

THE GUIDE
to a HEALTHY
BIRTH

No 2

of a series

2009/10



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Published by Choices in Childbirth

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Cover Photo: Joy and Xiana, 1 month old (©Leah Michaelson)

Opposite: Becky, laboring (© Sarah Tew)

This Page (clockwise from left): Danny, 7 months; Joy and Xiana,
1 month old (© Leah Michaelson); Esme, 1 week old.

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Welcome to the Second Edition of *The Guide to a Healthy Birth!*

Your pregnancy and the birth of your child are your important first acts of motherhood. The responsibility, emotions and physical challenges involved parallel your future life as a parent. This guide will help you find the tools and support you need as you begin to care for yourself and your baby.

ABOUT US

Choices in Childbirth educates the public about birthing options. We believe that an informed woman is an empowered woman. So, in 2008 we created *The Guide to a Healthy Birth* to help you make educated decisions about your birth. We know that the bottom line for just about every birthing woman is to emerge with a healthy child. But we also know that women don't have to choose between a positive birth experience and a safe one. This guide provides information and guidance to help you find what's best for you.

THANK YOU

Choices in Childbirth would like to thank the Coalition for Improving Maternity Services (CIMS) for inspiring and continuing to support this publication. Thank you to our many volunteers for your tireless work in creating and distributing the guides.

We are grateful to our article contributors, Nicette Jukelevics, Karen Kleiman, Mayri Sagady Leslie, Penny Simkin and Dr. Robert Sears. Thank you for sharing your wisdom. Thank you to the practitioners across the USA who endorse the Mother-Friendly Childbirth Initiative. Your work helps the next generation enter this world in a healthy, peaceful way.

We would like to recognize the work of Inwood House in providing support for adolescent mothers. We are grateful to Joy and baby Xiana for appearing on our cover, photographed by Leah Michaelson.

And thank you to the mothers, fathers and babies who continue to enrich and inspire our work and our lives.

BECOMING AN EDUCATED CONSUMER

Charlotte, 2 years old, with
Emilie, 1 week old



This guide is here to help you make important decisions as you plan your birth. *A woman's choice of care provider for her pregnancy and birth is the single most important decision she can make to determine the type of birth experience she will have.* Not all care providers are created equal. Partners in a medical practice sometimes have very different ways of practicing, and differing rates of cesarean section and other interventions. It is important to consider your priorities for childbirth and to carefully interview the person who will be your healthcare provider.

Here are some ways you can determine who you want to work with during your pregnancy and birth and where you want your birth to happen:

- Do not be afraid to ask questions—your research and judgment are your best guides in choosing the right care for you. For a list of questions to get the conversation started, see page I2.
- Visit the “Connect” page at www.thebirthsurvey.com to check out patients' ratings of care providers and facilities in your area.
- Visit the “Learn” page at www.thebirthsurvey.com to find out obstetric intervention rates at your area hospitals.
- Ask the midwives and doctors you interview what their personal rates of these interventions are.
- Remember it is never too late to switch care providers.

The Mother-Friendly Childbirth Initiative is a document that defines what good maternity care is. You can read more about it on the next page. Keep these principles in mind when meeting with your care providers.

the Mother~Friendly Childbirth Initiative

*The First Consensus Initiative of
the Coalition for Improving Maternity Services*

PRINCIPLES

The principles outlined below are an excerpt from the Mother~Friendly Childbirth Initiative. To read the full text of this document, please visit the Coalition for Improving Maternity Services website at www.motherfriendly.org.

*We Believe the Philosophical Cornerstones of
Mother~Friendly Care to be as Follows:*

NORMALCY OF THE BIRTHING PROCESS

- Birth is a normal, natural, and healthy process.
- Women and babies have the inherent wisdom necessary for birth.
- Babies are aware, sensitive human beings at the time of birth, and should be acknowledged and treated as such.
- Breastfeeding provides the optimum nourishment for newborns and infants.
- Birth can safely take place in hospitals, birth centers, and homes.
- The midwifery model of care, which supports and protects the normal birth process, is the most appropriate for the majority of women during pregnancy and birth.

EMPOWERMENT

- A woman's confidence and ability to give birth and to care for her baby are enhanced or diminished by every person who gives her care, and by the environment in which she gives birth.
- A mother and baby are distinct yet interdependent during pregnancy, birth, and infancy. Their interconnectedness is vital and must be respected.
- Pregnancy, birth, and the postpartum period are milestone events in the continuum of life. These experiences profoundly affect women, babies, fathers, and families, and have important and long-lasting effects on society.

AUTONOMY *Every woman should have the opportunity to:*

- Have a healthy and joyous birth experience for herself and her family, regardless of her age or circumstances;
- Give birth as she wishes in an environment in which she feels nurtured and secure, and her emotional well-being, privacy, and personal preferences are respected;
- Have access to the full range of options for pregnancy, birth, and nurturing her baby, and to accurate information on all available birthing sites, caregivers, and practices;
- Receive accurate and up-to-date information about the benefits and risks of all procedures, drugs, and tests suggested for use during pregnancy, birth, and the postpartum period, with the rights to informed consent and informed refusal;
- Receive support for making informed choices about what is best for her and her baby based on her individual values and beliefs.

DO NO HARM

- Interventions should not be applied routinely during pregnancy, birth, or the postpartum period. Many standard medical tests, procedures, technologies, and drugs carry risks to both mother and baby, and should be avoided in the absence of specific scientific indications for their use.
- If complications arise during pregnancy, birth, or the postpartum period, medical treatments should be evidence-based.

RESPONSIBILITY

- Each caregiver is responsible for the quality of care she or he provides.
- Maternity care practice should be based not on the needs of the caregiver or provider, but solely on the needs of the mother and child.
- Each hospital and birth center is responsible for the periodic review and evaluation, according to current scientific evidence, of the effectiveness, risks, and rates of use of its medical procedures for mothers and babies.
- Society, through both its government and the public health establishment, is responsible for ensuring access to maternity services for all women, and for monitoring the quality of those services.
- Individuals are ultimately responsible for making informed choices about the health care they and their babies receive.

© 1996 by The Coalition for Improving Maternity Services (CIMS).

To learn more about the Coalition for Improving Maternity Services and to read their excellent report, *Evidence for the Ten Steps of Mother~Friendly Care*, visit www.motherfriendly.org.

TRANSPARENCY IN MATERNITY CARE: THE BIRTH SURVEY

Thanks to a groundbreaking new consumer tool called *The Birth Survey*, women and families now have more information to help in choosing maternity and childbirth care. *The Birth Survey* was created by the Coalition for Improving Maternity Services (CIMS) and piloted in New York City by Choices in Childbirth. It became available nation-wide last summer and is online at www.thebirthsurvey.com.

Like Angie's List or Consumer Reports, *The Birth Survey* helps people evaluate the goods and services they are shopping for. In this case the service being reviewed is maternity care. *The Birth Survey* asks women to provide information about their birth experience specific to the practitioner (doctor or midwife) and birth environment (birth center, home or hospital) that served them. This experiential data is paired with officially collected hospital intervention rates acquired from the Department of Health. Collectively, this information provides the public with a tool that will help women make maternity care decisions that are right for their individual needs.

THE
Birth
SURVEY

SHARE
your pregnancy
care experience

give feedback now

www.thebirthsurvey.com

SHARE

If you have birthed in the United States in the last three years, please visit www.thebirthsurvey.com and click on the "Share" button. This will take you directly to the survey where you can anonymously share information about your birth experience.

CONNECT

To view preliminary results from birth survey data, click on the "Connect" button. You will be able to see how other women in your community have rated the care they've received from local doctors, midwives, hospitals and birth centers.

LEARN

Do you know your hospital's cesarean section rate? Click on the "Learn" button to get intervention rates for hospitals in your area.

HELP US SPREAD THE WORD!

If you would like to help promote *The Birth Survey*, please go to the "PR Materials" section of the website for downloadable tags and banners. Or become an ambassador for the project and learn how to promote *The Birth Survey* in your community.

At Choices in Childbirth, we believe in the value of providing the public with insight into provider practices and hospital protocols. A woman's birth outcome is directly impacted by her choice of where and with whom she will birth. We believe that women have a right to know as much about their options as possible. *The Birth Survey* directly addresses this need.

HAVE YOU THOUGHT ABOUT HAVING A DOULA AT YOUR BIRTH?

by Penny Simkin, PT, CD(DONA)

As expectant parents, you are probably preparing extensively for childbirth and early parenting—attending classes, watching videos, reading books and articles, touring your hospital, practicing relaxation and comfort techniques, preparing a birth plan and discussing your hopes and concerns with your doctor or midwife and other parents.

Such preparation improves the quality of your birth experience in many ways. You understand the birth process and know about your options for care, ways to cope with pain and the clinical measures commonly used to maintain safety and labor progress. In short, childbirth preparation takes many of the surprises out of labor and helps you to meaningfully participate in your care.

Yet the journey through birth is unpredictable and stressful. Even well-prepared women or couples often find it difficult to apply their knowledge in the midst of intense labor. It helps to have guidance and reassurance from experts so you can relate the intense physical sensations and emotions of labor to what you already know intellectually. Your nurse, midwife or doctor will offer some guidance, but may be limited by their clinical duties and the needs of other laboring women in their care. And some are better than others in giving such support.

To be sure you will get the kind of help you need in labor, consider having a birth doula. A doula is with you continuously through labor. She is trained and experienced in providing emotional support, physical comfort and non-clinical advice. She usually meets with you before labor to discuss your preferences and concerns. She learns the role you both want the father or partner to play. For example, some partners prefer to be the primary support person—with the doula there as a guide, errand-runner (for beverages, ice chips, hot packs, warm blankets, partner's food), helper (often a woman needs two people helping during contractions) and stand-in (if the partner needs a break). Other partners want to be with the woman they love to share in the joy of the birth of



Becky with Jon and doula © Sarah Tew

their child, but feel more comfortable leaving the primary support role to the doula.

The doula is a constant—no breaks (unless you are asleep), no shift changes, no clinical responsibilities or other women to care for. And she understands what you are going through. Her knowledge and experience reassure and comfort you and guide you in breathing techniques, positioning, massage and use of the bath, shower, birth ball, hot and cold packs and other comfort items.

As one grateful father said, “I heaved a big sigh of relief when she walked in. I hadn’t realized how much pressure I had been feeling.” A new mother said, “I don’t know what we would have done without her.”

Your doula’s goals are to learn your preferences regarding the use of pain medication and any fears or concerns you have. In labor she helps you accomplish your wishes and allays your fears, but also helps you make adjustments if unexpected demands or complications arise.

HAVE YOU THOUGHT ABOUT... (CONT'D)

The continuous assistance of a doula throughout labor has been proven in numerous scientific trials to improve both physical and psychological outcomes of the birth. By alleviating the mother's emotional stress (which can have a negative impact on labor progress and the baby's well-being), doulas reduce the mother's need for pain relief medications. Most studies have also reported shorter labors, less need for oxytocin to speed labor and fewer deliveries by forceps, vacuum extractor and cesarean when doulas are present.



Rebecca with Lila © Nicole Heidbreder

In addition, the research has shown that women's satisfaction with their birth experiences, their postpartum psychological state, success in breastfeeding and interactions with their newborns are all improved when a doula is present during childbirth. Research also shows that when doulas are in attendance, fathers take fewer breaks away from the mother, remain closer to her and touch her more. The doula seems to relieve the stress and some of the burden on the father, allowing him to comfortably give more support to his loved one.

Whether you plan to birth at a hospital or at home, with medication or without, a doula can make a positive difference at your birth. If you are interested in learning more about doula care see page 37 for listings of organizations that train and support doulas.

Penny Simkin is a physical therapist, childbirth educator, doula, birth counselor, doula trainer and author of books and articles for parents and professionals. She is a frequent presenter at conferences and workshops for maternity care professionals.

QUESTIONS TO ASK A DOULA

The following questions will help you decide if a particular doula is right for you.

- What training have you had?
- Are you certified? By what organization? What were the requirements for your certification?
- Tell us about your experience with birth, personally and as a doula.
- What is your philosophy about childbirth and labor support?
- May we meet to discuss our birth plans and the role you will play in supporting us through childbirth?
- May we call you with questions or concerns before and after the birth?
- When do you try to join women in labor? Do you come to our home or meet us at the hospital?
- Do you meet with us after the birth to review the labor and answer questions?
- Do you work with one or more backup doulas to cover (for times when you are not available)? May we meet them?
- What is your fee?

When you meet the doula (and it is a good idea for both you and your partner to meet her), pay particular attention to your personal perceptions of the doula. Is she warm, kind, and enthusiastic? Is she knowledgeable? Does she communicate well? Is she a good listener? Is she comfortable with your choices? Do you feel comfortable with her? You may want to interview more than one doula or, if you like the first doula and backup you meet, you may not need to look any further.

(Source: Doulas of North America, www.dona.org)

QUESTIONS TO ASK YOUR CARE PROVIDER

Here are some suggested questions to encourage dialogue and to help you get a sense of your care provider's approach. It is a good idea to interview at least 2 or 3 providers. It is never too late to change providers if you are not comfortable with the answers you receive.

- 1** Is there a limit to the number of people who can accompany me during my birth? How do you feel about a labor support professional such as a doula or massage therapist joining my birth team?
- 2** Will I be able to eat and drink in labor?
- 3** If I were interested in having a natural, unmedicated birth, how would you feel about it?
- 4** What comfort measures do you recommend?
 - Freely changing positions and walking around
 - Water therapy (shower/tub)
 - A doula
 - Epidural
 - Narcotics (Stadol/Demerol)
- 5** What are your recommendations if my water breaks before contractions have begun? How long after my water breaks would you recommend induction if my labor doesn't start on its own?
- 6** What are your protocols regarding my due date, i.e. inducing labor at 40 wks? 41 wks?
- 7** Do you believe in active management of the first stage of labor? For example, would progress of less than one cm per hour call for artificial rupture of membranes (AROM) or Pitocin? If everything is fine with me and my baby, will I be able to labor at my own pace and for as long as I need?
- 8** If you feel that labor has to be stimulated what methods do you recommend?
 - Herbs
 - Nipple stimulation
 - Castor oil
 - Intercourse before spontaneous rupture of membranes (SROM)
 - Enema
 - Acupuncture
 - Stripping of membranes
 - Artificial rupture of membranes (AROM)
 - Pitocin
- 9** What is your protocol regarding the following procedures and how often do you perform them?
 - IVs
 - Continuous versus intermittent fetal monitoring
 - Internal fetal monitoring
 - Artificial rupturing of the membranes (AROM) at _ cm
 - Epidural
 - Assisted vaginal delivery (forceps/ vacuum)
 - Episiotomy
- 10** What is your cesarean rate? What factors do you believe contribute to that rate? What is your VBAC rate? What are your standard protocols for VBAC mothers?
- 11** Will I be able to choose the position in which I will push and give birth, such as side-lying, all fours, or squatting?
- 12** Can my baby remain with me at all times from the moment of birth? Do you support skin to skin contact between me and my baby immediately after birth?
- 13** (For home birth midwives) How long will you stay with me after my baby is born?
- 14** (For home birth midwives) What is your rate of transfer to the hospital? Who are your consultant obstetricians? Will I be able to meet or interview them?

For more Questions to Ask Your Care Provider, visit our website: www.choicesinchildbirth.org.



POSTPARTUM DEPRESSION: NOT ALWAYS WHAT IT LOOKS LIKE

by Karen Kleiman, MSW

Postpartum depression (PPD) is an illness that pierces the soul of the woman who endures it and challenges everything she thought she knew about herself. She may fear that having PPD means she is crazy, weak, does not want her baby or is a bad mother. Most believe PPD only happens to somebody else, but in reality it can strike any woman, either immediately after the birth of her baby or months later.

WHAT CAUSES POSTPARTUM DEPRESSION?

15-20% of all new mothers are thought to have PPD.

Risk factors are:

- previous PPD or depression/anxiety during pregnancy
- family history of anxiety/depression
- unplanned pregnancy
- unsupportive spouse or poor social support
- recent separation or divorce
- major loss in past two years (i.e. death of loved one, move or job change)
- obstetric complications or difficult infant temperament
- environmental stressors
- psychological or psychiatric vulnerability
- sleep deprivation

Some women can have one or even no risk factors and end up with a full blown major depression. But if a woman knows she is at risk, she can reach out to friends, family and medical professionals for support.

HOW CAN I TELL IF I HAVE PPD?

It can be hard to tell if you are experiencing PPD. After all, don't all new mothers cry and feel anxious? Certainly we expect emotional upheaval during the early postpartum weeks. How much is okay and when is it time to seek professional help? Keep in mind that it is not just *what* you are feeling that counts, but how long you've been feeling it, how bad it feels and how much it is interfering with your day.

Symptoms include:

- weepiness
- difficulty concentrating
- feeling sad, hopeless, guilty or inadequate
- unable to enjoy things you previously enjoyed

- insomnia
- increased anxiety or panic
- loss of appetite
- fatigue, lack of energy
- irritability or anger
- thoughts that scare you

TRUST YOUR INSTINCTS

If you think something is wrong, you may be experiencing some symptoms of depression that need attention. It can be hard to ask for help, but PPD responds well to treatment, especially when caught early. Let someone know how you are feeling.

TREATMENT OPTIONS


Most experts agree that PPD is best treated with medications, psychotherapy or both. Complementary or alternative therapies may be attractive due to their relatively low cost and lack of side effects. Because its effectiveness is not yet known, alternative treatment is best suited for mild depression or for use in addition to therapy and medications, whose efficacy has been well documented.

A WORD ABOUT BREASTFEEDING

Breastfeeding women are particularly concerned about safe treatment options. There is much reliable research on the use of medications while nursing. It is important to be evaluated by someone who is familiar with both PPD and breastfeeding and who can help plan the best course of treatment for you and your baby.

Postpartum depression is a very treatable condition and the prognosis is excellent for complete recovery, so ask for help if you need it. If you are a family member or friend of a new mother, support her. Ask and observe how she is feeling and help her seek appropriate medical care. As in pregnancy, a new mother and her baby thrive when both are healthy.

Karen Kleiman, MSW is the author of *This Isn't What I Expected; The Postpartum Husband; What Am I Thinking and Therapy and the Postpartum Woman*. More of Karen's work can be found at www.postpartumstress.com and www.postpartumtherapy.net.



I am unearthed
and unprepared

I have no inhibitions
as you can see
as my face reddens
as I grunt and groan
or how about when I laugh
uncontrollably unrefined
do you mind?
that I am rule-less
and clueless
and have a cry so perfected
that it drills into your sleep
and cracks open your eyes
and (as though that wasn't enough)
gift you with aromas
that unhinge your breath
and make you blind
do you mind?

if I decorate you
with curdled milk
or sleep on your chest
or make your name
my first word
or get crabby
and whine

do you mind?

when I fall onto the floor
kicking and screaming
that you count beyond three
(maybe make it to ten)
to untangle your thoughts
and allow the gentle emergence
of creative consequences
to unwind
do you mind?
for I am yet unearthed
unprepared and uninhibited

and need this wrap of innocence
unstitched one day at a time

THOUGHTS ON INDUCTION: THE BENEFITS OF LETTING YOUR BABY CHOOSE THEIR OWN BIRTHDAY

by Mayri Sagady Leslie

Babies born as a result of induced labors can be born too early. This is because even with the best technology we have, your estimated date of birth is just that—an estimate, plus or minus two weeks. When labors are started artificially before or near your due date, babies are at risk of being born before their bodies are ready. This can lead to extra medical care, prolonged hospital stays and, possibly, long-term effects on their brain function and learning abilities.

Today, we estimate that more than one in three women have their labors induced in the United States (Listening to Mothers, 2005). Yet, induction of labor is a medical intervention that is *rarely needed*. Pharmaceutical induction before a woman's body is ready for birth can lead to long, complicated labors. In fact, if it is your first baby, an induction of labor *doubles your chances of having a cesarean section* (Johnson 2003, Leslie and Romano 2007).

WHY IS IT BEST TO AVOID AN UNNECESSARY INDUCTION?

The medications and interventions used with inductions can create a “domino-effect” on your labor's progress and both your and your baby's well-being. Synthetic hormones are used to “ripen”—soften and help open—the cervix (Cervadil or Prepadil) or to cause uterine contractions (Pitocin). Cytotec (misoprostal) does both, however its use is controversial and has been associated with serious complications including uterine rupture.

In natural, spontaneous labor your body, your baby and the placenta enact a series of complex changes in the days leading up to labor. The cervix shortens and softens, while the uterus develops sensitivity to the hormone oxytocin which your body will produce. Your brain's hormone control center and the uterus engage in a complex feedback mechanism to control the length, strength and closeness of contractions.

During an induction, this mechanism is not engaged. Instead, the delivery of Pitocin (a synthetic form of oxytocin) is mechanically increased through an IV.



Mayra with Luca, 2 days old

The speed with which the contractions intensify varies according to each institution's Pitocin administration policies and each laboring mother's individual physical response. Many women report these labors as being particularly painful. This may also be because their ability to move freely in response to the growing strength of labor is severely limited; induced mothers will be connected to at least one IV pole as well as various monitoring devices. It is therefore not surprising that induced women commonly have epidurals. These, in turn, increase their chances of a vacuum or forceps delivery, which can cause injuries leading to long term problems such as urinary and fecal incontinence. Studies have also associated inductions with damage to the cervix and amniotic fluid embolism (a very rare but serious life-threatening complication).

Non-drug induction methods may be used to encourage a more physiological start to labor. These include herbs, homeopathy, acupuncture and more invasive procedures such as sweeping the membranes, a foley bulb induction (using a small balloon to gently stretch the cervix) and breaking the bag of waters. These should be discussed with your midwife or physician.

THOUGHTS ON INDUCTION... (CONT'D)

WHEN IS INDUCTION NEEDED?

There *are* times that induction of labor makes sense as a medical intervention. The potential benefits should outweigh the potential harms and should be fully discussed with you and your family.

Medical Conditions in the Mother. It is rare in pregnancy that the mother becomes ill, but occasionally it does happen. When it occurs, it sometimes may be better to have the baby, for the sake of the mother. An example of this might be severe pregnancy induced hypertension, a maternal heart condition or uncontrolled diabetes.

Medical Conditions in the Baby. Normally, babies are designed to remain inside their mother until full term. However, there are times when a baby is no longer thriving and being brought outside the mother is actually a better choice. Some examples are intrauterine growth restriction (IUGR—where, often for unknown reasons, the placenta is no longer functioning well or nourishing the baby), a heart problem or other condition requiring medical attention that can be addressed once the baby is born.

However, most inductions are not done for medical complications. Below are some of the most common reasons labors are induced:

COMMON REASONS FOR INDUCTION

"Your Water Bag Is Broken." If your water bag is broken and labor has not yet started it is most likely that labor will begin on its own within 24–48 hours. Many providers will offer induction ("planned management"). If you test negative for the Group Beta Strep (GBS) bacteria, you may have the option of waiting for labor to start ("expectant management"). If you use this option, your provider will go over how to reduce the risk of infection while awaiting labor.



Kate with Siri, 2 months old

A highly respected comprehensive review of medical studies from the Cochrane Collaboration concluded: "Since the differences in outcomes [how the baby and mother did] between planned and expectant management may not be substantial, women need to be able to access the appropriate information to make an informed choice." Simply translated: both options work and you have a choice.

"You Are Past Your Due Date." Due dates are mathematical estimates based on one's last menstrual period, a sonogram or a physical exam. The period from 37 to 42 weeks is universally considered the normal time for your baby's birth. At times the placenta may decrease its efficiency after 41 weeks. For this reason, women are being offered inductions at 41 weeks or sooner for being "post dates." "Expectant management" would be to continue to wait for labor, while testing the baby's heart (non-stress test) and amniotic fluid. These tests provide reassurance about the placenta's functioning and baby's well-being while the mother awaits labor.

REASONS NOT TO HAVE AN INDUCTION

"Your Baby is Getting Too Big." Estimating the size of a baby at the end of the pregnancy is an incredibly imprecise science. Multiple studies have shown that ultrasound, provider's hands and even mother's own estimates are about equivalent for guessing the size of a baby in a healthy mother. Experts agree that the size of a baby is never a valid reason to induce a woman's labor. Anyone who suggests this is not practicing according to the standards of their own profession.

"Aren't You Getting Tired of Being Pregnant?" There is a time in every woman's pregnancy when we'd give anything to be able to make plans and get the birth over with. However, an "elective" induction, whether it is the provider's idea or yours, can expose you and your baby to complications when all is otherwise well. Given the potential harms of induction, it is much, much better to just wait until your body and your baby's signal that they are ready and labor begins on its own.

As the saying goes... let your baby pick their own birthday.

Mayri Sagady Leslie, CNM, MSN, is a midwife on faculty at the School of Nursing and Health Studies at Georgetown University. She serves as the Chair of the Coalition for Improving Maternity Services and is on the board of the International MotherBaby Childbirth Organization. She is the mother of Shawn and Crystal and had two great births, one at home and one in a hospital.

KNOW YOUR LEGAL RIGHTS

This is a compilation of federal laws on a variety of topics relevant to maternity care and rights.

The information below is adapted from various texts and is not intended to be legal advice.

The United States currently has no federal Patients' Bill of Rights; matters relating to health care tend to be the responsibility of the individual states, and many individual states have legislation covering patients' rights. Contact your state Department of Health to learn more about what rights and standard of care you can expect as a maternity patient.

Many hospitals and health care organizations, such as the American Hospital Association, also have their own versions of a patients' bill of rights, a code of ethics or code of conduct. These codes mandate compliance with certain practices and will give you an idea of the level and kind of care you can expect—and demand—from health care providers belonging to such institutions.

- www.childbirthconnection.org/pdfs/rights_childbearing_women.pdf
- www.aha.org/aha/issues/Communicating-With-Patients/pt-care-partnership.html
- www.acog.org/from_home/acogcode.pdf
- www.acnm.org/display.cfm?id=483

CONSISTENT AND TIMELY TREATMENT

- You have the right to be treated in a hospital if you arrive in active labor, unless the staff transfers you in a safe and timely manner. You are to be cared for from the time of contractions through the delivery of the baby and the placenta.
- www.emtala.com

MATERNITY LEAVE

- You may be entitled to up to 12 weeks of unpaid, job-protected leave under the Family and Medical Leave Act ("FMLA"). This federal law applies to both women and men who work in a public agency,



Emilie, 2 months old

school or a company with 50 or more employees within 75 miles. The leave can be used for pregnancy complications as well as for the birth and care of your newborn.

- You may have the right to claim Disability and/or Unemployment Benefits during your pregnancy. Under the federal Pregnancy Discrimination Act, it is illegal for you to be denied benefits because of your pregnancy. Check your local state provisions to see what you may be entitled to claim.
- www.dol.gov/dol/topic/benefits-leave/fmla.htm
- www.dol.gov/compliance/laws/comp-fmla.htm
- www.eeoc.gov/types/pregnancy.html

BREASTFEEDING

- You have the right to breastfeed your child at any location in a federal building or on federal property, as long as you and your child are otherwise authorized to be present at the location.
- There are no laws in the United States forbidding breastfeeding outside the home. However, different states have different legislation around breastfeeding. Check your local state legislation to find out your rights as a breastfeeding mother. Visit La Leche League's website (below) for more information.
- www.llli.org/law/lawUS.html

New York Congresswoman Carolyn B. Maloney has recently introduced the Breastfeeding Promotion Act, which would provide women nationwide with the kind of support necessary for successful, sustained breastfeeding.

- www.maloney.house.gov

KNOW YOUR LEGAL RIGHTS (CONT'D)

INTERNATIONAL BREASTFEEDING ICON

This symbol indicates baby-friendly areas and breastfeeding-friendly facilities, as well as increasing awareness of breastfeeding.



INSURANCE COVERAGE

You may have the right to have your maternity care and birth paid for by your health insurance company, even if it takes place with an out-of-network provider. Check with your state's Department of Insurance to find out if such provisions exist in your area.

• www.ins.state.ny.us/ogco2005/rg050409.htm

MATERNITY INFORMATION ACT

A Maternity Information Act legally requires all hospitals and birth centers to provide a brochure containing clear information about the maternity care they provide, including rates of induction of labor, cesarean section, episiotomy and other obstetrical interventions. It also includes statistics relating to the proportion of vaginal births after cesarean (VBAC) or vaginal breech deliveries, as well as other information including the percentage of deliveries by midwives and the availability of rooming-in (keeping your baby with you after birth).

At present only New York and Massachusetts have a Maternity Information Act, though other states are considering similar legislation.

To learn more about how to have a Maternity Information Act enacted in your state, please visit www.choicesinchildbirth.org.

• www.mass.gov/legis/laws/mgl/111-70e.htm

• www.health.state.ny.us/facilities/hospital/maternity/public_health_law_section_2803-j.htm



VBAC: A SAFE ALTERNATIVE TO REPEAT CESAREAN

by Nicette Jukelevics, MA, ICCE

As recently as 1995, one out of four women with a prior cesarean had a vaginal birth after cesarean (VBAC). But today, the VBAC rate has plummeted to less than one in ten. This is mainly as a result of several factors, including highly-publicized (and largely unfounded) fears about the supposed “dangers” of VBAC, resistance by malpractice insurers to cover VBAC and the high profitability of repeat cesareans. As the cesarean rate continues to climb year after year, it becomes increasingly important for women to have access to VBAC, and to more information about the benefits and risks of VBAC and repeat cesarean.

LOW RISK OF UTERINE RUPTURE

The single most controversial issue regarding VBAC is the possibility of a uterine rupture, the separation of the uterine scar from a prior cesarean during labor or birth. *The risk is less than 1% for women with one prior low-segment horizontal uterine scar, and 60 to 75% of mothers who choose VBAC successfully avoid a repeat cesarean.* In addition, the likelihood of having a safe VBAC actually increases with each subsequent labor and birth.

REPEAT CESAREAN IS NOT NECESSARILY SAFER

While some argue that VBAC is unsafe, the truth is there is no evidence that routine repeat cesarean is any safer than a planned VBAC. To the contrary, there is plenty of evidence about the risks of repeat cesarean delivery, including:

- Higher risk of infection, adhesions, intestinal obstruction, chronic pain, ectopic pregnancy and

placental problems compared to mothers who have a successful VBAC.

- Increased risk for hemorrhage severe enough to require a blood transfusion due to placental problems from accumulating cesareans.
- Higher likelihood of being re-hospitalized for complications related to the surgery.
- Decreased fertility and increased risk of miscarriage in future pregnancies.
- Greater likelihood of difficulty with mother-infant attachment as well as establishing and continuing breastfeeding.
- Elevated risk for prematurity and serious neonatal respiratory problems in baby.

WHAT IF THE UTERINE SCAR GIVES WAY?

Even though the risk is very low, uterine rupture is a serious complication associated with VBAC and requires immediate medical attention. If the uterine scar gives way, a rapid cesarean is necessary. With a rapid cesarean, mothers and babies usually have favorable outcomes, although sometimes serious complications can arise.

For most women, having a VBAC is safer than having a repeat cesarean and it increases the safety of any future pregnancies and births for you and your baby. For a more complete comparison of the relative risks and benefits of VBAC and cesarean, visit www.childbirthconnection.org.

Ultimately, the choice is up to you, your partner and your care provider whether VBAC is right for your upcoming birth. Arm yourself with as much information as possible about the benefits and risks of VBAC to help you make an informed choice.

Nicette Jukelevics, MA, ICCE has taught perinatal, childbirth and VBAC classes for over thirty years. She is the author of *Understanding the Dangers of Cesarean Birth: Making Informed Decisions*. You can find many resources about lowering your odds for a cesarean and planning a VBAC at www.dangersofcesareanbirth.com, www.vbac.com and www.childbirthconnection.org.



NATIONAL CESAREAN SECTION RATES BY STATE COMPARATIVE: 2000 & 2007*

The World Health Organization recommends that the cesarean section rate for industrialized nations should not exceed 15%.

A safe range, as determined by WHO experts, is 10–15%.

Contact your state department of health and your local hospitals directly to find out the rate of cesarean section in your community.

	2000	2007	% INCREASE
United States	22.0%	31.8%	44.5%
Alabama	26.4%	33.8%	28.0%
Alaska	17.0%	22.6%	32.9%
Arizona	18.6%	26.2%	40.9%
Arkansas	26.4%	34.8%	31.8%
California	23.4%	32.1%	37.2%
Colorado	18.3%	25.8%	41.0%
Connecticut	21.8%	34.6%	58.7%
Delaware	24.8%	32.1%	29.4%
District of Columbia	22.6%	32.6%	44.2%
Florida	25.0%	37.2%	48.8%
Georgia	22.6%	32.0%	41.6%
Hawaii	14.7%	26.4%	79.6%
Idaho	18.3%	24.0%	31.1%
Illinois	21.0%	30.3%	44.3%
Indiana	21.6%	29.4%	36.1%
Iowa	20.9%	29.4%	40.7%
Kansas	22.3%	29.8%	33.6%
Kentucky	24.8%	34.6%	39.5%
Louisiana	26.6%	35.9%	35.0%
Maine	22.9%	30.0%	31.0%
Maryland	24.1%	33.1%	37.3%
Massachusetts	23.7%	33.5%	41.4%
Michigan	22.0%	30.4%	38.2%
Minnesota	19.9%	26.2%	31.7%
Mississippi	28.3%	36.2%	27.9%
Missouri	22.5%	30.3%	34.7%
Montana	19.0%	29.4%	54.7%
Nebraska	22.6%	30.9%	36.7%
Nevada	21.9%	33.1%	51.1%

	2000	2007	% INCREASE
New Hampshire	21.1%	30.8%	46.0%
New Jersey	27.5%	38.3%	39.3%
New Mexico	17.2%	23.3%	35.5%
New York	24.7%	33.7%	36.4%
North Carolina	23.1%	30.7%	32.9%
North Dakota	20.9%	28.4%	35.9%
Ohio	20.1%	29.8%	48.3%
Oklahoma	24.2%	33.6%	38.8%
Oregon	19.5%	28.2%	44.6%
Pennsylvania	21.7%	30.1%	38.7%
Rhode Island	22.0%	32.2%	46.4%
South Carolina	25.3%	33.4%	32.0%
South Dakota	22.8%	26.6%	16.7%
Tennessee	24.9%	33.3%	33.7%
Texas	24.9%	33.7%	35.3%
Utah	16.8%	22.2%	32.1%
Vermont	17.3%	26.8%	54.9%
Virginia	23.2%	33.5%	44.4%
Washington	20.7%	29.0%	40.1%
West Virginia	25.5%	35.2%	38.0%
Wisconsin	17.5%	25.0%	42.9%
Wyoming	19.4%	26.9%	38.7%
Puerto Rico	39.1%	49.2%	25.8%
Virgin Islands	23.1%	—	—
Guam	18.0%	26.5%	47.2%
American Samoa	—	—	—
Northern Marianas	20.4%	17.7%	—

*At printing, the most recent information available from the Center for Disease Control (CDC) was preliminary data for live births occurring in 2007.

RESOURCES FOR LEARNING MORE

Childbirth Connection's website at www.childbirthconnection.org includes many resources to help pregnant women learn more about cesarean section and other childbearing topics. Resources include *What Every Pregnant Woman Needs to Know About Cesarean Section* and results from the *Listening to Mothers I and II* surveys.

For additional information about cesarean section and vaginal birth after cesarean (VBAC), visit the International Cesarean Awareness Network, Inc. at www.ican-online.org.

THE GOLDEN HOUR: GETTING THE BEST START WITH YOUR NEWBORN

by Robert W. Sears, MD

When that tiny baby is placed into your arms, he or she is the ultimate reward for your nine months of careful preparation. You may not know that what you and others around you do in that very first hour of your baby's life can have a significant—even lifelong—impact on the bond you have with your baby. In this article I will show you how to best prepare for that “golden hour”, how to maximize the bonding experience, how to defer hospital procedures that may interfere with bonding during that first hour and how to communicate those needs to your medical caregivers in a way they will be receptive to. You've spent nine long months doing everything right. Let's get that very first hour of baby's life right, too.

OUT WITH THE OLD, IN WITH THE NEW

Birthing centers have long understood the importance of maternal-infant bonding right after birth. Some hospitals are also following suit and changing their



Carolyn and Jay with Lola, newborn (© Shara Frederick)

policies and procedures to promote the attachment process. But many are still stuck in the dark ages and focus mainly on the medical side of a newborn's health, placing nature and nurture on the backburner. A baby is born, the doctor hands him to a nurse who takes the baby to a warming table, examines him, gives him a Vitamin K shot, puts antibiotic ointment into his eyes, administers the Hepatitis B vaccine, takes him over to the sink for a good scrub down, puts on a diaper, swaddles the baby in a blanket and *then* takes the baby over to the proud parents so they can finally hold their new bundle of joy. This out-of-date approach interferes so profoundly with a baby's healthy transition into this world that the American Academy of Pediatrics created a new policy for how newborns should be cared for in the first hour after birth. You can find this policy by going to www.aap.org and searching “breastfeeding and the use of human milk” under the AAP policy section. Here is how a newborn, and the new parents, should be treated:

- Healthy infants should be placed immediately onto the mother's abdomen or chest when they are born and remain in direct skin-to-skin contact until the first feeding is accomplished
- The nurse should perform the first physical assessment while the baby remains on the mother's chest
- Weighing, measuring, bathing, eye ointment and any injections or blood tests should wait until after the first feeding
- The baby should remain with the mother throughout the recovery period

WHY THE FIRST HOUR IS SO IMPORTANT

Many amazing changes take place in a new mother during and right after the birth process. The work of labor generates changes in your brain chemistry that increase your desire for nurturing. Skin-to-skin contact with baby and suckling at the breast release

THE GOLDEN HOUR... (CONT'D)

mothering hormones that are the basis for mother's intuition. These hormones also cause the uterus to contract, shrink and stop bleeding. Research has shown that having a first breastfeeding within the first hour of life improves infant survival and prolongs the duration of exclusive breastfeeding.

Allowing the new mom and baby to enjoy the first breastfeeding together and experience the intimacy of skin-to-skin contact before anything else is done eases baby's transition from the womb into the world. It stabilizes baby's heart rhythm, body temperature and breathing. The baby just spent many months wrapped in the security and warmth of your womb, hearing the sound of your voice, heartbeat and breathing. Continue this symbiotic relationship as best as you can right away to minimize the shock to baby. Spending that first hour enveloped in each other's presence lets you both know that everything is right with the world. It awakens the mother inside you, bonds the baby to his primary caregiver and sets the stage for the coming hours, days and years. Dad can also get involved by placing his hands on baby, talking quietly, letting baby gaze at his face and spending time holding baby after the first feeding is done.

BONDING DURING UNPLANNED MEDICAL EMERGENCIES

Of course, these policies assume that the baby comes out kicking and screaming. If the baby needs some extra stimulation and attention to get him breathing and crying, this is best done on the exam table. After a few minutes of stabilization, though, mom and dad need to jump right into the bonding process. The evidence is clear that babies thrive most when kept in close, skin-to-skin contact with mom from the very beginning. This "kangaroo care" is best for all babies and can be vital to the survival of babies born prematurely.

Women who have a planned or unplanned C-section won't be in the ideal position for intimate bonding right away. But there are ways that a mom can get her hands on her baby within the first five minutes. When the baby first comes out, he'll be taken to a warming table for a quick assessment. If the baby looks good, there's really nothing more that needs to be done that



Rebecca with Lila, newborn (© Nicole Heibredner)

can't wait a while. Parents can ask the nurse to bring the baby over and lay him on mom's chest so bonding can begin if the mom is awake and willing. This can be done while the obstetricians finish their work. Dad can sit down right next to mom and keep his hands on the baby too. Dads can really step up and take charge of that baby and keep him at mom's side until she is settled into the recovery room and ready to nurse.

MAKE YOUR DESIRES KNOWN AHEAD OF TIME

Find out ahead of time what your hospital's routine procedures are for the hour after birth. Make sure your obstetrician and labor support nurse know about your preferences, indeed your rights, as a new parent early during labor. Even better, discuss your plans with your OB at a prenatal visit. There's no harm at all in delaying the medical interventions that a healthy newborn needs for an hour or so. Since you may meet resistance from some hospital staff who are used to doing things the old-fashioned way, arm yourself with a printed copy of the AAP's newborn policy. Tell the staff you want, and your baby needs, your "golden hour."

Dr. Bob Sears is a pediatrician and author in the Sears Parenting Library. His latest work, *The Vaccine Book*, offers parents a complete and balanced guide to vaccines so they can make an educated decision for their children.

CHOOSING A HOME BIRTH

Choosing the appropriate place to birth your child is an important maternity care decision. In the United States the vast majority of women choose to birth in a hospital setting. Most Americans consider the hospital to be the safest place to birth. Many believe that it is the only legal place to birth. This is not true. For many women, birthing at home or at a birth center, with a qualified and experienced care provider, is a safe and legal option.

IS HOME BIRTH FOR YOU?

- I am healthy and have had a healthy pregnancy.
- I am considered low-risk by my health care provider.
- I want to labor, birth and meet my baby in a safe and familiar environment.
- I am concerned about the discomfort of the trip to the hospital.
- I want to avoid the risks of the routine interventions used in hospitals.
- I want to avoid an unnecessary cesarean section.
- I want to have access to my partner, family and support people at all times during labor, birth and the postpartum period.
- I want to be with my baby continuously from the moment s/he arrives in the world.
- I believe pregnancy and birth are normal, natural functions and not an illness to be medically treated.
- I believe in my body's ability to give birth to the baby I have conceived, grown and protected.

Many countries support offering women the option of home birth. The Royal College of Obstetricians and Gynaecologists of Britain states: "There is ample evidence showing that labouring at home increases a woman's likelihood of a birth that is both satisfying and safe, with implications for her health and that of her baby."

To learn more and to find resources to help you decide whether home birth may be right for you, please visit www.choicesinchildbirth.org.

RESOURCES

Like care providers, there are innumerable organizations and agencies that offer services of interest to birthing women. Here are a few we think you might find helpful:

ADVOCACY

BirthNetwork National

Phone: 888.452.4784

Website: www.birthnetwork.org

Childbirth Connection

Phone: 212.777.5000

Website: www.childbirthconnection.org

Circumcision Resource Center

Phone: 617.523.0088

Website: www.circumcision.org

Citizens for Midwifery

Phone: 888.CfM.4880

Website: www.cfmidwifery.org

Coalition for Improving Maternity Services (CIMS)

Phone: 888.282.2467

Website: www.motherfriendly.org

International Center for Traditional Childbearing (ICTC)

Phone: 503.460.9324

Website: www.blackmidwives.org

National Advocates for Pregnant Women

Phone: 212.255.9252

Website: www.advocatesforpregnantwomen.org

National Latina Institute for Reproductive Health

Phone: 212.422.2553

Website: www.latinainstitute.org

SisterSong Women of Color Reproductive Health Collective

Phone: 404.756.2680

Website: www.sistersong.net

RESOURCES (CONT'D)

BREASTFEEDING

Breastfeeding Café

Website: www.breastfeedingcafe.com

Dr Jack Newman Online Breastfeeding Resource Center

Website: www.drjacknewman.com

Human Milk Banking Association of North America

Phone: 919.861.4530

Website: www.hmbana.org

Kellymom Breastfeeding & Parenting

Phone: 727.823.1000

Website: www.kellymom.com

La Leche League International

Phone: 800.LA.LECHE

(to be referred to someone for free breastfeeding advice)

Website: www.lalecheleague.org

(Website lists free local meetings and resources)

Promotion of Mother's Milk, Inc.

Website: www.promom.org

World Alliance for Breastfeeding Action (WABA)

Website: www.waba.org.my

World Health Organization Recommendations

Website:

www.who.int/nutrition/topics/infantfeeding-recommendation/en

CESAREAN

Childbirth Connection

Phone: 212.777.5000

Website: www.childbirthconnection.org

International Cesarean Awareness Network (ICAN)

Phone: 800.686.ICAN

Website: www.ican-online.org

VBAC.com

Website: www.vbac.com

CHILDBIRTH EDUCATION

Birthing from Within

Phone: 805.964.6611

Website: www.birthingfromwithin.com

Birthworks International

Phone: 888.TO.BIRTH

Website: www.birthworks.org

The Bradley Method

Phone: 800.4.A.BIRTH

Website: www.bradleybirth.com

Childbirth and Postpartum Professional Association (CAPPA)

Phone: 888.MY.CAPPA

Website: www.cappa.net

The International Childbirth Education Association (ICEA)

Phone: 800.624.4934

Website: www.icea.org

Lamaze International

Phone: 800.368.4404

Website: www.lamaze.org

CHILDREN WITH SPECIAL NEEDS — EARLY INTERVENTION

The Arc of the United States

Phone: 800.433.5255

Website: www.thearc.org

Family Voices

Phone: 888.835.5669

Website: www.familyvoices.org

The National Dissemination Center for Children with Disabilities (NICHCY)

Phone: 800.695.0285

Website: www.nichcy.org

Through the Looking Glass (TLG)

Phone: 800.644.2666

800.804.1616 (TTY)

Website: www.lookingglass.org

DOULAS

Association of Labor Assistants & Childbirth Educators (ALACE)

Phone: 888.222.5223

Website: www.alace.org

RESOURCES (CONT'D)

Doulas of North America (DONA) International

Phone: 888.788.DONA

Website: www.dona.org

INTIMATE PARTNER VIOLENCE

Battered Mothers Resource Fund, Inc.

Phone: 866.592.7870

Website: www.batteredmothers.org**LAMBDA-GLBT Community Services**Website: www.lambda.org**National Coalition Against Domestic Violence**

Phone: 800.799.SAFE

Website: www.ncadv.org**Safe Horizon**

Phone: 800.621.4673

866.689.4357 (Crime Victims Hotline)

800.621.4673 (NYC Domestic Violence Hotline)

212.227.3000 (Rape, Sexual Assault & Incest Hotline)

Website: www.safehorizon.org

LESBIAN & GAY PARENTING

Children of Lesbian and Gays Everywhere (COLAGE)

Phone: 415.861.5437

Website: www.colage.org**Family Equality Council**

Phone: 617.502.8700

Website: www.familyequality.org**Gay Parent Magazine**

Phone: 718.380.1780

Website: www.gayparentmag.com**National Center for Lesbian Rights**

Phone: 415.392.6257

Website: www.nclrights.org

LOW-INCOME & TEEN PARENT RESOURCES

National Advocates for Pregnant Women

Phone: 212.255.9252

Website: www.advocatesforpregnantwomen.org**Planned Parenthood**

Phone: 800.230.PLAN

Website: www.plannedparenthood.org**What to Expect Foundation**

Phone: 212.712.9764

Website: www.whattoexpect.org**Women, Infants and Children Program (WIC)**Website: www.fns.usda.gov/wic

MIDWIVES' PROFESSIONAL ORGANIZATIONS

American College of Nurse-Midwives

Phone: 240.485.1800

Website: www.acnm.org**Foundation for the Advancement of Midwifery (FAM)**

Phone: 877.594.9996

Website: www.formidwifery.org**International Center for Traditional Childbearing (ICTC)**

Phone: 503.460.9324

Website: www.blackmidwives.org**Midwives Alliance of North America (MANA)**

Phone: 888.923.MANA

Website: www.mana.org**National Association of Certified Professional Midwives (NACPM)**Website: www.nacpm.org

PRE- & POSTNATAL SAFETY

American Lung Association (*smoking cessation support*)

Phone: 800.LUNG.USA

Website: www.lungusa.org**HUD Lead Office**Website: www.hud.gov/offices/lead**March of Dimes**

Phone: 914.997.4488

Website: www.marchofdimes.com**Mother-Baby Behavioral Sleep Laboratory**
(*Co-Sleeping Information*)Website: www.nd.edu/~jmckenn1/lab/index.html

RESOURCES (CONT'D)

National Lead Information Center:

Phone: 800.424.LEAD

Website: www.epa.gov/lead

RESEARCH

Alliance for the Improvement of Maternity Services (AIMSUSA)

Website: www.aimsusa.org

Association for Improvements in the Maternity Services (AIMS)

Website: www.aims.org.uk

Association for Prenatal and Perinatal Psychology and Health

Website: www.birthpsychology.com

Centers for Disease Control and Prevention (CDC)

Phone: 800.232.4636

888.232.6348 (TTY)

Website: www.cdc.gov

Childbirth Connection

Phone: 212.777.5000

Website: www.childbirthconnection.org

The Cochrane Collaboration

Website: www.cochrane.org

National Library of Medicine's PubMed Database

Website: www.pubmed.gov

WATERBIRTH

Waterbirth International

Website: www.waterbirth.org

ADDITIONAL ONLINE RESOURCES

www.attachmentparenting.org

www.birthingnaturally.net

www.holisticmoms.org

www.midwifeinfo.com

www.midwiferytoday.com

www.mothing.com

www.mothersnaturally.org

Choices in Childbirth

We are dedicated to improving maternity care for all women. We hope that you will support us in this endeavor.

DONATIONS may be sent to:

Choices in Childbirth

441 Lexington Avenue 19th Floor
New York, NY 10017

Or you can donate online at

www.choicesinchildbirth.org

Choices in Childbirth is a 501(c)(3) organization. All donations are tax-deductible and much appreciated!

Do you have FEEDBACK on the Birth Guide? Contact us at birthguide@choicesinchildbirth.org.

We have many projects in the works, in addition to the Birth Guide, and could always use more hands, minds and hearts to help us in our work. Contact us at 212.983.4122 or info@choicesinchildbirth.org for more information.

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