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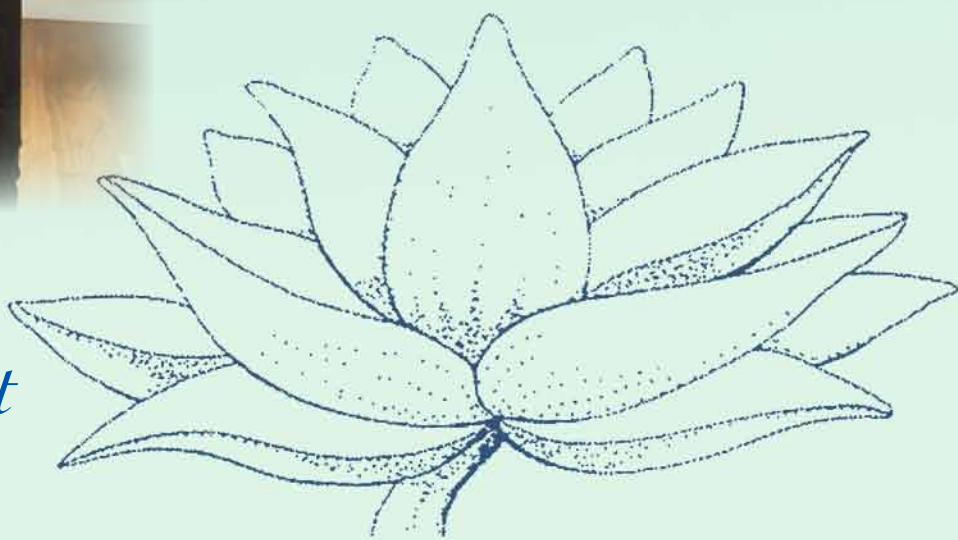
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International

Postpartum and Newborn Health



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LETTER FROM THE PRESIDENT

Postpartum Depression

There are two fears that are cross cultural and true for all mankind: the first is a fear of being restrained against one's will; the second is being abandoned in a time of need. This second fear is the reason that doulas are so valuable at a birth because they provide continuous care during labor.

I believe there is an aspect of this fear present in some women during the postpartum period. Take for example, a woman whose partner is travelling on long-distance trips for work, and she might not have supportive family in the area. She can feel abandoned and overwhelmed with the needs of her newborn baby or babies, coupled with her body's hormones that are still fluctuating as they work to return to normal. As a result, she may still feel mood swings. In addition, she is likely to be in sleep deprivation as they will be up during the night. And what if she has other children to take care of? Meals to prepare? Trying to take a shower?

The postpartum doula enters and becomes part of the family. She reassures the new mother about bodily changes that are occurring, assists with breastfeeding, and takes care of the baby so the mother can nap. The postpartum doula may also help with cooking, taking care of the children, or doing anything she can to help the new mother. The magnitude of this support cannot be underestimated. It can make all the difference in the



Cathy Daub
PT, CCE (BWI)
CD (BWI)

mother's postpartum birth experience, and can strengthen her emotionally and physically for the weeks ahead.

BirthWorks has an online postpartum doula certification program that can be easily completed in nine months: the time it takes to grow a baby. No workshop is required, yet there are multiple interactions through our mentoring program with an assigned reviewer. Our philosophies are built into the postpartum doula training, and include ways in which human values increase confidence and decrease fear in the postpartum setting. These values are applied to such things as hormonal changes, grieving and healing, breastfeeding, overall emotional sta-

bility, and feeling the wonder and awe of growing and birthing a baby.

Becoming a postpartum doula is a great option for women who aren't in a position to be on call, or don't have support for young children, versus a birth doula who has to be ready to go to a birth as soon as labor begins. The postpartum doula serves an important need for the new mother after the birth of her baby, and the doula is able to set her own hours to meet the needs of her own family. If you feel a calling to become a postpartum doula, call 1-888-TO BIRTH(862-4784) or email info@birthworks.org. You can register on our online store at www.birthworks.org. This may be one of the best decisions you've ever made.

BirthWorks Online Postpartum Doula Program



A woman has just given birth. Her partner is traveling for work and she has no family in the area. Her body is recovering from the birth and she is trying to breastfeed. She is exhausted and becoming depressed. She needs support from a Postpartum Doula! You can be the one who supports her so she can get rest, recover from birth, and make the early weeks of parenting a positive experience.

Join our completely online at-distance Postpartum Doula Program. No workshop is required.

Comprehensive training is based on the popular BirthWorks Philosophies of Human Values. Set your own hours and serve women and their families in this nine-month program.

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SETTING THE STAGE FOR A HEALTHY AND HAPPY BREASTFEEDING RELATIONSHIP

Brittany Sharpe McCollum, CCE(BWI), CD(DONA)

An overwhelming number of postpartum women come home from a hospital-based birth and feel confused and at a loss for how to go about nursing their little ones. This is no fault of the well-meaning and incredibly knowledgeable hospital-based lactation consultants or the postpartum nurses, who work diligently to ensure that their clients have a healthy and positive postpartum. But it is a fault of a culture that devalues breastfeeding, often subtly, by encouraging a focus on mother and baby separately, an emphasis on the introduction of the baby to extended family members, and a lack of emphasis on the well-being of the mother-baby as a pair.

It's no surprise that, in a hospital setting, women are interrupted an average of 53 times in the first day of the hospital stay, whether that interruption comes from family and friends visiting, phone calls, nursing staff, janitorial or nutritional staff, or others, it maintains itself as interruption nonetheless (Morrison, Ludington-Hoe, 2012).

With interruption being so commonplace in births in American culture, it's imperative that women embrace the tools to navigate their own postpartum experience, set boundaries with family and friends, and assert their needs to hospital staff. It remains true that birth often makes a woman of the mother; it is never too early in this life transition to begin using tools of confidence and assertion in one's approach. A phrase as common as "I'm sorry for..." can be reframed as "Thank you for understanding that..." There's no more fitting place for developing the skill of reframing phrases and statements to clearly communicate one's boundaries than the postpartum.

The support of a doula throughout pregnancy and birth can easily help to build the confidence and assertion that is often necessary for empowered birthing and parenting. A doula can provide a backdrop of knowledge and an undercurrent of reassurance that can leave a birthing couple feeling more confident and prepared in understanding their own needs and those of their baby. A good doula will encourage couples to explore what is most important to them in the early stages of their parenting journey and provide them with the resources, confidence, and experienced suggestions necessary for making their expectations a reality.

Requesting the support of a lactation consultant in the hospital can also make a huge difference in how

confident a mother feels in beginning nursing, and how knowledgeable she feels regarding the give and take of the nursing relationship. It is so important for mothers to follow their instincts, as maternal instincts will very rarely steer one in the wrong direction. The best advice I've ever heard a lactation consultant give is to take in what works and leave out what doesn't. There will be those who offer a suggestion that seems counterintuitive or a technique that feels awkward, and it is the mother's right to say "thanks, but no thanks." When an outside suggestion feels wary, it is the mother's maternal instinct that kicks in to remind her that no one knows her baby and her body better than herself. The dance of breastfeeding is one of mutual encouragement, awareness, and ultimately, reward.

It remains true that those who are most impactful and help to encourage the greatest emotional and physical success in nursing are those who remind a mother that she cannot spoil her baby, that babies do indeed love to breastfeed, and that she is capable of nourishing her child (Lee, 2016). A great lactation consultant is in a prime position to be one of the first to reassure the mother of this. Prenatal breastfeeding education can work wonders in promoting a healthy and sustainable breastfeeding relationship.

Prenatal breastfeeding classes do little to get across the tangible physical enormity of nursing, but have the ability to move mountains in recreating the expectations of an expectant mother, promoting the normalcy of the near-constant nature of the breastfeeding relationship (at least in those early weeks), and detailing the sensation and progression of having a child at the breast. Breastfeeding classes do not ensure successful nursing, but instead set the stage for both mothers and their partners to feel prepared, confident, and aware in beginning their nursing journey.

Additionally, research shows that success in nursing is even greater when partners attend these prenatal breastfeeding classes (Maycock et al. 2013). In reality, these classes fulfill a small portion of "the village" that mothers once had surrounding them as they became parents, and re-root the ancient wisdom and knowledge of nourishment of one's young that has been lost in so much of our human culture. Perhaps the most important key for both success in nursing and confidence in parenting is to surround oneself with those who are in the

Continued from page 2

same boat. The previously mentioned idea of the “village” is paramount in providing a base of support, understanding, and solidarity in parenting.

There are few times in life when it feels easy to go out and begin friendships with an entirely new group of people, but the postpartum period is one that can. This time in life is so formative, so fresh, so new that it is nothing short of instinctual to surround oneself with those that are making so similarly a transformation of self. Attending local parenting support groups, breastfeeding support groups, play groups, park meet-ups, parent happy hours, and parent-and-me classes just simply makes sense—and these groups are often offered on a donation basis. Surrounding oneself with

others who are comparatively sleep-deprived, instinct-driven, and newly aware of the beauty and intensity of the world is an incredible way to build up one’s confidence and explore one’s own priorities while encouraging their little person to bloom big and bright in the world around them.

Brittany began her work as a childbirth professional after the birth of her first son in 2006. Over the past nine years of teaching and supporting laboring couples, she has strengthened her focus on pelvic bodywork and the understanding of its facilitation of the birth process. Please visit www.blossomingbelliesbirth.com for more information about Brittany’s services.

1. Lee, Nikki. Complimentary and Alternative Medicine in Breastfeeding Therapy. Praeclarus Press, 2016.

2. Maycock B, Binns C, Dhaliwal S, Tohota J, Hauck Y, Burns S & Howat P. Education and Support for Fathers Improves Breastfeeding Rates: A Randomized Controlled Trial. *Journal of Human Lactation* 2013; 29(4):484-490.

3. Morrison B, Ludington-Hoe S. Interruptions to breastfeeding Dyads in an DRP Unit. *MCN American Journal of Maternal/Child Nursing*. 2012 Jan-Feb;37(1):36-41.

BirthWorks Conference Turning TRUTHS of Birth Into Action

**September 8-10, 2017
Virginia Beach, VA**

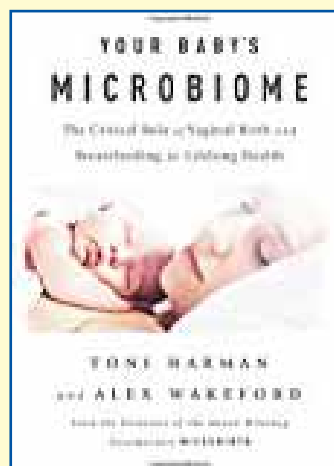
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Preconference full-day workshop with Toni Harman from the U.K., author of *Your Baby’s Microbiome* and producer of the film *Microbirth*.

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Through videos, online courses, and Toni’s book, learn what leading scientists and other experts are saying about the microbiome and why it’s so important for a child’s lifelong health. Included are practical ideas about what pregnant parents, and those that support them, can actually do to protect a mother’s microbiome during pregnancy with diet and lifestyle choices; and support for vaginal birth (when possible), immediate skin-to-skin contact, and exclusive breastfeeding. Also included is the latest research on other topics, such as swab-seeding for C-section babies.

available at www.amazon.com



POSTPARTUM DEPRESSION

Cathy Daub, PT, CCE (BWI) CD (BWI)

It is not easy for me to write about postpartum depression because I have never experienced it, but I have been around numerous women suffering from it. In each case, there were a series of traumatic circumstances surrounding their pregnancies, labors, and births, as well as the postpartum period, that made it difficult for them to cope, and they began to feel themselves "losing it."

Pregnancy is a time of great change in a woman's life and in her hormones. Labor is hard work and is accompanied by fear for most women. This can be compounded by various traumas including both physical and/or emotional abuse, lack of respect, and a birth experience which was not what they expected. After the birth, they are sorting out what happened, and at the same time are trying to take care of their babies. Putting this all together with a lack of support during labor and/or the postpartum period, and minimal solid sleep, is all a recipe for varying degrees of postpartum anxiety that can lead to postpartum depression.

How does the body handle this anxiety/depression? It secretes stress hormones. The body can tolerate short-term stress, but long-term stress is not healthy. The postpartum period is a time when a new mother needs to be secreting hormones of love that are needed for breastfeeding, but the stress hormones can interfere with this process.

In a state of stress and anxiety, the body is no longer in balance, and a woman with postpartum anxiety can tip over into postpartum depression, and may even become unable to function well in daily life. A new mother who is suffering from postpartum depression is trying to take care of her baby, but can hardly take care of herself. Sometimes, she may not even recognize the symptoms of postpartum depression, and this is where a postpartum doula can be of great value by providing the mother with references to seek professional help.

The role of hormones in pregnancy, labor, and birth is important to address in childbirth classes. For example, the beta endorphins secreted in labor to help a woman cope with contractions create a state of euphoria, which can be seen on the face of a woman who has just given birth naturally without obstetrical drugs or interventions. She is glowing. These endorphins gradually decrease over the first few weeks after birth, and "coming down" can feel a bit depressing to a woman; pregnant women need to know this is normal.

Symptoms of postpartum depression and postpartum anxiety vary from woman to woman and include:

- dismay that they don't feel themselves bonding with their babies, and worrying that their babies may be sensing the same thing
- wanting to say, "I can't do this, and why did I ever decide to get pregnant in the first place"

- feeling guilty that they are not handling motherhood as well as they think they should
- feeling overwhelmed, in sleep debt from waking with their baby through the night, and anxious about whether or not to go back to work
- feeling confused, scared, hopeless, out of control, distracted and unfocused, and even enraged. This can lead to a feeling of numbness where the mother is disconnected, and just going through the motions, and not feeling love for her baby.
- crying from the depths of their souls and finding it difficult to be consoled. They may not even know why they are crying,
- extremes such as eating and sleeping too much or too little
- feeling fearful of having an anxiety disorder and of never being their "old self" again
- being in such deep despair they begin to contemplate suicide

In today's world, there is often not enough support for new mothers. They are expected to work until the last minute of their pregnancy, then get back to work a week or two after the birth. Many women are single mothers; others live apart from their family and relatives. Other communities around the world are more intact as a family unit than the average family today in the U.S., and those communities can provide support for new mothers.

I remember one woman who was a teacher at the school where I worked. Her second baby was born at 28-weeks gestation and was in the NICU at a hospital in Philadelphia. She wanted to be with her baby, but if she didn't go back to work two weeks after the birth, she would lose her insurance. It cost \$10,000 a day in the NICU. She didn't have a choice and found herself taking care of other children when she desperately needed to be with her own.

A postpartum doula can be an immense support for helping care for the baby and perhaps other children while the new mother sleeps. A good sleep can help milder symptoms of postpartum anxiety/depression melt away.

The way in which women react to traumas in their lives varies from person to person. What tips one person over the edge may not do so with another. When I had an unexpected cesarean with my daughter, I didn't feel it was traumatic because I was respected and it was my choice. She was a single-footling breech. I labored as long as I could and then when the urge to push came, and I was six centimeters dilated, I decided to have the cesarean. Had I not been respected and if things had been done against my will, I would likely have felt very different. Unfortunately, that is the case with many women.

It is our true nature to be happy, and birth is a gift to all women, regardless of the outcome of the experience, for it carries the potential to increase our personal self-growth, helping us to feel strong and empowered. With support, a woman experiencing postpartum anxiety/depression can begin smiling again.



RESEARCH UPDATE

The Fourth Trimester: Issues, Needs, and Caregiving during the Postpartum Period

Sally Dear-Healey, Ph.D.,
CCE/Certified Doula,
(Practitioner and Trainer), BWI

The “fourth trimester” (otherwise known as the postpartum period) is a special and critical time for the mother, her newly born baby(ies), and the family. The postpartum (or postnatal) period is defined as the period beginning immediately after the birth and extending for about six weeks. During this period of time both mother and baby are adjusting to their new roles, baby is adjusting to life outside the womb, and the family is adjusting to their new member. Some of the adjustments are physical, some are mental, and some are emotional. For example, as the mother’s body slowly returns to its pre-pregnancy state, she may experience various “symptoms.” According to the Mayo Clinic website, women can expect to experience “vaginal soreness and discharge, ‘afterpains’, difficulty urinating, hemorrhoids and fecal incontinence, sore nipples and breasts, hair loss and skin changes, mood changes (including “baby blues” and/or postpartum depression), and weight loss.” However, other than the recommendation to “consult your healthcare provider,” very few viable options are offered for easing mother, baby, and family through this normal and potentially life-changing transition.

Let’s be clear that not all women experience all of these symptoms, and others may not experience any of them to a noticeable degree. In fact, some women seem to breeze through this time period without a second thought. There are three points I would like to make here: first, if we expect to experience problems we may in fact “create” the experience of problems. In other words, we need to be careful where we put our energy. Second, I have equal concerns about women who do not take the time, or see the need, to adjust to the normal physiological and emotional changes that naturally take place during the postpartum period, treating it as if it’s nothing more than recovering from a mild cold. Finally, there are conditions which need to be recognized and addressed quickly for the safety of mother and baby, such as postpar-

tum depression. The postpartum caregiver, otherwise known as a postpartum doula, can serve a valuable role as both a resource and a source of support for everyone concerned. According to Campbell-Voytal et al.’s article “Postpartum Doulas: Motivations and Perceptions of Practice” (2010), “When speaking of their practice with women and families in the postpartum phase of childbirth, the doulas’ perspectives clustered into four themes: supporting women, taking the mother’s perspective, empowering women, and empowering families.” Let’s begin with some research on a few things mothers may experience following the birth of a child, and the impact of appropriate postpartum care.

Physical and Emotional Changes

While we would like to believe that all babies are wanted and all parents are fully prepared for their new role, even under the best of circumstances parenting children, and especially newborn babies, is challenging. Babies cry, they need to be held, they require constant physical care, and there are very few, if any, breaks in the routine. Unfortunately, and especially in today’s society, new parents have very little tangible help or support. Helping mothers (and fathers) to recognize that the most challenging moments of parenting can be looked at as opportunities can be a real challenge, but a necessary one. Additionally, parents are not only encouraged to ignore their parental instincts, but there are a number of “experts” (real or imagined), books, etc. that teach them to do otherwise. This can cause confusion, frustration, guilt, unhappiness, and even anger, in addition to impacting familial relationships.

The postpartum (or puerperium) period has been recognized primarily as the time period required for the reproductive organs to return to their non-pregnant state. However, Gjerdingen et al. (1993) argue that the traditionally allotted 6 weeks is insufficient and claim that “even by six months post partum (sic), women do not feel completely recovered from childbirth” (278). Citing research by Tulman and Fawcett (1991), they found that while lack of sleep, fatigue, difficulty losing weight, emotional lability (rapid, often exaggerated change in mood), and increased responsibilities were contributing factors, “prolonged labor and cesarean deliveries were the most frequently cited hindrances to recovery.” The maternal risks of prolonged/arrested labor include intrauterine infections, cervical and vaginal wall tears, and postpartum infection or hemorrhage. The fetal risks include decreased oxygen, intracranial hemorrhage, use of forceps/vacuum extractors, and cesarean, along with long-term risks such as cerebral palsy and hypoxic ischemic encephalopathy (HIE). The risks of cesareans to mothers and babies include

<http://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/postpartum-care/art-20047233?pg=2>

I have always been curious if there was a connection between women who experience significant PMS symptoms, those who experience significant pregnancy/postpartum symptoms, and those who experience significant menopause symptoms. Interestingly, at least one research article suggests that many of the presenting factors for all three are quite similar, e.g. issues with self-esteem, attitudes and expectations about the experiences, stress levels, coping skills, quality of interpersonal relationships, and symptoms directly related to shifts in hormones (http://www2.warwick.ac.uk/fac/med/study/ugr/mbchb/phase1_08/semester2/healthpsychology/integration/reproductive_health.pdf) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3048903/>

but are not limited to (maternal) infection, hemorrhage or increased blood loss, injury to organs, adhesions, extended hospital stay, extended recover time, reactions to medications, maternal mortality, and adverse emotional reactions. For the baby, cesarean births can result in prematurity, breathing problems, low APGAR scores, fetal injury, lethargy and sleepiness, reactions to medications, and difficulty with breastfeeding.

So what does this have to do with caregiving during the postpartum period? First, if a woman experiences physical trauma during her birth (induction, pitocin, forceps delivery, cesarean, etc.) then she is statistically more likely to experience physical and emotional trauma symptoms afterwards, as is her baby. In other words, a mother's physical state, as well as her emotional state, has a direct effect on her postpartum recovery and the well-being of her newborn. Postpartum caregivers, therefore, need to be sensitive to not only what the mother says and does, but what she doesn't say and do. Among other things, the postpartum caregiver needs to be aware of what constitutes healthy versus unhealthy physical conditions postpartum. For example, she needs to know how much bleeding is normal, and how much is not. She needs to recognize the difference between a nervous new mother or one that is experiencing transitory sadness and a woman who is experiencing postpartum depression. She needs to know what constitutes a physically and emotionally healthy infant and what doesn't. This requires that the postpartum caregiver develop a relationship of trust with the mother (and family) so that they are able to interact and share openly.

One of the ways to accomplish this is by encouraging the woman and other family members to talk about the birth experience, how the mother feels about being a mother and caring for her baby, how the father feels about being a father and his partner as a mother, etc. as well as other issues and concerns which may present themselves. One of the most important things the postpartum doula can do is practice active listening. Finally, the postpartum careprovider must be astute in recognizing pathological emotional and physical symptoms and, when necessary, refer the woman and/or the infant for additional help/services. An important example is the manifestation of postpartum depression.

Baby Blues and Postpartum Depression (PPD)

A story in Poulin's book on postpartum depression spells out the angst some mothers feel. Amelia (34)

said, "I expected big demands and sleepless nights, but I never imagined I would feel the way I felt." While "baby blues" are defined as a common temporary psychological state right after childbirth when a new mother may have sudden mood swings, feeling very happy, then very sad, cry for no apparent reason, feel impatient, unusually irritable, restless, anxious, lonely and sad which may last only a few hours or as long as one to two weeks after delivery, postpartum depression (PPD) is a more serious mood disorder. According to the American Psychological Association, "Unlike the baby blues, PPD doesn't go away on its own. It can appear days or months after delivering a baby (and) can last for many weeks or months if left untreated." An article in *Care New England*, summarized in *Science Daily* claims that, "Postpartum depression is the most common complication of pregnancy and childbirth, affecting up to 15 percent of all women within the first three months following delivery."

Other studies, such as one cited on cnn.com, set that risk factor at as many as one in five women, or twenty percent. There are several social and emotional risk factors for PPD that postpartum doulas need to be aware of. For example, "a history of a mental health disorder, decreased perception of maternal wellbeing, decreased maternal comfort regarding her infant, and decreased perception of family cohesions were also associated with possible depression at one month post discharge." In addition, women in low-income communities are more at risk for postpartum depression or any other form of pregnancy-related mental illness during or after pregnancy and, according to a 2008 report by the Centers for Disease Control and Prevention, "Mothers who received Medicaid benefits for their delivery were more likely to report postpartum-depressive symptoms." Also, having a premature infant almost doubles the rate of PPD (especially if the infant is in the neonatal intensive care unit (NICU). In fact, Hawes et al. (2016), who, after studying 724 mothers of preterm infants who were in the NICU more than five days, wrote "Social Emotional Factors Increase Risk of Postpartum Depression in Mothers of Preterm Infants," published in the *Journal of Pediatrics*. Here the authors argued that "mothers with a previous mental health disorder and experiencing negative perceptions of herself and her infant at NICU discharge were at increased risk for depression one month post discharge, regardless of the infant's gestational age at birth." Note

<https://triggered.clockss.org/ServeContent?url=http://archfami.ama-assn.org/cgi/reprint/2/3/277.pdf>

Prolonged labor may be caused by fetal malpresentations and cephalopelvic disproportion (CPD), and cervical dystocia or stenosis, however the most common cause is "inadequate uterine activity and/or arrest disorders in the first state of labor."

Tulman L, Fawcett J. (1991). "Recovery from childbirth: looking back 6 months after delivery." *Health Care Women Int.* 12:341-350.

Phyllis Klaus outlines the goals associated with active listening. They include 1) facilitating communication, 2) fostering relationships, 3) validating the person's experience, and 4) helping the person clarify his or her feelings and his or her real concerns so that you both understand that person's true needs (Kelleher, J. (2002). *Nurturing the Family: The Guide for Postpartum Doulas*. Bloomington, IN: Xlibris). Postpartum psychosis, a condition that may involve psychotic symptoms like delusions or hallucinations, is a different disorder and is very rare.

Poulin, S. (2006). *The Mother-to-Mother Postpartum Depression Support Book*. New York: Berkley Books.

<http://www.apa.org/pi/women/resources/reports/postpartum-depression.aspx>

<https://www.sciencedaily.com/releases/2016/09/160913125201.htm>

that the mothers in this research study were also part of a Transition Home Program, in which families received “enhanced support and education about their infants from former NICU parents trained as family resource specialists.”

According to Poulin (2006), “hundreds of thousands of women in the United States, and millions worldwide, experience postpartum depression each year,” yet she goes on to admit that it is very difficult to find a mother who will admit it and is willing to talk about it (xv). It is honestly difficult to determine which is the greater issue here: the experience itself or the inability and/or unwillingness to acknowledge the experience and seek help, which is often influenced by a lack of knowledge about the condition as well as the guilt, shame, and stigma—often impacted by access to services, financial barriers, and cultural differences—surrounding it.

What can be done to help these women? According to Hawes and her colleagues, “Comprehensive mental health assessment prior to discharge is essential if we are going to identify women at risk and provide appropriate referrals.” Equally important, “comprehensive transition home assessment and interventions to reduce anxiety and bolster maternal mental health, confidence, and readiness.” While it does not replace professional therapy, as I’ve already mentioned, some of this crucial help and support can be provided by a postpartum doula.

Changes in Family Dynamics

Nurturing the new family and helping them adjust to their new roles and responsibilities is one of the primary goals of the postpartum caregiver. One of the things the postpartum doula can do is compile a list of services and resources available to her clients, including phone numbers, location addresses, website addresses, and contact names. She may also recommend a list of books and videos/films which may help the parents become more knowledgeable about newborn needs, care, and development. In addition to being knowledgeable about maternal postpartum care, the postpartum doula should be well-versed in infant safety, infant feeding methods (breast and bottle), care of the newborn (diapering, care of the uncircumcised/circumcised penis, umbilical cord care, etc.), care of both singletons and multiples, how best to facilitate integration of siblings, parenting trends and styles, and infant sleep, as well as have a working knowledge of healthy interpersonal relationships and effective communication.

Postpartum doulas should also be trained in emergency first aid (adult and infant) and have their CPR

certification (adult and infant). It is equally important for the postpartum doula to be aware of and honest about what they are comfortable with/skilled at, what makes them uncomfortable, and where their individual skill set ends. They must be continually aware if there are limits which would prevent them from providing effective support for the mother, baby, and family. It also helps if they have at least some limited cooking skills and are willing to do light housekeeping (including laundry) for the family, as these are the tasks that the new mother can more easily turn over to someone else as she focuses on her new infant(s).

Finally, if the postpartum doula has training/certification and a working knowledge of things like the use of herbs and nutrition in the postpartum period, she can, if asked, offer that insight to the new mother. Two books which I have found particularly useful are *Sitting Moon: A Guide to Natural Rejuvenation After Pregnancy* (Ni and Chen, 2010) and *Natural Health After Birth: The Complete Guide to Postpartum Wellness* (Romm, 2002).

The postpartum doula, not unlike the birth doula, can positively influence a woman’s experience of motherhood, the infants transition into the world outside the womb, the physical and emotional health and wellbeing of the woman and her child, and the creation of positive and healthy family relationships. This is accomplished by the provision of emotional support, evidence-based information and practical support, as well as family support in order to create an overall positive postpartum experience for the families with whom the doulas worked.

<http://www.cnn.com/2016/03/22/health/postpartum-depression-app-study> & <http://www.cnn.com/2015/11/02/health/mothers-mental-health-postpartum-depression>

A 2010 study by the University of Rochester Medical Center and published in the journal *Pediatrics* found that more than 50% of low-income mothers living in urban areas met the criteria for a diagnosis of depression at some point between two weeks and 14 weeks after delivery (<https://www.urmc.rochester.edu/news/story/2760/low-income-urban-mothers-have-high-rate-of-postpartum-depression.aspx>)

Kathleen Hawes, Elisabeth McGowan, Melissa O'Donnell, Richard Tucker, Betty Vohr. “Social Emotional Factors Increase Risk of Postpartum Depression in Mothers of Preterm Infants.” *The Journal of Pediatrics*, 2016; DOI: 10.1016/j.jpeds.2016.07.008

Other causes can include being under the age of 20; genetics; use of alcohol, illegal substances, or smoking; unplanned pregnancy or having mixed feelings about it; lack of sleep; changes in work and social relationships; experiencing a stressful event during the pregnancy; being single or having a poor relationship with your significant other; having money or housing problems; and having little support from family, friends, or your spouse/partner (<https://medlineplus.gov/ency/article/007215.htm>).

Be aware of any laws, restrictions, and liabilities in your state regarding the sharing of this information and/or related practices.

A BirthWorks Membership supports our programs and services, and being a member means you are a part of a larger community of women who believe birth works!



TIPS FOR WHEN FEELING OVERWHELMED IN POSTPARTUM

Lisa Engle

Hormones alone can trigger the roller coaster of emotions and sensations, but throw in the overwhelming pressure of keeping a new human alive, and a new parent

can face a dark and lonely predicament. Motherhood is unfamiliar territory, even when we've done it before. There is a *new* one, a *new* relationship to embrace and surrender ourselves to. No amount of "playing house" or other people's insights could prepare us for the changes we face. For all the research, all the potential support, all the suggestions of others, many mothers are still facing a depression that challenges their own well-being and the well-being of their families. Depression can cost us our ability to live well, to function from a place of present love, and compromises health.

Many mothers I've supported have experienced depression as the result of being overwhelmed. We live in potentially the MOST overwhelming time in history. We're faced with a more toxic load than ever before. By knowing of the immense suffering of many others in places that we have not only no control over, but no recourse to even help, we're holding knowledge that is potentially more than is "ours to carry". Mothers worry for the safety of their family, be it physical, chemical, nutritional, or emotional. The threats are all around us, and our friends remind us of all the things we "should do" or "should not do" to keep our kids safe. When new moms worry, my advice is to imagine shifting the wording when you can. Instead of saying, "I'm worried about..." what if you expressed or thought, "I care deeply about..."? Does this engage your thoughts differently?

What I've witnessed as mothers grow to become more familiar with who they are as healthy,

well-functioning women, is a clearer direction for choices as they work toward that vision. Not an airy fairy picture, not a picture that is created by who others think they know who we "should be", but really becoming interested in and getting clear about who the woman is if she were at her best. We make choices that are outside those margins, we're human—yet many don't have a grid to even guide them. Mothers can quickly tell me who they are when they're NOT well, not speaking, behaving and acting as their best self. It takes only a little time and energy to explore who you desire to be rather than give energy and attention to what's "wrong".

If you knew who you are at your best, what would you see? How would you feel, speak, behave, relate, sleep, move, play, eat, etc? If you saw yourself at your highest potential, would you, could you recognize her? She exists—in you. Especially on those darker days, that vision can guide you. While at first it can be overwhelming to imagine a woman "so far" from what you are currently experiencing, there are strategies to shrink that feeling to a manageable, relatable, and attainable picture.

We learn relative to what we know, and you know a lot. Connecting to *what is* is the only place to begin. We must begin. Engaging and turning toward our health and well-being is a way we can increase how we experience it. We ARE WORTH taking care of...in fact, we have a responsibility to it.

Reach to your resources, because you're not alone!

Lisa Engle is widely known for inspiring others, especially mothers, with her passion, dedication, and commitment to the expression of health. With nearly three decades of service in the chiropractic profession, she speaks to the innate potential in each of us. In turn, she has created a safe, effective, and reflective coaching model for mothers without the judgement, comparison, and crippling overwhelm that often inhibits change for families. To learn more about Lisa's work and to contact her, please visit her website at www.optiMOMcoaching.com.

THE BABY WAY

What better way to show cardinal movement, or rotation of a baby through the pelvis, than by demonstrating with The Baby Way, manufactured by BirthWorks International. This is an "ah-ha" moment for any pregnant woman, helping her to understand the importance of movement in labor. A must-have tool for any childbirth educator, doula, or pregnant woman.

This item is available now at the BirthWorks online store at www.birthworks.org



RUSSIAN RITUAL OF THE BIRTH CLOSING: THE SEVEN LOCKS

Yuliya Welk, CCE(BWI)

I visited my motherland, Russia, this spring and took part in a Women's Slavic festival in St-Petersburg. There were presentations on different topics: motherhood, herbs, traditions and rituals. Elena Kuznetsova does the old Slavic tradition of postpartum closing of the birth that is called Seven Locks, which is similar to using a rebozo. It used to be done after every birth, but now you can close any birth from anytime in the past.

In the Slavic tradition, it is believed that birth happens on the threshold of the two worlds: our real material one and an after, or spirit world. The birthing woman is a guide—a vessel that brings a baby, a new soul into our reality. She and a midwife go to this other world to get the baby, the doors swing open during birth, and they need to be closed through this ancient ceremony.

Back in the day, in ancient Russia, midwives were widely available, and they took care of a mother during pregnancy, birth, and nine to forty days after. Besides helping with the baby and the household, postpartum care included a very important ritual of closing the birth. It helped woman, quickly and efficiently, get back to life to become healthy and vibrant again. Otherwise, how were you supposed to have the ten to sixteen children that was so common in the past?

The idea is that some women close naturally, but some do not...they are still open and losing strength and energy, especially after a traumatic birth (anxiety, depression, etc.). The woman is a vessel again, collecting energy for her kids, family, husband, and her passions, and she needs to have a full vessel that does not have any leaks. That is why the closing is important. This ritual has at least three planes: esoteric, emotional, and physical. The woman's body goes through a lot of changes during pregnancy and birth, both physically and emotionally. The closing ritual helps with the transition to motherhood, helps to incorporate the birth experience (both positive and negative), shed and grieve complications and unexpected outcomes, violations of privacy, and so forth.

At first, the woman is warmed up in a banya (Russian sauna), and then she is asked general questions about the birth that is being closed. She drinks herbal teas after the warming, then she goes in for a second warming, and more tea follows. The idea is to get warm, hot, sweat, shed tears, and urinate. Through this ritual, the woman is letting go of extra water, the lymph system gets a flush, weight is regulated, and her emotions are being released and processed. Then she goes in for a rub with salt, clay, herbs, and oils, releasing so-called old skin. She is laying on an old sheet that she brought from home. This provides a

detoxification of the body through the skin and pores. The sheet gets thrown out after the ritual, symbolizing letting go.

Next she gets a branch massage. Is it commonly used in the everyday sauna tradition in Russia. People gather fresh branches with leaves of oak, birch, basswood, etc. The branches are tied into bundles and dried or freeze-dried. In the sauna they are heated and rehydrated in hot water, and then applied in a swinging fashion across the back and then the front of a body in the hot sauna. That process helps with deeply massaging and toning the muscles, the small capillaries' network is being activated and efficiently used, and the lymph is draining.

Later on, the woman is set in a basin with her legs on the floor, and she is encouraged to grieve emotionally. This process is called Mother's Tears. During grieving, the woman's shoulders are being washed down with water that flows into the basin. It symbolizes the emotional and physical cleanse and release. The woman closer recites prayers or poems, or sings to help facilitate the letting go. Even the woman's old emotions, beliefs, and experiences are being processed and released safely.

The first few days after the birth, the body stops producing the endorphins, and it causes a dip in her emotional level and can bring a feeling of depression in some women. Massage and warmth facilitate stabilization of the hormonal level of a woman that is very beneficial. The last ritual is seven locks itself. The woman is kept warm and cozy with socks and a hat and wrapped or laying in/on blankets.

Then seven wide (three to seven meters long) linen or cotton scarves are positioned under her, their places corresponding with the eyes, mouth/throat, chest, uterus/hips, knees, calves, and ankles. The scarves are crossed and held tightly by two people for several minutes in each spot from top to bottom, locking the body.

During this process, some songs are sung. Women might feel darkness and panic, which can cause difficulty breathing, and they are encouraged to let go of those feelings which are released from the bottom up. Scarves put the body "back together", as it was loose from the relaxins of the labor and birth. The heat and pressure tone the muscles. The bones, spine, and hips get adjusted back to normal positions, and the center of gravity is restored to pre-pregnancy state. The internal organs, including the uterus, find their original positions. The work of the digestive tract is being restored.

The breasts get a good massage, which helps prevent mastitis. Static pressotherapy helps with blood circulation, stimulates metabolism, and has regenerative qualities.

Continued from page 9

Then the woman lies on her left side, and the closer lady presses with her chest onto the woman's side all along her torso from top to bottom. This side hugging secures the locks and provides a sense of protection. If the midwife does the closure, then there is an interesting ritual of washing the hands down with your midwife. It is believed that during the birth, the midwife is elbow deep in the other world, helping the mother to birth the baby. This ritual symbolizes the cleansing and closing of this other world for both mom and midwife.

There is a basin, and the mother washes the midwife's arms, from elbows down, by pouring water on them—right arm, and then the left one. Then the midwife does the same to the mother. Next, they both wash their hands with soap and rinse, using the same long towel, and then the water is discarded. Women report a feeling of freedom, lightness, joy, emotional release, energy, creativity, and openness after they experience the Seven Locks. Depression lifts, the energy stops draining, they feel back together as both emotional and physical bodies are rebuilt and restored. Many more women are trained and are being trained in Russia to perform this important practice from our past. It is a good time to reconnect and bring back the traditions our wise ancestors left for us.

THREE IN THE MORNING

*Three in the morning
Pacing the floor
Pat him and burp him
Then feed him some more*

*Bounce up and down
So he no longer cries
Breathe a sigh of relief
When he closes his eyes*

*Set him down gently
The quiet is sweet
He then starts to scream
Pick him up, bounce, repeat*

*Lift up the shirt
For the one hundredth feed
Maybe this time
He'll get all that he needs*

*For a second I wonder
Is all this worthwhile?
Then he stops what he's doing
And gives me a smile*

*I smile back
We gurgle and coo
Oh my sweet, fussy baby
Your mommy loves you*

—Trisha Lawrie

WHAT I WISH I HAD KNOWN

Cathy Daub

The first few weeks at home after the birth of my daughter were some of the most difficult I've ever had. I had a cesarean due to her single-footling-breech position, so I was recovering from major surgery. There were many things I didn't know.

My mother came to be with me, which was wonderful in one way, but she was of the school of thought that since I'd had a cesarean, major surgery, I should stay in bed. That meant she was taking care of my daughter for me, but I wanted to change her diaper and give her a bath. I wanted to take care of my baby. I laid in bed helplessly, not knowing what to do.

My new baby cried a lot. Was she not getting enough breastmilk? Was she hungry? Did she have colic? I remember walking her in my sleepy and exhausted state, patting her on the back, and bouncing her up and down to try and calm her. Of course, I was up during the night breastfeeding her, but why was she crying so much? I remember sitting on the couch in our living room and holding her, not knowing what to do, and just waiting for my husband to come home from work. He was a medical student and had long hours.

I took her to my pediatrician. To my utter amazement, she told me that my daughter was crying because she had an ear infection, and also because I was a vegetarian, so there wasn't enough protein in my diet. She said I should start eating meat. And to make matters worse, I had been told to take Stuartnatal 1+1 pills postnatally.

Well, much later I found out a number of things that went against me in those early weeks/months. First, the way my baby screamed being held down on the examining table at the pediatrician visit (it took four of us) most likely made her ears look red and inflamed, so maybe she didn't have an ear infection and maybe the antibiotics weren't necessary after all. Secondly, I found out that the Stuartnatal 1+1 pills contained pyroxidine, Vitamin B6, which is a lactation inhibitor. Thirdly, today we know that women who have cesareans secrete less oxytocin. It is the hormone oxytocin that brings in prolactin that allows for the milk let-down reflex. So even though she was breastfeeding, maybe she was still hungry!

But the good news is that even under these conditions, I believed in the value of breastfeeding and persisted successfully. Gradually, I recovered from the surgery and my mother went home—though I was grateful she had come. But if there had been a wise postpartum doula to help me through it all, I would have been very grateful, and she would have made the transition of becoming a new mother much more positive for us all.

Some women feel they are strong and independent and can handle anything themselves, but until they have a postpartum doula, they might not realize how much better the postpartum experience can be.

ACNM Endorses New ACOG Committee Opinion in Supporting Limited Intervention During Labor and Birth for Women with Low-Risk Pregnancies

The American College of Obstetricians and Gynecologists (ACOG) released a new Committee Opinion that recommends limited use of common labor interventions for low-risk women such as routine amniotomy. The Committee Opinion recommends increased use of techniques such as continuous emotional support, non-pharmacologic methods to manage pain, and intermittent auscultation instead of continuous fetal heart-rate monitoring. ACNM has endorsed this Committee Opinion. Tekoa L. King, CNM, MPH, is the ACNM Liaison to this ACOG Committee member and was a lead author.



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Communications Office

Washington, DC

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January 25, 2017, Washington, DC: For low-risk pregnancies, obstetrician-gynecologists and other maternity care providers should consider labor and delivery approaches that facilitate limited medical intervention, according to new guidance released today by The American College of Obstetricians and Gynecologists (ACOG).

The Committee Opinion, endorsed by both the American College of Nurse-Midwives (ACNM) and the Association of Women's Health, Obstetric and Neonatal Nurses, includes several recommendations to help ob-gyns, midwives, nurses, and patients work together to meet each woman's goals for labor and birth.

"Practitioners always put the best interests of moms and babies at the forefront of all their medical decision-making, but in many cases those interests will be served with only limited intervention or use of technology," said Committee Opinion author Jeffrey L. Ecker, MD, chief of the Obstetrics & Gynecology department at Massachusetts General Hospital. "These new recommendations offer providers an opportunity to reexamine the necessity of obstetric practices that may have uncertain benefit among low-risk women. When appropriate, providers are encouraged to consider using low-intervention approaches that have been associated with healthy outcomes and may increase a woman's satisfaction with her birth experience."

What constitutes "low-risk" will vary depending on a laboring woman's condition and medical circumstances but generally involves a clinical scenario in which a woman presents at term in spontaneous labor and has had an uncomplicated course of prenatal care. For such women, in the early stages of labor with reassuring maternal and fetal status, patients and providers may consider delayed hospital admission until approximately five to six centimeters dilated. Also, for women who are progressing normally and do not require internal fetal monitoring, it may not be necessary to rupture the amniotic sac. In the case where a woman at term experiences

premature rupture of membranes, patients and providers may consider planning a short period of expectant management before undertaking labor induction if there are no maternal or fetal reasons to expedite delivery.

The recommendations also suggest that women benefit from continuous emotional support and the use of non-pharmacologic methods to manage pain. Support offered by trained labor coaches, such as doulas, has been associated with improved birth outcomes, including shortened labor and fewer operative deliveries. In addition to considering use of medications or epidural anesthesia to manage pain in labor, practitioners are encouraged to offer women coping techniques such as massage, water immersion in the first stage of labor, or relaxation techniques. Recognizing that the complete absence and elimination of pain is not what all women value, use of a coping scale rather than a pain scale is recommended to evaluate the multifactorial experience of labor.

"Techniques such as an epidural can relieve pain but may not ease anxiety or suffering," said Tekoa L. King, CNM, MPH, ACNM liaison committee member and lead author. "Providing emotional support and coping mechanisms have proven positive outcomes, therefore, it's recommended that providers consider instituting policies that allow for the integration of support personnel in the labor experience. This strategy may be beneficial for patients and cost effective for hospitals due to an association with lower cesarean rates. It is important that midwives, ob-gyns, and other care providers collaborate to support women both emotionally and physically over the course of labor."

Other recommendations for low-risk pregnancies include the option of intermittent instead of continuous use of fetal-heart rate monitoring when appropriate, frequent labor position changes for increased comfort and optimal positioning of the baby, and encouraging women to use their own preferred pushing technique.

The Committee opinion, "Approaches to Limit Intervention During Labor and Birth," #687, available in *Obstetrics and Gynecology* (2/17).

The American College of Obstetricians and Gynecologists (The College), a 501(c)(3) organization, is the nation's leading group of physicians providing health care for women. As a private, voluntary, nonprofit membership organization of more than 58,000 members, The College strongly advocates for quality health care for women, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women's health care. The American Congress of Obstetricians and Gynecologists (ACOG), a 501(c)(6) organization, is its companion organization. www.acog.org

BirthWorks is pleased ACOG is officially recognizing the value of decreased interventions and the presence of doulas for low-risk pregnant women.

HEALTHWISE

Breaking the Cheese Addiction

Cathy Daub, PT and Horatio Daub, MD

Are you addicted to cheese like so many others? Today, we find cheese in a multitude of foods from dinner entrees including pizza, to salads and desserts. Just think of grilled-cheese sandwiches, macaroni and cheese, feta-topped salads, and cheddar-filled burritos, to name a few. Are these some of your favorite foods? A number of researchers have found that cheese is one of the most difficult habits to break.

Cheese, one of the foods that has the highest fat content (most of it is saturated fat), is highly caloric with about seventy-percent fat as a percentage of calories. It is highly processed and is very high in sodium and cholesterol as well. An average American today eats at least thirty-three pounds of cheese every year, and this is a major cause of our epidemics of obesity and diabetes.

What is it about cheese that makes it so highly addictive? Our brains are wired to crave salt, fat, and casomorphins which are morphine-like compounds that make us want more. In fact, they are derived from the protein found in milk called casein. In a recent issue of *Good Medicine*, (Winter 2017), they state that these casomorphins attach to opiate receptors in the brain just like heroin and other narcotics. The brain responds by secreting dopamine, which gives us a feeling of pleasure and then we want more. What is the reason for this craving in nature? Imagine a baby not wanting to nurse. The baby needs to want more to survive.

If you are looking for an alternative to cheese, here is a healthy “cheese” sauce recipe made without dairy which is much healthier for your overall health. I add it to macaroni noodles for a healthy macaroni and “cheese,” or to any dishes that require cheese. I encourage you to try it and begin breaking a cheese addiction if you have one. Also go to pcrm.org/cheese to find a new book by doctor Neal Barnard, MD titled *The Cheese Trap*. Take steps now to lower your fat intake, especially cheese, and start feeling the effects of better health. If you are pregnant, your baby will thank you.



“Cheese” Sauce

- 2 yellow potatoes (with skins on)
- 1 carrot cut into small pieces
- ¼ onion
- ½ cup cashews
- 1½ cups hot water
- 1 tsp salt
- 1 tsp onion powder
- 1 tsp garlic powder
- 1 Tbsp Dijon mustard
- ¼ cup nutritional yeast
- juice of one lemon

1. Cut the potato into small cubes and boil for two minutes.
2. Add carrots and boil 5 minutes
3. Add onion and boil 7 minutes
4. Blend the cashews with veggies and 1½ cups hot water, salt, spices, mustard, nutritional yeast, and lemon with a food processor.
5. Blend until smooth and add a touch more of salt for taste if desired.

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that now includes a subscription to Henci Goer's *Childbirth U*.

*Your membership also supports our programs and services,
and being a member means you are a part
of a larger community of women who believe that birth works!*

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 of planning time. Write to info@birthworks.org for more information about this unique and rewarding opportunity.

CHILDBIRTH EDUCATOR & DOULA TRAINING & CERTIFICATION

Training & Certification

BirthWorks has been an internationally recognized childbirth education program for over 25 years. Its innovative and experiential design develops a woman's self-confidence, trust, and faith in her innate ability to give birth and nurture her child.

BirthWorks childbirth classes are also approved by DONA (Doulas of North America) International to fulfill the childbirth educator requirement for their birth doula certification.

BirthWorks began offering doula training in 2006. The same philosophies embodied in our childbirth education classes are also included in our doula trainings. Offer women an extension of your childbirth classes by taking the BirthWorks Doula Training.

For information about attending BirthWorks childbirth education classes or doula trainings in your area, as well as information about BirthWorks childbirth educator workshops or finding a BirthWorks doula, visit www.birthworks.org.

New Entrants

Theresa Boyle, ACED and Donna Favilla, Doula

BirthWorks Trainers

Cathy Daub, Sally Dear-Healey

Reviewers Needed

Reviewers are needed for new childbirth educators-in-training. If you are certified and have been teaching BirthWorks classes, please contact us at 1-888-TO BIRTH (862-4784) or info@birthworks.org. What a great way to help other women who are working on their certification!

Upcoming BirthWorks Workshops

ACED

(Accelerated Childbirth Educator Doula)

Combined Educator Doula Certification Program

May 18-21, Medford, NJ

A unique opportunity to experience a combo educator/doula workshop that is valid for your certification. It is a workshop for those who wish to become both childbirth educators and doulas. As an educator, your doula clients may be sitting right there in your class!

Doula

June 23-25, Virginia Beach, VA

The BirthWorks approach to doula care is unique with an emphasis on human values, primal health, and pelvic positioning, that when put into practice integrate the mind, body, and spirit in birth.

Childbirth Educator

June 9-11, Seattle, WA

Teaching about birth is straightforward....the challenge is in how to help women believe they are born with the knowledge about how to give birth and that birth is instinctive! In BirthWorks, we help women have more trust and faith in their body wisdom.

Register online now at

www.birthworks.org

or call 1-888-TO BIRTH (862-4784).

ON THE BUSINESS SIDE: NOTES FROM THE 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 12,000 friends on our Facebook pages, and that number grows daily. You can help spread 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. Also, be sure to watch Facebook for great deals on products and/or services.

Become a BirthWorks Ambassador

Our goal is to have an Ambassador in every state by the end of 2017! 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, and at the same time promote the BirthWorks name. You can also be an Ambassador for BirthWorks, even if you are not currently enrolled in one of our certification programs. If you are attracted to our philosophies and want to help us further our mission, and would like to become an Ambassador for BirthWorks, please write to Mali Schwartz, chair of our Ambassador committee. Mali's email is: malischwartz@verizon.net.

Board Positions Open

BirthWorks continues to undergo 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.

Help Spread our Message

Search engines www.goodsearch.com and www.goodshop.com donate half their revenues to the charities their users designate. Powered by Yahoo, you use them as you would any search engine. Enter BirthWorks International as the charity you want to support.

The BirthWorks Website

Our website is undergoing a revision! It will become even easier to navigate especially on your smart phones. Keep checking our website for upcoming childbirth educator, doula, and ACED workshops.

BirthWorks Online Store

Please note that all orders from the online store, or those made through the office, will be sent by priority mail and childbirth preparation workbooks will be sent 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. If necessary, 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

BirthWorks invites you to make a difference by taking a few moments of your time and registering with iGive to donate to BirthWorks International every time you shop at participating businesses.

After you register with iGive, which only takes a few minutes, whenever you make a purchase with a participating business, such as www.amazon.com, a portion of your sale will go to BirthWorks. Right now there are over 1,000 participating stores, so sign up now!

Use this direct link to sign up now:

<https://www.igive.com/C61Z1X0>

Give a Gift of BirthWorks

BirthWorks helps women have better birth experiences. If you want to help more women become trained to teach childbirth classes in their communities, you can gift tuition for the childbirth educator certification program, or for the childbirth educator and/or doula workshops. Please remember that your gift is tax-deductible. Just click on the "Donations" tab on our website at www.birthworks.org.



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THEMES

Spirituality in Birth
 Child Neglect/Abuse
 Teen Pregnancy

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Articles • Stories • Tips
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April 20, 2017

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