 to omega-6) was also much higher in the Faroese pregnant women than in the Danish pregnant women (Olsen 1991). Their conclusion was that a Danish woman who increased her blood ratio of these fatty acids by 20% in her diet, could increase gestation by 5.7 days (Olsen 1991).

Polyunsaturated fatty acids (PUFAs) are important because of their role in fetal and newborn neurodevelopment, inflammation, and are likely a factor in determining gestation/age and birth weight. Two specific omega-3 fatty acids essential for these roles, docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA), cannot be synthesized by the body. Therefore, they must come from dietary sources, the richest being seafood. However, since fish is limited to two servings per week because of mercury contamination, other sources are needed to supplement or replace fish as a dietary source of EPA and DHA. The richest dietary sources of omega-3 fatty acids are from marine sources, fish oil supplements or algae-based DHA, and selected vegetable oils like flaxseed (57% omega-3 fatty acids), canola (11% omega-3 fatty acids), and soybean (8% omega-3 fatty acids). Most Americans don't consume these omega-3-rich foods on a regular basis, thus creating an imbalance of the ratio of omega-3 and omega 6 in their bodies (CanolaInfo 2008).

The PUFAs, arachidonic acid (AA) an omega-6 fatty acid, and DHA and EPA both omega-3 fatty acids, have been found to be critical in the fetal and infant central nervous system (CNS) growth and development. Since the typical American diet has an abundance of omega-6 fatty acids found in vegetable oils of processed foods, fried foods, and condiments like salad dressings, the concern for pregnant women is more with suboptimal levels of omega-3 fatty acids.

†EPA and AA are essential structural components of every cell in the body and are precursors for biologically active compounds called eicosanoids. The balance between omega 3s and omega 6s is upset when there is a relatively poor intake of EPA (omega-3) as compared to AA (omega 6), and this is believed to be a factor causing preterm labor and preeclampsia (Elias et al 2001 and Wang et al 2005). Diets rich in omega-6 fatty acids produce potent eicosanoids, whereas a diet with a more balanced intake of omega-6 and omega-3 fatty acids makes fewer inflammatory and fewer immunosuppressive eicosanoids.

In addition, the most significant role of EPA in pregnancy may be in mediating DHA and AA concentrations across the placenta. Free fatty acids need to be bound to fatty acid binding proteins (FABPs) in order to transfer across the placenta and gain entry into the placental and fetal cells including developing brain cells. Because only about 4% to 11% of DHA is retroconverted to EPA (Burdge et al, 2004),†pregnant women who just take DHA supplements, without any dietary EPA, may be unable to produce the right balance of eicosanoids and may limit the transport and uptake of DHA into fetal cells (Larque, 2006).

Babies continue to accrue DHA into the CNS up until about 18 months of age (Denomme 2005 and Szajewska 2006). DHA and AA are also abundant in human milk, another reason for childbirth educators to encourage pregnant mothers to breastfeed their babies.

It is known that maternal essential fatty acids decline during pregnancy which makes taking omega-3 supplements seem like a good idea. However, in one study, giving pregnant women alpha linoleic acid (ALA)

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and linoleic acid (LA), known dietary precursors of DHA and AA, did not promote neonatal DHA and AA status, however it did promote eicosoniods which are biologically active fatty acid compounds that compete for enzyme systems that make prostaglandins and leukotrienes (Renate 2004). Diets rich in omega-6 fatty acids produce potent eicosanoids, whereas a diet with a more balanced intake of omega-6 and omega-3 fatty acids makes fewer inflammatory and fewer immunosuppressive eicosanoids (Endres 1989). This is another example of how the human body always seeks a balance to be healthy.

The significance of pregnant women receiving DHA during pregnancy is shown in this current randomized, placebo-controlled trial (Imhoff-Kunsch, 2011), conducted on approximately 1,100 women and 900 infants in Mexico who were given daily supplementation of DHA in the algal form or placebo from 18 to 22 weeks gestation through childbirth. It showed that infants of mothers who received supplements had fewer colds and shorter illnesses at one, three, and six months of age. "This large scale study underscores the importance of good nutrition during pregnancy," says Usha Ramakrishnan, PhD, associate professor, Hubert Department of Global Health at Emory's Rollins School of Public Health. "Our findings indicate that pregnant women taking 400 mg of DHA are more likely to deliver healthier infants."

- At one month of age, the infants in the DHA group experienced a reduced occurrence of cold symptoms by 25 percent, including a shorter duration of cough, phlegm and wheezing.
- At age three months, the infants in the DHA group spent 14 percent less time ill.
- At six months of age, infants in the DHA group experienced shorter duration of fever, nasal secretion, difficulty breathing and rash, though longer duration of vomiting.
- Ramakrishnan and her colleagues have previously reported findings that show offspring of women pregnant with their first child who received 400 mg DHA during pregnancy delivered babies who were 100 grams heavier at birth and 3/4 cm longer at 18 months of age.
- The study, funded by the NIH and the March of Dimes Foundation, also found increased DHA levels in breast milk. All of the infants participating in the study were breastfed.

There is not enough research data to establish required amounts of DHA and EPA for pregnant women, however, it is believed that they need at least as much omega-3 fatty acids as nonpregnant women, and likely more. Research as to the effects that PUFAs have on specific pathways remains in its infancy but we do have enough evidence today to draw some conclusions and to make recommendations.

Main points: (Greenberg et al, 2008)

- Docosahexaenoic acid (DHA) is a major structural fat in the human brain and eye, representing about 97% of all omega-3 fats in the brain and 93% of all omega-3 fats in the retina.
- DHA is particularly important for fetal development of the brain and retina during the third trimester and up to 18 months of life.
- The balance between omega-3 fatty acids and omega-6 acids may be important, and the omega-3 fatty acid eicosapentaenoic acid (EPA) may play an important role in DHA transplacental transport and intracellular absorption.
- Pregnant women likely have an increased need for essential omega-3 fatty acids compared with women who are not pregnant.
- Fish consumption, although an excellent source of both DHA and EPA, may contain mercury contamination and should therefore be limited to 2, 6-ounce, low-mercury seafood servings a week, such as shrimp, salmon, Pollock, catfish, scallops, and sardines.
- Both fish oil supplements, containing both EPA and DHA, and algae-derived DHA- only oils are good, mercury-safe means of supplementing the diet of a pregnant women.

Recommendations

- Omega-3 fatty acids are beneficial for anyone but especially for pregnant women. Recommendations for dietary omega-3 fatty acids should be started at the onset of pregnancy.
- Due to mercury contamination of certain fish, pregnant women need to consume omega-3 fatty acids from three sources: vegetable oils, 2 servings of seafood per week, and omega-3 fatty acid supplements containing EPA and DHA.

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- Pregnant women should minimize their intake of omega-6 rich oils found in sunflower, corn, and cottonseed oils since they are converted to substrates that compete with EPA. Instead they should increase their consumption of omega-3 fatty acids such as flaxseed, canola, and soybean oil.

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RECIPES

Lactation Cookies

Submitted by Kathleen Rosenboro

- 1 cup butter
- 1 cup sugar
- 2 cups flour
- 1 cup firmly packed brown sugar
- 4 tablespoons water
- 2 tablespoons flax seed meal
- 2 eggs
- 1 teaspoon vanilla
- 1 teaspoon baking soda
- 1 teaspoon salt
- 3 cups oats
- 2 cup chocolate chips
- 2-4 tablespoons brewer's yeast

Preheat oven to 350°. Mix the flaxseed meal and water and let sit for 3-5 minutes. Beat butter, sugar, and brown sugar well. Add eggs and mix well. Add flaxseed mix and vanilla, beat well.Sift together flour, brewers yeast, baking soda, and salt. Add dry ingredients to butter mix. Stir in oats and chips. Scoop onto baking sheet. Bake for 12 minutes. Let set for a couple minutes then remove from tray. Makes 4 1/2 dozen.

Baked Oatmeal

Submitted by Sally Dear-Healey

- 1/2 cup canola or sunflower oil (may substitute 1/4 cup applesauce for 1/4 cup of the oil)
- 2 eggs beaten
- 1 cup maple syrup
- 3 cups thick-cut oatmeal (organic if possible)
- 2 tsp. baking powder
- 1 tsp. salt
- 1 cup milk

Optional: Add up to one cup of any combination of walnuts, sliced almonds, sunflower seeds, raisins, cried cranberries or cherries, etc.

Combine all ingredients, press into 9 x 13 pan, and bake at 350 degrees for 30-35 minutes. Cut into squares and serve plain or with milk and some fruit. Yum!

New Kangaroo Care Website Launched

By Susie Ludington, BirthWorks Board of Advisors

The United States Institute for Kangaroo Care (USIKC), the premier resource center for all matters related to Kangaroo Care/Kangaroo Mother Care, and Skin-to-Skin Contact, has launched its new website. The Institute provides access to experts in Kangaroo Care, literature citations, books and articles, sample hospital policies and protocols (for KC in NICU, labor & delivery, and the mother-newborn unit), position statements, educational courses, certification as a specialist in Kangaroo Care, consultations, implementation took kits, patient/health professional educational materials, and vendors of Kangaroo Care wraps, chairs, jewelry, videos, films, books, and webinars.

Visit them at: www.kangaroocareusa.org. §

POETRY

Birth Goddess

By Cindy L. Collins

I am a birth goddess.
My body, the holder of life;
cradled and caressed in my womb.
I am a birth goddess.
My skin radiates and glows,
my breasts full of milk so magical that man
nor nature can duplicate.
I am a birth goddess.
My belly grows beyond boundaries
seemingly impossible,to accommodate
this little stranger growing within.
I am a birth goddess.
Just as I know how to breathe, I know how to give birth.
I need not of your modern medicine or techniques,
they only interfere with the wisdom of my body.
I am a birth goddess.
My body and baby are perfectly in tune,
only they know the moment when birth will begin.
Not a minute too soon, not a minute too late.
I am a birth goddess.
My wonderful womb will bring down my baby,
on its own time; it does not adhere to clocks.
I am a birth goddess.
My body knows when and how to push,
even if I have never given birth before.
My intuitive birthing ability has been passed to me
through thousands of years and billions of women;
they are my sisters in birth.
I need not abide by your devices.
I am a birth goddess.
Bright lights only blind the very sensitive eyes
of my baby,loud noises scare him.
Have reverence for new life and a new mother.
I am a birth goddess.
My chest as warm as the sun,waiting and ready for my baby.
My body alone can warm my baby to the perfect temperature.
I am a birth goddess.
My baby is ready to suckle,I offer my breast.
My body possesses all the nourishment my baby will need.
I am a birth goddess.
I trust my body, I trust birth.
I believe birth is safe.
I am a birth goddess. §

UPCOMING CONFERENCES

BirthWorks is always looking for local, state, and national conferences where our members can introduce BirthWorks and promote their classes. If you hear about a conference in your area, or have one in mind that you would like to set up an information table at, please contact the BirthWorks office for guidance and support at info@birthworks.org.

Mid-Pacific Conference on Birth and Primal Health Research: Hawaii Convention Center on October 26-28, 2012. The objective of the Conference is to inspire vital questions adapted to unprecedented situations. There is a need, in particular, for new questions about the future of the human oxytocin system (translate: the future of the capacity to love) and the future of the relationship between human beings and the world of microbes, in relation to how babies are born. This Conference on the future of childbirth and the future of Humanity will attract the most authoritative world experts in a great diversity of disciplines. These include: Pr Michael Stark (Berlin), Pr Kerstin Uvnas-Moberg (Stockholm), Dr Georgious Stamatas (Paris), Dr Mario Merialdi (Dept of Perinatal Issues at the World Health Organization), and Dr. Michel Odent (France). The Conference will have 12 plenary session and 30 workshops and participants are invited to submit posters. For further information explore: www.wombecology.com.

Midwifery Today Conference "Midwifery: Skill, Wisdom, Culture, Love": Harrisburg, PA. April 11-15, 2012. For further information go to: http://www.midwiferytoday.com/conferences/Harrisburg2012. Trust Birth Conference: Nashville, TN. April 13-15, 2012. For further information go to: http://www.trustbirthconference.com/home.

TRAINING AND CERTIFICATION

Host a Childbirth Educator and/or Doula Training

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.

Updated 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.

> It is important to remember that our bodies must work well or there wouldn't be so many humans on the planet
>
> ~Ina May Gaskin

REFLECTIONS ON RECENT WORKSHOPS

October 2011 CBE Workshop in Hawaii

Left to Right: Summer Faria, Leanna Andrade, Joan-e Rapine (Facilitator)

Reflections on the Hawaii CBE Workshop By Leanna Andrade

Prior to registering for the Birthworks Childbirth Educator Workshop, I had worked as a doula for over a year. I was also in the process of becoming a Certified Childbirth Educator with another organization. I have attended births in different settings and all the experiences that I had with "techniques and methods" of childbirth has shown me that there is no one way to give birth and that just as everyone lives their lives differently, so do they birth. Since my ultimate goal is to become a midwife, it is extremely important for me to be able to see birth as it is, not what other people or organizations believe that it should be. Within ten minutes of the first day of the workshop, I knew that I was in the right place and had found a birthing philosophy that I agreed with. I truly believe that birthing is instinctual. I am grateful to Birthworks for guiding the way for birthing families and childbirth professionals. Thanks to my amazing instructor Joan-e Rapine for nurturing me to become a better childbirth worker.

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Reflections on the Hawaii CBE Workshop
By Sonya Niess

Niess I attended a childbirth education workshop led by Joan-e Rapine in October of 2011. The three days of the workshop were inspiring in many ways. My original expectation was to learn a set outline for classes and a refresher on the childbirth process. I found that the BirthWorks teaching method is much different. Joan-e promptly told us on the first day that all the technical and process aspects of childbirth we could learn in books. That what we were going to focus on was how to effectively communicate to the mother, her partner, and help them communicate with one another and with their unborn child (Not always assuming partner is the father: could also be her mother, sister, or close friend).

I found that many of the exercises looking at photographs and telling our own stories of what was happening really reflected accurately to our own lives in a very revealing manner. I felt a shift occurring while sitting there looking inside to find the answers. Some outcomes to these exercising proved to be quite unexpected too! Feelings about situations of our past that we thought had been dealt with or not a problem and really, when simply asked questions about it, the gates are opened into a realm much deeper, much truer to how we feel. The exercises we learned during the workshop do not apply only to childbirth education, but also to everyday living.

In my experience with childbirth as a doula, I have seen many women go through the complex emotional toil that labor is so good at bringing out. I've seen mothers go from completely dilated back down to 6cm when unresolved issues from their past sprang up in full force during the hardest part of labor. I've known for a while now that the issues that are tucked under the carpet are likely to show up during labor – and so I have always encouraged women and their partners to look into themselves, dig up the dirt, and try to resolve whatever they find as best as possible. Now, after taking the workshop, I have the tools to help women discover what exactly is unresolved within themselves. Often we are unaware of what truly lies at the core of how we feel.

The visualization exercises, the role as questioner patiently listening, all of these aspects of the workshop will impact my teaching immensely. I feel like I walked into this workshop thinking I'd get the standard protocols for childbirth education and instead found a wealth of knowledge on the areas often ignored by our western medical system – the mind body connection is real and in full force!! Another aspect I find truly valuable to my teaching is how to discuss different beliefs surrounding birth and how to navigate positively through opposing views. This has always been a concern of mine and I felt it was adequately addressed in this workshop. Staying objective is another aspect I was able to fully incorporate into my consciousness as an educator – particularly around the words I choose and how my emotional relationship to my own values in birth may come off strongly and perhaps be off putting to some. There will be times when my patience is tested by someone who holds a completely different view than my own and I must be willing to accept that this is their perspective and that no one is always right or wrong. Overall, I'd say the BirthWorks Childbirth Education Workshop exceeded all my expectations and took me on a journey that has greatly expanded how I approach childbirth education and my own life.

Update on Upcoming Hawaii CBE Workshop
By Joan-e Rapine

BirthWorks finally made it to Hawaii, making its mark with two small, but powerful, workshops. Creating a name for BirthWorks on the islands was not easy, with Lamaze and Bradley having a strong hold in the local birthing community. In fact, our first workshop participants were Lamaze trainees seeking a workshop that qualified toward their Lamaze certification. Within the first hour of the workshop they announced that the BirthWorks philosophies are much more in line with their own and that they would need to rethink their certification goals. By the end of the workshop they were both on the payment plan for the BirthWorks Childbirth Educator certification program. I am excited about the BirthWorks name slowly making its way through the local doula community, spreading the idea that birth is instinctive and therefore cannot be taught as a method. Our innovative approach to the inclusion and practice of the five human values of truth, peace, love, right action and non-violence truly embody the spirit of Aloha.

So that we don't lose momentum, another BirthWorks CBE training in Hawaii is being planned for spring 2012! I believe that by the time the Mid-Pacific Conference on Birth and Primal Health Research comes around; BirthWorks will have become a household name in the islands! If you would like to escape the cold weather and experience the Aloha warmth, come join us for this upcoming workshop. For additional information about the Mid-Pacific Conference go to: (http://www.wombecology.com/congress.php).

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November 2011 CBE/Doula Workshops in New Zealand

Left to right: Emily Searle, Samantha Thurlby-Brooks (Hostess), Margaret Gardener, Cathy Daub (Trainer), Pavitra Heyd, Rosemary Joyce, Bella Munro, Ban Abdul.

Reflections on the New Zealand CBE Workshop *By Bella Munroe*

Completing the Birthworks Childbirth Educator workshop was an inspiring experience. The workshop unfolded over 3 days and during this time I developed my understanding of a new approach to childbirth education. I found the Birthworks approach to be very inspiring as it empowers pregnant woman, their families and support people to make decisions that are best for them without prescribing any particular method or instruction. Singing, dancing, crying and laughing with like-minded people was wonderful. I am really grateful for the opportunity of sharing these experiences and making connections with others here in New Zealand. The workshop had an impact on my personal life too. The session on Mother/Daughter relationships really highlighted the fact that I needed to make a deeper emotional connection with my mother. One of the pieces that I wrote during the workshop made a beautiful Christmas present for my mother and opened up such an opportunity.

On a professional level, the Childbirth Educator workshop was really useful. Currently I teach pregnancy yoga. The information and experience that I gained through completing the Birthworks Childbirth Educator workshop has been highly relevant to this role. I am now able to confidently share my knowledge of birth with the woman in my classes and when I am unsure of a question, I know where to find the information so that I can come back with an answer at a later time. More importantly I am beginning to feel more confident with assisting women to work through their fears in relation to birth. I am looking forward to completing my training so that I will be able to run my own classes.

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Left to Right: Vicki Kirkland, Dawa Rowley, Samantha Thurlby-Brooks (Hostess), Ban Abdul, Ramona Cording, Cathy Daub (Trainer), Allison Forres

Reflections on the November 2011 New Zealand Doula Workshop

by Dawa Rowley

Within moments of arriving at the BirthWorks International Doula Workshop, I knew I was in the right place at the right time. Cathy met me at the door with such a calm presence all my trepidations (is this the right thing to do, did I make the right choice, what if this, what if that…) fell away. Then the workshop opened with a beautiful exercise for coming home to our own heart and I knew this would not only teach me new skills as a professional, it would strengthen all the best things in myself that I sometimes forget to value.

The workshop touches on all areas of our work as lay birth attendants, with a skillful variety of techniques to help participants remain fresh and focused despite the depth and intensity of information. Cathy's passion for the work, her profound experience and the hard evidence she gives deepened my own excitement and faith in a long held belief that if mothers can only receive calm support to be who they already are we can change some of the deepest patterns of trauma in society. A woman's body already knows how to give birth, what she needs is skilled support to come back to that knowledge and be encouraged to work with it herself. Not only does BirthWorks teach practical information with great clarity, it is unique in that it also emphasizes character development and human values. Cathy herself embodies, and treats everyone she meets with, the heart-centered, respectful wisdom and kindness that doula's need.

At one point in the workshop, I began to doubt my ability to do this work well. Forgotten fears and doubts from my own birthing experiences surfaced and I began to worry that if there were complications in a labor I would forget all the techniques for helping the mother and baby and I infect my client with my own fear. Cathy listened to my doubts. She understood exactly what was worrying me and said, You only need to remember two things. Praise her and keep her moving. I knew I could do that. For me those words summarized everything we are there for. Doula's do not to make medical decisions (though our training explains what most of the medical interventions are and why they occur). Our role is not to mediate between her and her medical advisors (though we can support her in her own decisions) and it is not to take her husband's/partner's or mother's place. Our role is to support her in what she already knows. Our role is to support her to go into that deep private place so many women are afraid to go – the place where, instead of looking after everyone around us we are given room to look inside ourselves, know what we know we need - and be encouraged to do it.

This worshop is only three days long, but attending it can change not only your own life, but also the lives of everyone around you for the better.

NEW EDUCATOR ENTRANTS

Shannon Alexy	Fort Worth, TX
Leanna Andrade	Aiea, HI
Roberta Decker Cass	Lake, MN
Liz Fullerton-Dummit	Philadelphia, PA
Lauren Grace	Livingston, MN
Kelly Hanson	Herndon, VA
Brianna Jensen	Pasco, TX
Melissa Johnson	Magnolia, MS
Sarah Lopata	Glenside, PA
Katrina Macleod Chadds	Ford, PA
Annabelle Munro	Auckland, NZ
Emily Searle	Auckland, NZ
Millicent Simenson	Bemidji, MN
Tammi Smith	Anstead, WV
Stephanie Vandervoort Parma	Heights, OH
Linda Walling	Eugene, OR

NEW DOULA STUDENTS

Ramona Cording	Hokianga, NZ
Melissa Johnson	Magnolia, MS
Heather Jones	Oklahoma City, OK
Vicki Kirkland	North Island, NZ
Katrina Macleod Chadds	Ford, PA
Danielle Riebel	Ontario, Canada
Miriam Rose	Portland, OR
Dawa Rowley	Mt. Albert, NZ
Kelly Simpson	Cherry Hill, NJ

NEWLY CERTIFIED EDUCATORS

Amara Minnis	Virginia Beach, VA

NEWLY CERTIFIED DOULAS

Tiffany Tice	Polk City, IA
Emily Alberhasky	Ankeny, IA

FACILITATORS CORNER

According to Norma N. Wilkerson, PhD, RN, A couple participating in childbirth preparation classes that emphasize education from a holistic perspective will learn more than the skills and techniques for coping with labor. They will also sharpen their problem-solving, decision-making, and critical-thinking abilities. Achieving childbirth education for couples from this humanistic context is the ultimate goal for prepared childbirth classes. Source: Journal of Perinatal Educ. 2000. Summer; 9(3): 11–18.

ON THE BUSINESS SIDE: NOTES FROM THE BIRTHWORKS OFFICE

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 follow 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 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.

MEMBERSHIP

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 ~~B~~irthWorks For Life~~m~~ember, 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 ~~D~~onations~~o~~n 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.

Wish List

If you have a passion for birth and are interested in being part of the business side of a national/international organization, contact the main office to apply for one of the following open positions on the BirthWorks Board of Directors. Membership in BirthWorks International is required for all positions.

Director of Marketing
Director of the Doula Program
Director of Fundraising
Director of Public Events

Board of Directors:

President:
Cathy Daub

Secretary:
Mali Schwartz

Treasurer:
Luella Willaman

Director of Education:
Joan-e Rapine

Director of Doula Program:
accepting applications

Director of Public Relations:
accepting applications

Director of Marketing:
accepting applications

Director of Fundraising:
accepting applications

Board Members at Large:
Valorie Akuffo and Nancy Grygent

Board of Advisors:

Michel Odent, MD
Susan Ludington, PhD, CNM
Kirsten Uvnas-Moberg MD, PhD
Mary Zwart, Midwife
Heloisa Lessa, CNM
Jan Tritten, Midwife
Henci Goer, Author
Ina May Gaskin, Midwife
Bethany Hayes, MD
Barbara Harper RN
Marshal Klaus, MD
Lewis Mehl Madrona, MD
Jean Sutton, Midwife
Suzanne Arms, Author
Nancy Wainer, Midwife
Ray DeVries, Sociologist
Phyllis Klaus, MFT, LCSW
Doris Haire, Author
Elizabeth Davis, Midwife

Office Staff:

Workshop Coordinator: Kathleen Roseboro
Accountant: Sandy Riker
Program Coordinator: Sophie Wilmot

Newsletter Staff: Managing Editor: Cathy Daub Editor: Sally Dear-Healey, PhD

Regional and International Ambassadors

Alaska/Hawaii: AK, HI
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Maggie McCecil
maggiemccecil@gmail.com

Lower Midwest: MO, NE, KS, IL
Open Position

Mid-Atlantic: DC, MD, VA, WV
Kathy Hubbard
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New England: CT, MA, ME, NH, RI, VT
Nancy Grygent
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New Jersey
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Ohio River Valley: IN, KY, MI, OH
Naomi Bongornonsikes
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Pacific Northwest: OR, WA
Open Position

Rocky Mountain: CO, MT, UT, WY, ID
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