



# ICAN Clarion

INTERNATIONAL CESAREAN AWARENESS NETWORK

NEWSLETTER

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## Empowered Birth:

# Advocate for Evidence-Based Practice

by Krystyna Bowman, AAHCC

It is a common belief in most industrialized nations that "the doctor" is the expert and that the information he or she shares is infallible. Doctors are certainly well-educated in medicine and are due respect for their rigorous training. When medical intervention is necessary, we want and need doctors to use their expertise and achieve a Healthy Mom, Healthy Baby outcome.

However, as our awareness of birth is expanding, the trend toward a more natural approach to birth is gaining traction. It is becoming clearer that the experiment may not be uninterrupted birth. The real experiment seems to be hospital-based, obstetrically-managed birth.

As a matter of fact, the American College of Obstetricians and Gynecologists (ACOG) recently released a joint paper with the Society for Maternal-Fetal Medicine (SMFM) stating that, "The rapid increase in cesarean birth rates from 1996 to 2011 without clear evidence of concomitant decreases in maternal or neonatal morbidity or mortality raises significant concern that cesarean delivery is overused."<sup>1</sup> Simply stated, that means that despite the increase in the cesarean rate, the maternal and neonatal mortality rates have not gone down. From a consumer standpoint, it begs the question, "Is the medically-managed model of care serving the best interests of mothers and babies?"

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# education. support. advocacy.

## ICAN's Board

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Christa Billings, ICAN President

## President's Letter

Dear ICAN Supporters,

Each year ICAN is an advocate for pregnant women who desire a vaginal birth, women recovering from cesareans and traumatic birth, and women seeking a VBAC. ICAN is making a positive impact on women's birth experiences and we are helping many women around the world.

As an organization we are finally starting to see our hard work pay off. You *are* making a difference. Last month ACOG came out with new guidelines on preventing the primary cesarean. These guidelines support what ICAN has been educating women on all along. While the report fails to address VBACs, it is an encouraging step in the right direction in helping to lower the national cesarean rate.

A year ago someone asked me if I was optimistic with the recent statements from ACOG. I said "hopeful, but not optimistic." With the recent guideline release from the American College of Obstetricians and Gynecologists (ACOG) I can say this year that I am optimistic to see the cesarean rate not just stabilize, but to actually see a reduction as more and more light is being

**“ I feel the pendulum is beginning to swing back ”**

brought to the cesarean epidemic. I feel the pendulum is beginning to swing back. Mothers are joining together and recognizing that they have a voice and choices in their maternity care, and they are starting to demand evidence-based care. ACOG is hearing our voices.

Thank you for all you do to keep spreading the message and aiding our mission of reducing the cesarean rate. Our voices are an important part of getting the message out there. I have been invited to the Coalition for Improving Maternity Services (CIMS) Leadership Summit where we can further connect with all of the other leaders from the birth world. I am excited about this collaborative opportunity! Only by working together and raising our collective voices are we going to be able to further change the direction of the pendulum and give it stability for future generations.



# Ten Tips to Prevent an Unnecessary Cesarean

by Ann Marie Walsh

In a society where one in three women give birth by cesarean, it is more important than ever that women receive the education and support needed to avoid an unnecessary cesarean. ICAN knows that cesareans can be a necessary and sometimes life-saving procedure, however we also know that cesareans are currently being overused to the detriment of mothers and babies. The first step in avoiding an unnecessary cesarean is to take charge of your body and decisions related to your health care. This is why we've come up with 10 tips to empower women and their families and to set them on the path to having a safe and healthy birth.

## Educate Yourself

Make time to read! Read inspirational *and* factual information. Know what the current ACOG guidelines are so you can have an educated discussion with your provider on the current recommended practices. Borrow books from your ICAN chapter's lending library. Preparation for birth is more than just understanding the physiological process, it includes awareness of interventions that may increase the likelihood of an unnecessary cesarean. By understanding the benefits and risks of each intervention, you are able to make informed decisions that are right for you and your family.

## Take an Out-of-Hospital Birth Class

Hospital courses may be convenient, but they typically focus on relaying hospital policies and managed labor. Beyond the hospital there is a plethora of information available to an expecting mother, including labor positions and comfort measures. Some well-known childbirth classes include The Bradley Method, Birthing from Within, Lamaze, Hypnobabies, and Birth Boot Camp. There may also be a variety of private classes offered in your area. There is no one-size-fits-all birth class, so do your research and choose the method that most appeals to you and your partner.

## Exercise and Eat Well

This isn't about shedding pounds, it's about being healthy! Labor is a physical activity and strength and endurance aids in naturally managing labor. Healthy eating also strengthens your body and helps prevent complications that can lead to induction or interventions. Prenatal Yoga is a wonderful program to help with your strength and flexibility. The Brewer Diet is a great place to start if you need help with a healthy pregnancy diet.

## Seek Out Holistic Care

Acupuncture, chiropractic care, and prenatal massage are wonderful holistic options to help you prepare for a better labor and delivery. Acupuncture is known to help with morning sickness, heartburn and even stimulating contractions for a late baby. Chiropractic care helps with many discomforts of pregnancy by aligning your body to optimal positioning. It is known to relieve back, neck or joint pain, including sciatica and round ligament pain. Be sure to research and find a licensed practitioner who is trained in caring for pregnant women before scheduling an appointment.

## Understand Fetal Positioning

Having a malpositioned baby (breech, transverse, etc.) doesn't necessarily mean that you'll need a cesarean. There are various techniques you can try to turn baby into a better position. Spinning Babies ([spinningbabies.com](http://spinningbabies.com)) has numerous resources available. The Webster Method is a chiropractic technique to turn baby into an optimal position ([icpa4kids.org/Find-a-Chiropractor](http://icpa4kids.org/Find-a-Chiropractor)). Another option is the External Cephalic Version. This procedure externally rotates the fetus into a vertex position for a vaginal delivery and is typically done around 36 to 37 weeks. There are risks involved with an External Cephalic Version and it should only be performed by a trained professional. Do your research and discuss these options with your care provider before deciding what is right for you.

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# Ten Tips continued

## Hire a Doula

A doula is a birth professional who supports you through labor and birth. She brings knowledge and suggestions to help make labor more comfortable, and she knows different techniques and positions to help progress through labor or get it moving again. A doula will not catch your baby or make medical decisions for you. They can remind you of the choices you have previously discussed, and they can also help you consider information to make an educated decision about any interventions your care provider may suggest.

## Write Your Birth Preferences

How do you envision your labor? Which interventions would you like to avoid and which will you consider or choose? Be prepared to be flexible; no one knows how your labor will progress. You may find yourself changing your mind several times throughout your pregnancy and even during labor. However, having your written birth preferences allows your birth team to remind you of your choices while you're working through labor. Discuss your birth preferences with your care provider ahead of time to ensure he or she is supportive of what you want. If your care provider is not supportive of your birth preferences, take the opportunity to have an open conversation concerning your birth and confirm that he or she is following evidenced-based practices.

## Interview Care Providers

Interview several different providers and ask important questions: What is your cesarean rate? What is your induction rate? Are you comfortable with me going to (or past) 42 weeks? Who will attend my birth if you are unavailable? How do you feel about laboring or birthing in different positions? How do you feel about doulas?

You may have to interview several people before you find someone you are comfortable and confident with attending your birth. If they are vague or refuse to commit to an answer, that could be a red flag. Remember ... your provider is *your* employee. You are not obligated to stay with a person or practice if you are uncomfortable at any point during your pregnancy or birth.

## Create Your Bubble of Peace

Choose to surround yourself with people who are supportive and positive regarding your pregnancy and plans for birth. This includes family, friends and especially your birth team! People you care about *will* influence the way you feel as you prepare for birth, so be sure to express to them the importance of your birth plans and the need for their positive support.

## Empower Yourself

Know your choices and make informed decisions. What will it take to make this your ideal birth? Build a supportive birth team. Lean on your support network. Remember ... as long as you and baby are healthy, you CAN say no. You CAN ask questions. You CAN ask for a second opinion. Empowering yourself with information enables you to have an educated discussion with your provider and decide *together* the best course of action.

The suggestions above can facilitate a more harmonious birth environment, help you to empower yourself, and dissuade an unnecessary cesarean. However, it is important to remember that even when you do everything you can, a cesarean may become necessary or life-saving. Be gentle on yourself and have a plan for support during and after your birth.

## ICAN's Mission

The International Cesarean Awareness Network (ICAN) is a non-profit organization whose mission is to improve maternal-child health by preventing unnecessary cesareans through education, providing support for cesarean recovery and promoting vaginal birth after cesarean (VBAC).

ICAN was founded in 1982 by Esther Zorn. The Clarion is published by ICAN, Inc.

Do you have any tips we missed?  
Share them! @icantweets



# Birth Story



## Overcoming Odds ... a Twin HBAC Story

“to feel safe and protected really allowed me to concentrate on my biggest job: staying in the moment”

**W**e found out we were having twins at my 16-week appointment. My midwife called my attention to the heartbeat. She hovered in one spot and said, “one...” and then moved to the other side of my belly and said, “two....” I looked at my husband who was smiling, then back at the midwife who was smiling, and it clicked. I cried. I was *thrilled* to have our family expanding by two babies, but knew the impact that this would have on my plans to VBAC at home.

After a few weeks of grieving that my stress-free birth was not to be, I decided I still wanted to have an HBAC (Homebirth After Cesarean). I felt deep in my soul that a homebirth was the right choice for me. I discussed this desire with my midwife and we talked at length about her qualifications and experience to attend this birth. I felt safe with her and was confident with her skills and ability to attend my birth. One agreement we made, however, was for me to also see a perinatologist for frequent monitoring and to ensure that the babies were growing well and were healthy.

Throughout my pregnancy, and actually ever since my cesarean three years prior to the babies' birth, I attended my local chapter's ICAN meetings. They were a huge resource in my preparation for a VBAC! Not only did I get the support I needed mentally, but they

provided education and resources and connected me with various care providers, including a doula and chiropractor. At a time when I was meeting resistance about my birth choices from family and friends, my ICAN sisters were a constant source of peace and support.

At 36 weeks, the perinatologists got antsy about my growing belly, despite the fact that the babies and I were both extremely healthy. They began pressuring me for an induction, but I knew that I needed to let my babies come when they were ready, in an environment where I felt safe and well cared for. Considering that twins typically come a little early, I could not have imagined at the time that my babies would cozy up for another four weeks!

When I woke up at 40 weeks and two days, still pregnant, I worried that I would never go into labor! Then, just like that, the real thing happened – the next day I woke up to contractions! My husband and I enjoyed the first few hours alone together. I labored in the shower, standing up and swaying and making a “mmmm” sound through the contractions. My husband would touch my hand at the top of the shower and look at me from the other side of the glass. It was amazing to labor with my guard down. To feel safe and protected really allowed me to concentrate on my biggest job, staying in the moment.

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When my midwives walked into our house, I let out a big deep breath, overcome with intense joy. We weren't hoping or planning anymore, I was having these babies today in my own home. My midwife asked if I wanted her to check my dilation and I said yes. When she told me that I was 6 to 7 centimeters with a bulging bag, my husband and I started crying. I never dilated that far with my first baby before being told I had Failure to Progress. I continued to move back and forth between tub and shower, until at one point I lay on the bed to rest. After about an hour of resting, my water broke. I asked to be checked again and I was nearly complete. I decided to get back in the tub to push. I pushed with the contractions until my birth team said they could see a peek of my baby. I was invited to reach down and feel my baby's head; she was so close! With the next push her head was out ... another contraction and then her body was out. I felt a *whooooosh* as she slipped and twisted out of me. What an indescribable feeling! As she was lifted out of the water and laid on my chest, she looked at me. I knew in that split second that I had found what I had felt was missing all this time.

We cuddled for a few minutes and then I got out of the pool and back into bed to check on Baby B. I nursed my new daughter while the midwives palpated my belly and checked my second baby's heartbeat. Baby B was doing great except that she had turned transverse after her sister came out. I was given options as to how we could progress with the transverse baby. Because her heartbeat was strong and I was managing labor well, I decided to continue laboring at home and see if she would turn on her own.

I again labored on the bed, but now, maybe because of hormones, it didn't feel like labor. After some time I felt the baby flip and then I felt myself

pushing, but I didn't feel painful contractions at all. My bag of waters began bulging and finally broke. Once that happened my midwives suggested I move to the birth stool, which was challenging for me as I was finding it hard to push in a different way than I had *just* learned. I didn't feel like I was making much progress; I could not feel the same moving-downward feelings that I could with her twin sister. I kept glancing over at my husband holding my new baby skin-to-skin, and I was anxious for us to all be in bed together.

With another push, I heard my midwife announce that Baby B was breech. We had all prepared ourselves for a breech baby while I was pregnant, since it is not uncommon for twins. I looked in the mirror that my midwives were holding for me and I could see a little butt presenting. I locked eyes with my midwife and she told me, "You can do this, you will need to *push*, but you can do this!" With the next contraction I pushed hard, helping the natural sensations of my body. I pushed again and after just a few contractions her body came through, and then quickly her head and she was handed to me. She was beautiful, bright and alert. I looked at my husband who was holding our other baby and he was beaming at me with tears in his eyes. He was so proud of me. I did it!

Our last fun surprise came when we weighed the girls. Baby A was 8 pounds, 4 ounces and Baby B was 8 pounds, 2 ounces. Sometimes I still can't believe how our journey unfolded! A roller coaster of emotions – excitement, worry, happiness, tears – and so much fighting for what I wanted! But in the end I found my circle of women, my supportive birth team, and I had a husband who believed in me! I found my confidence and my voice and I DID IT! I birthed my 8 pound (each!) twin babies at home, after a cesarean, at 40 weeks and three days, one of them breech ... against all odds.

**Kelly Brogan, MD:**

**“How does a woman get to a place where she can turn her back on a society that teaches birth is a painful nuisance at best, and a horror-show of danger at worst? Through active engagement in informed consent.”**

**- Pathways**

# Empowered Birth

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After looking at the accumulated statistics around pregnancy and birth, it looks like the medical community is asking the same question. It seems that the interventions that are used in pregnancy and birth are not yielding the best outcomes. How can you and your family evaluate all this information and decide what choices are right for your family?

First, let's start with a definition of Evidence-Based Practice (EBP). EBP "is the integration of *clinical expertise, patient values, and the best research evidence* into the decision-making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter his or her own personal preferences and unique concerns, expectations, and values. The best research evidence is usually found in clinically-relevant research that has been conducted using sound methodology." (Sackett D, 2002.)<sup>2</sup>

Since ICAN is consumer-driven, let's talk about you first. You have a set of values and expectations you are bringing to this pregnancy and birth based on your belief about birth: previous experiences – whether they be your own or from your circle of family and friends, what you think you want, and any spiritual or cultural expectations that will play into your desires and decisions around your birth. Your voice counts – you and your baby only get one opportunity to have your best possible birth outcome given your particular set of circumstances.

"Clinical expertise" refers to your care provider and his or her training, accumulated knowledge from the years she has practiced, and her capability and skills in the field of pregnancy and birth. If you want evidence-based practice to be the standard for your pregnancy and birth, it is your responsibility to find the right care provider. As a consumer, find a care provider who sees you and your birth wishes as worthy of merit. If you have a care provider who is unwilling to have a dialogue about your wishes, who looks at the mountains of paper and notes you bring with you to an appointment and immediately dismisses your wishes and your questions, then you are probably in the market for a new care provider. He is not necessarily an unqualified doctor – he just may not be the care provider you need to dialogue with you about your birth. Your local ICAN chapter can help you find care providers who are known to work within the EBP framework.

"Best research evidence" is the clinically-relevant research that can be used to evaluate your choices. Good research is systematic, logical, empirical (observed, practical and realistic), and replicable. Keep in mind that studies are rated by levels: I, II, or III. In addition to that,

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Have a stunning photo from your labor or birth? Send them in!  
Email: [publications@ican-online.org](mailto:publications@ican-online.org)



## Feature Photo

Ashley Hogg just after delivering her third child at home

© Anna Matsumoto Photography :: birth

# Evidence

## Level I

**Evidence obtained from at least one properly designed randomized controlled trial.**

## Level II

**Evidence obtained from well-designed controlled trials without randomization (II-1); well-designed cohort or case-control analytic studies, preferably from more than one center or research group (II-2); multiple time series designs with or without the intervention (II-3).**

## Level III

**Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.<sup>3</sup>**

### continued

consider the whole picture. If you have one study with a large sample size that demonstrates that your wishes can be backed with evidence, you're doing okay. If you have three to four studies with similar results and each has a decent sample size, an even better case can be made for your position. If you have several studies with large sample sizes all reaching similar conclusions then you are probably right on with an idea that is more fact than wishful thinking.

The new guidelines provided by ACOG and SMFM address current standards of care and encourage obstetricians to adopt different standards in their practice. Judith Lothian, PhD, RN, LCCE, FACCE, is optimistic about the new guidelines. She says they "... offer great promise in lowering the cesarean rate and making labor and birth safer for mothers and babies. They also suggest an emerging respect for and understanding of women's ability to give birth and a more hands-off approach to the management of labor. Women will be allowed to have longer labors. Obstetricians will need to be patient as nature guides the process of birth. Hospitals will have to plan for longer stays in labor and delivery. And women will need to have more confidence in their ability to give birth."<sup>4</sup>

We know that there are interventions that do not promote the "wait and see" approach: induction of labor before 41 weeks, artificial rupture of membranes, augmentation of labor, frequent vaginal exams. If your care provider routinely does any or all of these without medical indication, ask her why. Listen to her answers and decide if her standard practices fit with your vision, research, and desires for your birth.

Other red flags that your care provider is not following evidence-based care, as laid out by the new standards, are also the most common reasons for a cesarean. You want to ask about his standard practice and when he would recommend cesareans in these situations: labor dystocia (slow or arrested labor), abnormal or indeterminate fetal heart rate tracing, fetal malpresentation, twin gestation, and suspected fetal macrosomia (large baby). While all these are valid reasons and an appropriate use of available technology, diagnoses are not always accurate.

For example, if one or a combination of these things are presenting themselves and Mom is okay and Baby is okay, you could decide to ask for more time, a second opinion, or in the case of a machine analysis, for the best qualified professional to listen to the mother and baby with a stethoscope or fetoscope. In anticipation of these scenarios, you can ask your care provider how she handles these situations in her practice. If she is not in line with the new recommendations as outlined in the Obstetric Care Consensus<sup>1</sup>, ask her why. You might also ask if it's possible for her to reconsider, and let you be among the first in her practice to labor under the new guidelines.

Lastly, we can't have a conversation about evidence-based care without talking about a VBAC. Two publications have been presented that clearly state that a Trial of Labor After Cesarean (TOLAC) is safe and desirable for most mothers.<sup>3, 5</sup> Even in rural areas, "Women and their physicians may still make a plan for a TOLAC in situations where there may not be 'immediately available' staff to handle emergencies, but it requires a thorough discussion of the local health care system, the available resources, and the potential for incremental risk. It is absolutely critical that a woman and her physician discuss VBAC early in the prenatal care period so that logistical plans can be made well in advance, "... [Those] hospitals that lack 'immediately available' staff should develop a clear process for gathering them quickly and all hospitals should have a plan in place for managing emergency uterine ruptures, however rarely they may occur."<sup>6</sup>

Care providers are experts in how they practice – they are professionals. Asking what they believe can be a starting point for dialogue. It is worthwhile to hear why they practice the way they do to inform your choice.

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# Ask

**Here are some questions to consider, and also to ask your partner, to discover or clarify your own beliefs before you have that conversation with your care provider:**

**What do you believe about your ability to birth?**

**What are you most afraid of when it comes to birth?**

**What could you do to mitigate your fears about birth?**

**If you have had previous births, what do you feel went well?**

**If you have had previous births, what do you feel like you can change and/or do differently this time?**

**How do you envision your relationship with your care provider?**

**How do you envision your labor: in one place, or transferring from your home to a birth facility at some point?**

**Are there things that you absolutely want to have happen this time?**

**When you look back at your experience, which three words would you do you want to use to describe your baby's birth-day?**

## continued

What if your care provider is insisting things happen a certain way? What if he is not willing to take a "wait and see" approach as long as Mom and Baby are healthy and low-risk? Or maybe your risk factors are higher and he is not allowing you to try the least-invasive intervention before escalating.

Wherever you find yourself, if your care is not working as a partnership then you are being reasonable in your desire to seek a different care provider. Even if you decide to part ways, it is not that she is a "bad" care provider ... it may just be that she is not the right fit for you.

You are unique, you are an individual, and your care should not be solely dictated by a care provider's past history. You have every right to expect individualized care until that "if" happens and your situation changes – if it changes at all. If your risk level changes, you still have the right to evidence-based care. This means simply asking for the opportunity to have a labor and birth that are granted the time and the space to progress before interventions are offered or used.

Remember that you are part of the equation in EBP. It is up to you to read, ask the questions, listen to the answers, weigh your options, and then make evidence-based, informed decisions for your most empowered birth.

References: <sup>1</sup>Safe prevention of the primary cesarean delivery. Obstetric Care Consensus No. 1. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;123:693-711.

<sup>2</sup> Introduction to Evidence-Based Practice - LibGuides at Duke University Medical Center <http://bit.ly/1e5zxcH>

<sup>3</sup> Vaginal birth after previous cesarean delivery. Practice Bulletin No. 115. American College of Obstetricians and Gynecologists. Obstet Gynecol 2010;116:450-63.

<sup>4</sup> Safe Prevention of the Primary Cesarean Delivery: ACOG and SMFM Change the Game, Science & Sensibility, <http://bit.ly/1imlVdt>

<sup>5</sup> NIH Consensus Development Conference on Vaginal Birth After Cesarean: New Insights, Item #2010-00122-STMT, <http://consensus.nih.gov/2010/vbacstatement.htm>

<sup>6</sup> ACOG Issues Less Restrictive Guidelines for Vaginal Birth After Cesarean Delivery, Medscape Medical News, Laurie Barclay, MD, July 22, 2010 <http://bit.ly/1impfpd>

Krystyna Bowman, AAHCC\*, and her husband are proud parents to four children and are Bradley Method® childbirth educators. She writes about pregnancy, childbirth and breastfeeding at Sweet Pea Births ([www.sweetpeabirths.com](http://www.sweetpeabirths.com)), and you can catch a glimpse of unplugged "real" life at Sweet Pea Families ([www.sweetpeafamilies.com](http://www.sweetpeafamilies.com)).

\*American Academy of Husband-Coached Childbirth



## Help Us Out!

**When women have a VBAC it is often referred to as a "successful VBAC." While congratulations are certainly in order for any new mom, many of you have commented that the term "successful VBAC" inadvertently implies that moms whose labors resulted in a CBAC "failed."**

**Our question for you: What term would you rather see used for women who VBAC? Let us know @icantweets and join the discussion on our Facebook page [www.facebook.com/ICANonline](http://www.facebook.com/ICANonline)**

## What Does ICAN Look Like In...

# Evansville

by Tara Gilmore

### One of our more memorable meetings

was for the husbands/partners of the women in the group. A website (polleverywhere.com) was used to make a survey with questions about how they felt during the pregnancy, labor, delivery and postpartum periods – how did they cope and how do they feel about future pregnancies and births? (All of the regularly-attending women in our group at that time had unplanned cesareans with negative feelings.)

The questions posed were projected on the screen for all to see, but the partners were able to text their answers to a number the website generated. Their answers were then anonymously projected so they could express their feelings without any embarrassment, or in some cases were able to give answers that they felt might not be received well from their partners.

The information gathered from that meeting not only helped our chapter to see what could be done for birth partners who experience an unplanned or scary event, but it also helped the couples connect. Every couple reported back that after that meeting they were able to discuss the events and feelings both of them had with a new perspective.

**Meet the Leaders:** ICAN of Evansville, Indiana was started in April 2012 and Sue Cupka Head has been there since the beginning. Sue, along with Tara Gilmore and Amanda Bradshaw-Burks, make up the group's core as leaders. Sue found herself needing support after her cesarean in December 2010 for "failure to progress" after a cascade of interventions. Tara stumbled upon ICAN following her unnecessary cesarean in January 2012 that was brought on, in part, by an allergic reaction to an induction medication. Amanda Bradshaw-Burks had a homebirth transfer due to breech presentation in March 2012. Each leader brings a unique perspective to the group and hopefully they all will start their next birth journeys in the very near future.

**In the Community:** We host a monthly meeting that usually consists of an educational topic in the beginning and then general support, question and discussion time at the end. Meeting topics include: VBAC facts, how to have a family-centered cesarean, chiropractic care during pregnancy and beyond, a pregnancy/birth jeopardy game and making birth art.

Our chapter attended a local hospital's "Babypalooza," has been represented at birth fairs, doula events and holds a quarterly Cesarean Awareness Class at the local Babies-R-Us.

**Mother-to-Mother Support:** ICAN of Evansville is very proud of the way we have been able to connect with mothers in our **continued on next page**



Do you have an amazing ICAN chapter? Nominate them on our Facebook page!  
[www.facebook.com/ICANonline](http://www.facebook.com/ICANonline)



Mom Prom Committee at the local Mardi Gras Parade. Co-leader Amanda Bradshaw-Burks, Leader Tara Gilmore, member Erica Kissinger, Co-leader Sue Cupka Head, Professional Doula Member Megan Newhouse-Bailey

Photos provided by ICAN of Evansville

# ICAN in... *Evansville*

community. We helped one woman switch from a “mandatory repeat cesarean” provider to a more supportive one at 37 weeks and she did in fact go on to VBAC. We were able to help another woman – who at 41 weeks decided she needed a doula – find the support she needed to have a VBAC less than 24 hours later. Another mother, who started coming to meetings while pregnant, was able to labor and have a healing CBA2C.

Recently our chapter had a lactation consultant contact us to say that she can see ICAN working within her hospital and how amazing it is to see so many women citing us as a part of their story. A few other women have found us after their cesareans or during their VBAC journey at the suggestion of their care providers.

**Evansville Fundraisers:** We’ve had a few smaller fundraisers, including pumpkin painting at a farmer’s market and gumbo cook-offs with other local non-profits, but our biggest one is Mom Prom. Last April was our inaugural event which was in honor of Cesarean Awareness Month. This ladies-only event boasts dinner, a DJ, dancing and drinks at a local ballroom. Between ticket sales, drink sales and our silent auction, we were able to raise about \$3,000 for our chapter (before expenses) last year. We are in full swing planning our second annual Mom Prom, happening this April, and it is shaping up to be bigger and better than last year. We had about 70 attendees at our first prom and are expecting to sell out at 200 tickets this year.

A significant part of this fundraiser is sending out sponsorship packets to local businesses and larger-known companies seeking monetary donations and items for our auction. In addition to food, drinks and dancing, each \$35 ticket gets the attendee a bag full of coupons and samples from sponsors and a t-shirt with our Mom Prom logo and ICAN logo. Our silent auction has items ranging from restaurant gift cards to zoo passes and placenta encapsulation. Our Facebook page (Facebook.com/EvansvilleMomProm) runs contests for free tickets, drink vouchers and other prizes to try and boost visibility and participation. The goal of Mom Prom is not only to raise money but also to get ICAN’s name out there in the community. Check out our Mom Prom website: [www.EvansvilleMomProm.com](http://www.EvansvilleMomProm.com)

**Our chapter would not be what it is today** without its founder, LaQuitha Glass. We wish her and her family much success and happiness on their new adventure in sunny California. She has left big shoes for us to fill and we hope we make her proud.

**gumbo cook-offs**

**mom prom**

**pumpkin painting**

**pregnancy/birth jeopardy games**

**making birth art**

**anonymous Q&A meeting**

**Babypalooza participation**

24-month-old daughter Nova Burks and 26-month-old Vance Gilmore representing ICAN in the parade. In the background are 4-year-old Zelda Newhouse-Bailey (left side) and 3-year-old Maggie Cupka Head (right side)



Photos provided by ICAN of Evansville

# meet Jer

**my name:** Jennifer Walker, better known as Jer.

**my title with ICAN:** Moderator of the ICAN Yahoo group, affectionately known as The List back in the day. Facebook and other social media has changed the way we interact online, so it's much more manageable now, but at one time I saw hundreds of emails every day! I've also volunteered at two ICAN conferences (and hope to again).

**my ICAN chapter:** ICAN of Central Arkansas.

**my hometown:** Little Rock, AR.

**my children:** *Rhiannon*, 14: planned primary cesarean for double-footling breech, spontaneous labor/SROM (spontaneous rupture of membranes), triple nuchal cord; 9 lb 5 oz. *Gareth*, 11: CBAC after ill-advised induction at 41 weeks by a midwife, malpositioned; 10 lb 5 oz. *Rowan*, 8: triumphant UBA2C (Unassisted Birth After 2 Cesareans); 10 lb 8 oz.

Note: I chose UBAC because of the resistance I encountered during my second pregnancy, my first planned VBAC. I lived in LA and I spent my entire pregnancy driving up and down the freeways searching for someone who would "let" me VBAC. I hired and fired OBs, midwives and one family practice nurse practitioner – all I got was a runaround, bait and switch. That planned VBAC turned into a traumatic CBAC that left me with PTSD. When I started planning my third birth, I knew it had to be on my own terms.

**the moment that led me to volunteer for ICAN:** I came to ICAN when I was expecting my second child. The wise women of The List helped me plan my VBAC. They listened and offered advice. After my CBAC, they helped me put the pieces of my shattered self back together. They were kind and caring as I poured out my rage and pain and they weren't afraid to ask the tough questions, to help me face things I didn't want to see. I spent a long time in that crucible, and The List was my chapter. I didn't have a local chapter until relatively recently. My ICAN sisters from all over the world grieved with me and they held the space as I prepared for my UBAC. When I was asked about co-moderating The List, I jumped at the chance. I knew I had to give back at least a fraction of what I was given.

**favorite moment from my births:** Beyond the obvious – my sweet, beautiful babies – the best moment came near the end of Rowan's birth. I had been laboring through the night and I was getting discouraged. At my husband's suggestion, I attempted to check my cervix (ha!) - instead, my fingers encountered a soft, squishy, wrinkly mass. I froze when I realized what it was, "There's a baby there!!!" A few minutes later I pushed him out and we were born together.

**how ICAN has helped me:** I guess I covered that above, but I can't give enough thanks to the beautiful women of the ICAN List for supporting me and loving me, through pain and triumph. I was a scarred, broken mess after my CBAC and ICAN was there for me. I will never cease to be grateful. More practically, ICAN also gave me impetus to pursue my career as an RN, certified in maternal-newborn care. My CBAC taught me how *not* to be a nurse; the women of ICAN taught me how to care for mothers in every stage of their journeys.

**random fact about me:** I'm a shameless Anglophile/Whovian/Sherlockian/Trekkie (I'm in the movie *Trekkies*) and I collect My Little Ponies (at last count I had over a thousand, plus 20-odd bins of merchandise and accessories).

**three words to describe me:** feisty, empathetic, stubborn.

**my favorite quote:** This one is easy: "Speak your truth, even if your voice shakes."

**what inspires me:** Mothers and the power of mom-to-mom support. We can move mountains when we want to.



**ICAN is full of amazing women who volunteer their time to progress the organization and support other women, as they themselves were supported during their healing times and birth journeys.**



# hot off the press

## PRESS RELEASE

### ACOG's New Labor Guidelines Fall in Step with ICAN's Mission

#### New, Breakthrough Guidelines Pave Way for Safer Labor and Birth

##### Release Highlights:

- New study shows that labor takes longer than previously believed, and it is safer in most cases for a woman to labor longer, than for providers to push for cesarean birth.
- The emphasis throughout the report is on patience during labor, which is critical for the success of a vaginal birth.
- Providers should be better trained and maintain their knowledge and education in the practice of operative vaginal delivery methods (including forceps and vacuum delivery).
- The presence of labor support personnel, such as a doula, significantly reduces the incidence of cesarean.
- These new guidelines support what ICAN has been advocating for all along: safer, healthy, natural birth experiences for women, and a reduction of the incidence of cesarean birth.

**February 27, 2014** – Newly released guidelines compiled by the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) are encouraging the medical community to rethink its approach to cesarean delivery, with a goal of reducing the number of primary cesareans. This is exciting news for the birthing community as a whole, and ICAN especially, as it could open up a new world of birthing opportunities for women who traditionally would be pushed toward cesarean by their provider.

The guidelines, which can be found on ACOG's website, call for a drastic change in the way the medical community has typically addressed labor and birth. The standard practices have, up until now, been based on research conducted in the 1950s, including Friedman's curve for deciphering standard dilation and labor progression. However, the new studies conducted by the ACOG and SMFM have proven that labor happens at a much slower pace than previously thought. Friedman's research had determined that the cervix should dilate at roughly 1.2-1.5 cm/hour. However, the new research has found that dilation typically happens at a rate somewhere between 0.5-1.3 cm/hour, depending on how many previous pregnancies a woman has had (among other factors). This is a significant difference in the presumed

rates of dilation and will have an obvious and immediate impact on how labor is handled in the future, promoting longer first-stage labor with less intervention.

The study also states that it is nearly impossible to determine a "standard" length of time for the second stage of labor, as there are so many varying factors that can impact the duration of this stage. While some negative maternal outcomes have been associated with a longer second stage, the numbers are minimal, even in cases where the second stage lasts five hours or longer. Again, labor as a whole should be allowed to progress naturally, with minimal intervention.

"There has been a disconnect between what medical research says and the way that hospitals and providers have practiced medicine for a long time," said Christa Billings, ICAN President. "These guidelines support what ICAN has been educating women on all along. While this report is encouraging, it fails to address the nationwide problem of hospital and provider vaginal birth after cesarean (VBAC) bans. With the primary cesarean rate at a high level, many women are seeking VBACs. This important issue needs to be addressed by ACOG."

Besides slowing down and allowing the process of birth to happen naturally, the report also recommends that providers should have more training in operative vaginal birth methods such as forceps- and vacuum-assisted vaginal deliveries. The study purports that the practice of such assistive methods has fallen sharply as the use of cesareans has risen, and that by better educating providers in the use of these methods, cesareans can be avoided more frequently.

The cesarean rate has also been shown to be significantly less among women who have continuous labor support, such as a doula. The report points out that there is nothing negative about a doula – no physical side effects to either the mother or the baby – but rather a doula can make the whole birth experience more positive overall, and so this is one option that is tremendously underutilized.

This new report from ACOG is very propitious. It paves the way for new standards in the handling of labor and birth in medical settings. The guidelines come at a time when the cesarean rate in the United States is approximately 31.3%. Despite the rates not increasing over the past several years, the fact remains that this number is too high. ICAN

hopes that the newly released guidelines will elicit a positive response from labor and birth professionals around the country who will act in accordance with this new standard of care.

Part of ICAN's stance, as outlined in their Statement of Beliefs, is that "It is unethical for a physician to recommend and/or perform non-medically indicated cesareans (elective). Women are not being fully informed of the risks of this option in childbirth, and therefore make decisions based on cultural myth and fear surrounding childbirth." These new guidelines, as set forth by the ACOG and Society for Maternal-Fetal Medicine (SMFM), are on track to help make sure that "non-medically indicated cesareans" happen less frequently and that women are given more opportunities to experience the natural process of labor and birth.

Of course, these changes will take time, and these standards will need much support both socially and legally if they are to be implemented at the individual hospital level. ICAN will continue to advocate on behalf of birthing women everywhere to help ensure that the standards are effectively put into place and met with compliance.

If you would like to find out more about ICAN, join a local chapter, or volunteer, please visit <http://www.ican-online.org> for more information.

About Cesareans: ICAN recognizes that when a cesarean is medically necessary, it can be a lifesaving technique for both mother and baby, and worth the risks involved. Potential risks to babies include: low birth weight, prematurity, respiratory problems, and lacerations. Potential risks to women include: hemorrhage, infection, hysterectomy, surgical mistakes, re-hospitalization, dangerous placental abnormalities in future pregnancies, unexplained stillbirth in future pregnancies and increased percentage of maternal death.

Mission statement: ICAN is a nonprofit organization whose mission is to improve maternal-child health by preventing unnecessary cesareans through education, providing support for cesarean recovery and promoting vaginal birth after cesarean. There are over 110 ICAN chapters across North America and abroad, which hold educational and support meetings for people interested in cesarean prevention and recovery.

# Counselor, Author, Teacher...

## Maria Carella

### Tell us about yourself:

My name is Maria Carella and I am a licensed professional counselor in St. Louis, specializing in women's health with a focus on prenatal and postpartum adjustments, infertility and reproductive loss. I work with adults, couples, infants and mothers, and families. I also do phone and Skype sessions for those who are not in the St. Louis area.

I am the author of "Bonding With Your Baby Before Birth" and creator of a prenatal DVD called "Bonding With Your Baby Through Prenatal Yoga."

I grew up in Chicago near Lake Michigan and have been living in St. Louis for the last 32 years. I have two grown sons who live in Chicago and Atlanta. My credentials include a BA in Cultural Anthropology from a school in Mexico City, and a Masters Degree in Counseling from the University of Missouri.

I have an interest and fascination with ancient earth-based cultures. I studied African spirituality and have traveled and lived in Mexico and South America. In 2013, I visited the spiritual centers of Southern India. I find joy and balance in my life through movement and dance. I have studied many different forms of dance and martial arts over the years. I currently practice and teach yoga (prenatal) and dance Tango.

### What led you to your current profession?

Thirty-four years ago I had a cesarean with my first son. I had intended to have a non-medicated birth and was very disappointed with my birth outcome. I became curious, wondering what else I could have done to prepare for birth knowing that I had done everything "right" from a physical standpoint. I began to explore the "mind-body" connection and how it applied to birth. For my second birth, I prepared for a VBAC by examining my beliefs, managing my fears, grieving my cesarean, and finding a supportive birth team. I had my VBAC! This experience compelled me to share what I learned with other women. I wanted to provide tools and support, especially in the emotional/psychological area that was, and still is, neglected in the medical model of birth.

I received a Master's Degree in Counseling in 1990 and have been supporting women in birth and postpartum ever since. An important part of my work with pregnant women has been preparing the mind-body through Prenatal Yoga. I teach eight-week sessions that include postures to strengthen and relieve tension, time to bond with baby, and group support.

### Why are the healing practices that you offer so vital to women in our society?

Birth and motherhood are initiation experiences that impact us at our deepest level. It is important that the emotional and psychological parts of each woman be acknowledged and integrated during this formative time.

I help women cope with their fears, reduce stress, re-examine limiting beliefs, heal from loss and trauma, and trust

“ I would want women to know that healing is possible. There is always an opportunity to repair what is broken. It is important to see your birth experience as an opportunity for growth and transformation...”



Photo credit: Maria Carella

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## Maria Carella *continued*

their bodies and themselves. These practices help women to achieve wholeness, empowerment, and optimal health. This preparation allows them to be conscious participants in both birth and parenting.

The ancient cultures believe that when we heal ourselves, we heal seven generations back and seven generations forward. As mothers, we have been given the awesome responsibility of bringing human beings into this world. Women need caring, non-judgmental witnessing, support and tools during pregnancy, birth, and into motherhood. Research shows that we will repeat the attachment pattern with our babies that we had with our mothers, however, it is possible to heal those patterns to ensure healthy relationships with our children and spouses.

### What is one thing that you wish women knew about seeking help after a difficult birth?

I would want women to know that healing is possible. There is always an opportunity to repair what is broken. It is important to see your birth experience as an opportunity for growth and transformation, no matter what the outcome was. Get the support that you need and be kind to yourself. You deserve it!

### How did you learn about ICAN?

I found out about ICAN through Mothering Magazine many years ago in an article about the book "Silent Knife."

### What led you to become a member and Professional Subscriber?

I want to support women who have experienced cesareans and help them to heal. I want to help prevent cesareans from happening when they aren't needed and to support women who want to have a VBAC. I also want to support our local ICAN chapter leaders in St. Louis and Illinois, who do an excellent job in providing information and support to women and professionals.

This quote speaks to how we can give and get support during the childbearing years. We get through our most challenging moments with the help of others.

"To be present to the full spectrum of experience, to hold one another in all varieties of joy and sorrow; to believe that the circle is present – rim and center – as we call upon it; to know that Love is enough."

For more information on Maria's services please visit her website [www.mariacarella.com](http://www.mariacarella.com)



Send us your Mom Prom photos!  
Email: [publications@ican-online.org](mailto:publications@ican-online.org)

# Mom Prom

## Glam Up to Give!

*In honor of Cesarean Awareness Month, ICAN is hosting a Mom Prom fundraiser.*

*Yes! It is a Prom for Moms!*

*Support ICAN, get to know your fellow ICAN sisters and dance the night away! Proceeds benefit your local chapter and ICAN International.*

*No local Mom Prom? Your donations and membership are still appreciated and DO make a difference.*

# Hypnobabies

## Childbirth Hypnosis for VBAC and Cesarean Mothers

by Carole Thorpe, Hypnobabies Vice President

### How Hypnobabies® was conceived

The Hypnobabies@Childbirth Hypnosis program was created 13 years ago by Kerry Tuschhoff who is the mother of two, a childbirth educator and hypnotherapist. Her intention was to create a highly effective hypnosis program within a thorough preparation for childbirth course, which would allow expectant mothers to enjoy an easier and more comfortable birth experience. The program has been reviewed and revised many times based on current best evidence and input from our instructors and students. This review process is an ongoing one for Kerry and the creative staff at Hypnobabies, all of whom are mothers, childbirth educators, hypnotherapists with neuro-linguistic processing expertise, and doulas who have attended many hundreds of Hypnobabies births. Hypnobabies is a preparation for childbirth course designed so that every expectant mother can enjoy an easier and more comfortable birthing experience, no matter what her circumstances are or where she chooses to give birth.

### Who chooses Hypnobabies?

The majority of Hypnobabies mothers are first-time moms who give birth in hospitals. Hypnobabies mothers are also seventh-time moms using childbirth hypnosis for the first time. They are mothers of multiples or breech babies; they are survivors of abuse; they are VBAC mothers and moms who give birth by cesarean. In light of the special needs of some of our Hypnobabies students, there are also supplemental hypnosis sessions for sleeping well in late pregnancy, for turning breech and posterior babies, for keeping early babies in until it's safe for them to be born, and hypnosis sessions for encouraging late babies to come out. Hypnobabies also offers supplemental audio tracks for expectant mothers who are preparing for

their VBACs, and there is a complete set of materials and hypnosis sessions for those mothers whose babies will be born by cesarean.

### Wait a minute! ... What is hypnosis?

Contrary to the common misperception that hypnosis is like being asleep or under a spell, hypnosis is actually a natural state of mind that each one of us experiences every day of our lives. We are in a state of hypnosis that most of us call "autopilot" when we are driving for a while, completely absorbed in the process and then we are surprised we've driven so far! We are in a state of hypnosis when fully engrossed in something we are reading or watching on TV or a movie screen and we may have noticed someone's voice speaking to us, but not the exact words they said. "Daydreaming" is a state of hypnosis that most of us have experienced, and there may have been a time in a classroom when our conscious minds drifted off while listening to a lecture, and then we snapped back to full conscious awareness when the instructor called us by name and asked us a question.

### I see ... now what is childbirth hypnosis?

Hypnobabies Childbirth Hypnosis is a preparation for childbirth course that includes a highly effective hypnosis program for mothers who want to enjoy their baby's birthing in comfort, joy and love. Both the Hypnobabies live class and the Home-

Study version of Hypnobabies begin with a process of fear clearing and confidence-building.

Before an expectant mother even steps foot into a Hypnobabies class or begins her Home-Study Course, she listens to her first two hypnosis audio tracks. The first session invites an expectant mom to create a special safe place that she can come to when she's in hypnosis, a place where she feels emotionally and physically safe and happy. The next session conditions her mind to the

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# Hypnobabies continued

pleasant process of hypnosis. While in a state of hypnosis, it encourages her to be more confident about her choices for birth. The encouraging and positive messages in both of these sessions start the course-long process of counteracting fearful messages that mothers have learned about childbirth from their culture, the media, their family and friends and sometimes even their prenatal care providers.

## Learning and practicing Hypnobabies for physical comfort

The next step to enjoying an easier and more comfortable birthing for the Hypno-mother is learning to instantly enter a deep state of self-hypnosis and learning to deepen her state of hypnosis by listening to her Hypnobabies "Deepening" hypnosis session. She uses this ability to enter and deepen her state of self-hypnosis to automatically create a lessening of physical sensation and complete physical comfort. She can, with daily practice, produce what hypno-therapists call "hypno-anesthesia" to create a state of physical comfort throughout her body. Some people use the same medical hypnosis techniques taught in Hypnobabies to create hypno-anesthesia for pain-free dental work or for comfortable surgeries without drugs!

The Hypnobabies Childbirth Hypnosis Course contains many powerful hypnotic word cues that an expectant mother uses to deepen her state of hypnosis, to strengthen her hypno-anesthesia and maintain complete physical comfort. A very pleasant side-effect of being in hypnosis is becoming profoundly mentally and physically relaxed. With daily practice, a Hypnobabies mother can be in a very deep state of self-hypnosis, creating powerful hypno-anesthesia to be completely comfortable, profoundly relaxed, and then she learns that she can do all of this with her eyes open! Once she learns Hypnobabies eyes-open childbirth hypnosis, she can easily move into positions that are comfortable for her, she can eat and drink when she needs to and she can converse with her birth support team and her care providers to advocate for her choices.



## Learning about options and making informed decisions

To help the mother understand all of her options during pregnancy and childbirth, the Hypnobabies course materials contain up-to-date, evidence-based information about such issues as elective induction, continuous fetal monitoring, routine IV fluids, artificial rupturing of the amniotic membranes and lying flat on one's back for giving birth. This information is invaluable to our students because it explains the risks and benefits to the mother and baby regarding the most common, routine or standard pregnancy and childbirth procedures. Expectant mothers learn how to ask the questions they need to obtain the information necessary to make a truly informed decision. For those mothers who are planning VBACs or whose babies will be born by cesarean, this information is empowering and necessary. It allows her to create her birth preferences for her VBAC or cesarean based on current best evidence. It enables her to confidently advocate for the choices that she feels are best for herself and her family.

## Most importantly, fear clearing

Hypnobabies students learn how they can create a more physically comfortable experience with hypnosis. They become self-confident and are empowered to advocate for themselves and their babies when given the information they need to make informed decisions. These are two very important components to creating an easier, more comfortable and more satisfying birth experience. And yet, without a fear-clearing process, the first two components wouldn't be as effective. Fear clearing and protection from others' negative or discouraging comments, is primary to creating an easier and more comfortable birthing for any mother, and it's especially important to mothers who are preparing to VBAC.

To this end, Hypnobabies has included hypnosis sessions for fear clearing throughout the entire course. Remember, the mother has two hypnosis sessions that she listens to before even beginning her Hypnobabies training that help her to feel emotionally and physically safe, and that help her to be more confident about her choices for childbirth. She also listens to a hypnosis session during the first week of her Hypnobabies course work to create her "Bubble of Peace," which protects her from discouraging or negative messages from others any time she needs to use it. In addition, she will listen to her "Joyful Pregnancy Affirmations" daily. Hearing affirmations of health and wellbeing builds self-confidence

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# Hypnobabies continued

and a positive belief set about her body and her ability to give birth to her baby in the manner that she chooses.

Then, after she's learned all of her childbirth hypnosis techniques, she's ready to hear the powerful hypnosis session entitled "Fear Clearing," which is designed to eliminate each mother's specific fears. The Fear Clearing session guides the mother into a very deep state of hypnosis and invites her to identify and gently eliminate any and all fears that may interfere with her plans for an easier and more comfortable birthing. Fear Clearing was written for every mother regardless of her medical circumstances, the number of times she's given birth, and where she chooses to have her baby. VBAC moms especially benefit from this track since they can let go of fears surrounding prior birth(s) and focus completely on their plans for this pregnancy, this baby, this vaginal birthing.



release session specifically regarding the necessity of having a cesarean birth. Track 3: "Visualize Your Cesarean Birth" is a mental cesarean birth rehearsal! A mother preparing for a cesarean will mentally "experience" her preparation time, pre-surgery, cesarean surgery, seeing her baby for the first time, and she will mentally experience her recovery period while in a state of gentle hypnosis. This boosts her confidence level, and creates her mental "comfort zone" during her baby's beautiful birthing. In addition, there are written materials included with these tracks to help her prepare for a family centered cesarean birth.

We've posted inspiring Hypnobabies VBAC birth stories on our website in a category devoted to our wonderful Hypnobabies VBAC mothers. Read them at this link: [www.hypnobabies.com/vbac-birth](http://www.hypnobabies.com/vbac-birth).

Article written by Carole Thorpe, Hypnobabies Vice Pres., who is also a Hypnobabies Instructor, a Hypnotherapist, and a Hypno-Doula to over 300 Hypnobabies families. 714.894.BABY (2229) [www.hypnobabies.com](http://www.hypnobabies.com) [Carole@Hypnobabies.com](mailto:Carole@Hypnobabies.com)

## Hypnobabies for VBAC mothers

If an expectant mother wants to benefit from hypnosis sessions that contain positive messages and visualizations to create self-confidence while preparing for her VBAC, there are two optional Hypnobabies audio tracks available to her. VBAC track 1: "My VBAC Success," and VBAC track 2: "Birth Visualization." These tracks were written specifically for any VBAC mother (not just Hypnobabies students). It's important to note that these tracks are not designed to replace a complete preparation for birth with hypnosis program. However, they will guide her to visualize and create her VBAC birthing in her mind and emotions, and they both help her to become confident about giving birth vaginally, and empower her to advocate for her choices for her VBAC. Hypnobabies students will listen to the optional VBAC tracks after completing their Hypnobabies course work if they choose to.

## Hypnobabies for mothers who are preparing for a cesarean

Hypnobabies created a "Cesarean Birth Preparation" set with three hypnosis audio tracks for the mother who knows her baby will be born by cesarean. Track 1: "Birthing My Baby the Cesarean Way" helps the mother to emotionally accept the necessity for a cesarean birth, to prepare for a successful, easy and safe surgery, and to recover easily and quickly. Track 2: "Fear Clearing for a Cesarean Birthing" is a fear

## a birth story

### Hypnobabies Mom Kelly by Kelly C., Hypnobabies VBAC mother

“ This is the story of Jane's birth; my fourth child, third VBAC, second Hypno-baby, and first homebirth.

I didn't choose to educate myself about pregnancy and birth when I was pregnant with my first two children and I had very challenging births as a result. My first son was born via cesarean. My second son was a VBAC in the hospital with an epidural. My second son, Sam's birth was particularly difficult and led me to a different path when I became pregnant with my third son. I knew I wanted to do things differently, so with baby number three, I hired a midwife, took the Hypnobabies course and gave birth at a freestanding birth suite. My perspective on birth completely changed after he was born. I experienced how birth is meant to be – gentle, kind, and peaceful. It transformed me in such a powerful way. ”

Read Kelly's full story on Hypnobabies website blog here: [www.hypnobabies.com/vbac-birth/entry/2014/01/31/hypnobabies-mom-kelly-vbac-birth-story](http://www.hypnobabies.com/vbac-birth/entry/2014/01/31/hypnobabies-mom-kelly-vbac-birth-story)

# Birthing, Breastfeeding and Babywearing Dolls

**M**amAmor dolls are handcrafted birthing and breastfeeding dolls created to help birthing families prepare their children for the arrival of new siblings. MamAmor dolls are unique educational teaching tools for birthing, breastfeeding and babywearing professionals.

## What can MamAmor dolls do? They can:

- Demonstrate vaginal birth, including breech and posterior presentation births. The VBAC dolls version can demonstrate a VBAC, including breech and posterior presentation VBAC
- Breastfeed their newborns and demonstrate several breastfeeding positions.
- Carry their babies in a sling or any other baby carrier.

## Are MamAmor dolls right for you? They are, if you:

- Want to teach your child – through play – the different ways babies can be born.
- Are trying to have a VBAC, and want to explain to your cesarean birth child how she/he was born, and how you are hoping your next baby will be born.
- Have had a cesarean birth or a VBAC birth and want to tell your child her/his own birth story.
- Have had only cesarean births and want to explain to your child/children the cesarean procedure without being too graphic.
- Have had a cesarean birth and you are emotionally struggling to come to terms with the event. VBAC dolls can be very comforting and loving companions in your healing journey.
- Are a Doula, Midwife, Lactation Consultant or Childbirth Educator and want a visual tool to teach your clients about birth, breastfeeding and bonding in an interactive, playful and hands-on manner.

**MamAmor believes that** birth is a normal life event, that breastfeeding is a human right, and that bonding early with your child is the foundation of a lifelong loving and trusting relationship. Our desire is to share these beliefs with families, soon-to-be parents and birth, breastfeeding and babywearing professionals through education and play with MamAmor dolls.

Find out more at  
[www.MamAmorDolls.com](http://www.MamAmorDolls.com)

## Contest

**MamAmor dolls has generously donated one of their VBAC dolls to ICAN. The chapter that brings in the most memberships during April, in honor of Cesarean Awareness Month, will be given the doll. Help your chapter earn the doll today to use for education by becoming an ICAN member at [www.ican-online.org/join](http://www.ican-online.org/join).**

*Empower ~ Inspire ~ Teach*

**mamamor**  
Handcrafted Birthing & Breastfeeding dolls  
[www.MamAmorDolls.com](http://www.MamAmorDolls.com)

## Events/Speaker Series

The ICAN Educational Webinars are designed to offer mothers an interactive online classroom setting for information and resources regarding cesarean issues. All subscribing members are invited to join and participate in our live recordings as they are scheduled.

We are pleased to announce the upcoming ICAN Educational Webinars!

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### Thursday, April 17 at 6:30 p.m. CST CBAC and Repeat Cesarean: The Myth of Choice

Presented by Kelly Fischer of Your Birth Story Matters, an educator and Birthing From Within Mentor who specializes in healing after a difficult birth.

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### June 2014, Date and Time TBA 14 Tips to Lower Your Chance of Cesarean

Presented by Cori Gentry of [www.birthmakesense.com](http://www.birthmakesense.com), a certified Birth Boot Camp Instructor.

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### Unable to make it to a live recording?

ICAN will be scheduling repeat playbacks of our prerecorded webinars. Catch a webinar that you missed live or come back for an encore of your favorite sessions.

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Birth Matters  
April-June

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