BirthKeeper Coalition Summit 2016

Media Resource Packet

National Press Club Conference

Washington, DC May 14, 2016

Press Contacts

Deb Puterbaugh: 1-707-972-9443 or deb@femininechange.com
Lisa Reagan: 1-757-566-0009 or press@birthpsychology.com
Sandra Bardsley: 1-916-949-9938 or president@birthpsychology.com
Ilka Braunstein: 1-415-635-6356 or birthkeeperilkab@gmail.com

Press Conference Speakers

1. Sandra Bardsley, RN, is the president of the Association for Prenatal and Perinatal Psychology and Health, APPPAH, and a retired midwife, childbirth educator, birth and parenting counselor, doula trainer and doula, and lactation counselor
2. Shatia Owsley-Humphrey, CD(DONA), Perinatal and Reproductive Health Educator and Graduate Student in Public Health, Washington, DC
3. Raylene Phillips MD, IBCLC, FAAP, is the president of the National Perinatal Association, NPA, Division of Neonatology, Loma Linda University Children's Hospital, Loma Linda, California
4. Joel Evans, MD, is a lecturer and senior faculty member of The Center for Mind Body Medicine in Washington. DC, and an Assistant Clinical Professor at the Albert Einstein College of Medicine in New York City. Dr. Evans founded The Center for Women's Health in Stamford, Connecticut in June 1996. He is an Obstetrician/Gynecologist and the medical advisor for the Association for Prenatal and Perinatal Psychology and Health, APPPAH.
5. Debra Pascali-Bonaro, BEd, LCCE, PDT/BDT(DONA) is the Founder and President of Pain to Power Childbirth Experience, chair of the International MotherBaby Childbirth Initiative, Advisor to Human Rights in Childbirth and the International Childbirth Education Association

Fact Sheet

Please find supporting materials, facts and resources that address the topics presented in the press conference.

BirthKeeper Coalition Members

BirthKeeper™ represents active stakeholders, parents, educators and activists working to shift the paradigm for birth in America. Its mission is to educate health professionals, policy makers, prospective parents and the public about the critical nature of the period surrounding conception, pregnancy and birth, and the urgent need to change many current beliefs, policies and practices to support this primal period of human development. Find a list of coalition members on this resource page.

Welcome and Introduction

Welcome to the Second Annual BirthKeepers Summit.

The BirthKeeper Coalition is committed to concurrently meeting with the American College of Obstetricians and Gynecologists every year in the city they are holding their annual meeting until we fix the problem in maternal-child health in the United States.

BirthKeeper Coaltion is a human rights, public health and social justice movement and coalition which focuses upon the primal continuum of human development because we understand that this extended period of time at the start of life sets the stage for humanity's and the earth's well-being. We insist that it is the need and right of all childbearing women and babies to be fully protected, supported, and cared for during this critical time.

Today you will hear from four leaders in the field of maternal–child health care reform.

They will discuss:

1. "The Problem With Birth In America" Shatia Owsley-Humphrey, CD(DONA), Perinatal & Reproductive Health Educator, Graduate Student in Public Health

2. "The New Science to Help us Heal The Problem" Raylene Phillips MD, IBCLC, FAAP. President of the National Perinatal Association (NPA) Division of Neonatology, Loma Linda University Children's Hospital, Loma Linda, California

3. "Fixing The Problem" A Statement by Joel M. Evans, MD, Medical Director of the Association of Pre and Peri Natal Psychology and Health, APPPAH, presented by David Paxson, MBA and BirthKeeper Coalition Core Council

4. "No Problem: Systems that Work" Debra Pascali-Bonaro, B.Ed., LCCE, PDT/BDT(DONA) is the Founder and President of Pain to Power Childbirth Experience, chair of the International MotherBaby Childbirth Initiative, Advisor to Human Rights in Childbirth and ICEA.

Each panelist will present a five minute overview of the issue. There will be 20 minutes for questions at the end of the Press Conference. Please feel free to connect with me afterwards if you would like to schedule interviews with the speakers. Also please find in your press packets further contact information, speakers' statements and a fact sheet.

Thank you,

Sandra Bardsley, RN
President of the Association for Prenatal and Perinatal Psychology and Health

Birth In America: The Problem

Speaker

Shatia Owsley-Humphrey, CD(DONA), Perinatal & Reproductive Health Educator, Graduate Student in Public Health

Talking Points

The United States ranks near the bottom of all industrialized nations in maternal and infant mortality and wellness, despite spending more on maternity care than any other nation.

Facts About Maternal Mortality

See complete list from the Deadly Delivery Report on the Face Sheet at the end of this document. https://www.amnestyusa.org/sites/default/files/deadlydeliveryoneyear.pdf

Each year in this country, an estimated 880 women – about two every day – die from complications related to pregnancy and childbirth. And this is just the tip of the iceberg. More than 52,000 women each year – one every 10 minutes – experience a severe maternal morbidity, which may lead to health problems that last a lifetime. Beyond emotional and physical challenges, morbidities may cost quite a bit for women and their families in terms of treatment and care. Source: http://rabinmartin.com/insight/us-maternity-care/

In the industrialized world, the United States has by far the most first-day deaths. Only 1 percent of the world's newborn deaths occur in industrialized countries, but the newborn period is still the riskiest time, no matter where a baby is born, with the first day being the riskiest time of all in most, if not all, countries. The United States has the highest first-day death rate in the industrialized world. An estimated 11,300 newborn babies die each year in the United States on the day they are born. This is 50 percent more first-day deaths than all other industrialized countries combined. When first-day deaths in the United States are compared to those in the 27 countries making up the European Union, the findings show that European Union countries, taken together, have 1 million more births each year (4.3 million vs. 5.3 million, respectively), but only about half as many first-day deaths as the United States (11,300 in the U.S. vs. 5,800 in EU member countries). Source: State of the World's Mothers Report 2013, http://www.savethechildrenweb.org/SOWM-2013/files/assets/basic-html/index.html#page1

The United States has a higher infant mortality rate than any of the other 27 wealthy countries, according to a new report from the Centers for Disease Control. A baby born in the U.S. is nearly three times as likely to die during her first year of life as one born in Finland or Japan. That same American baby is about twice as likely to die in her first year as a Spanish or Korean one. Source: http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_05.pdf

Preterm birth is the birth of an infant before 37 weeks of pregnancy. In 2014, preterm birth affected about 1 of every 10 infants born in the United States. Preterm birth is the greatest contributor to infant death, with most preterm-related deaths occurring among babies who were born very preterm (before 32 weeks). Preterm birth is also a leading cause of long-term neurological disabilities in children. Source: http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm

These statistics are frightening by themselves but when you add the FACT that of the mothers who will die in childbirth THREE out of every FOUR will be of African-American descent. Our country also faces a troubling racial disparity in infant mortality rates: African American babies are twice as likely to die before their first birthday as are white babies. Persistent racial and economic disparities contribute to our nation's high infant mortality rates and preterm births, undermining the health and well-being of our children.

Disparities and Inequities in Maternal and Infant Health Outcomes
Source: http://www.astho.org/Programs/Health-Equity/Maternal-and-Infant-Disparities-Issue-Brief/

Lack of government support for the Mother/Baby dyad in America: The US is one of only three countries left in the world that does not guarantee paid maternity leave. The others are Papua New Guinea and Oman. Source: http://www.techrepublic.com/article/10-things-you-need-to-know-about-maternity-leave-in-the-us/

Even though we know the important health care benefits of breast feeding for both the mother and the child the US dose nothing to support women in this vital task. Source: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2812877/

This is why we are here today at the National Press Club ...WE are committed to meet concurrently with the American Congress of Obstetricians and Gynecologist (ACOG)...until this National disgrace is changed. And all mothers and babies thrive in the United States of America.

New Science To Help Us Heal The Problem

Speaker

Raylene Phillips MD, IBCLC, FAAP. President of the National Perinatal Association (NPA)

Division of Neonatology, Loma Linda University Children's Hospital, Loma Linda, CA

Talking Points

The manner in which a new baby is welcomed into the world during the first hours after birth may have short- and long-term consequences. There is good evidence that normal, term newborns who are placed skin to skin with their mothers immediately after birth make the transition from fetal to newborn life with greater respiratory, temperature, and glucose stability and significantly less crying indicating decreased stress.

Mothers who hold their newborns skin to skin after birth have increased maternal behaviors, show more confidence in caring for their babies and breastfeed for longer durations. Being skin to skin with mother protects the newborn from the well-documented negative effects of separation, supports optimal brain development and facilitates attachment, which promotes the infant's self-regulation over time.

Normal babies are born with the instinctive skill and motivation to breastfeed and are able to find the breast and self-attach without assistance when skin-to-skin. When the newborn is placed skin to skin with the mother, nine observable behaviors can be seen that lead to the first breastfeeding, usually within the first hour after birth.

Hospital protocols can be modified to support uninterrupted skin-to-skin contact immediately after birth for both vaginal and cesarean births. The first hour of life outside the womb is a special time when a baby meets his or her parents for the first time and a family is formed. This is a once-in-a-lifetime experience and should not be interrupted unless the baby or mother is unstable and requires medical resuscitation. It is a "sacred" time that should be honored, cherished and protected whenever possible.

Recent research into the neurobiology of attachment shows that a strong attachment to the caregiver is critical for survival in altricial species, including humans. New knowledge about brain function should end the "nature or nurture" debate once and for all. A great deal of new research leads to this conclusion: How humans develop and learn depends critically and continually on the interplay between nature (an individual's genetic endowment) and nurture (the nutrition, surroundings, care, and stimulation and teaching that are provided or withheld).... And both are crucial.

Source: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1868528/

"What is bonding?" Dr. Bruce Perry, renowned professor of child psychiatry, has done extensive research into infant brain development. He defines attachment as "the nature and quality of the relationship between an infant and a primary caregiver." We often hear the term bonding in conjunction with attachment. Dr. Perry describes bonding as "the process of forming an attachment." A caregiver can strengthen the relationship with an infant by holding, rocking, singing, feeding, gazing, kissing, and other nurturing behaviors. These are all bonding experiences.

The Mother/Baby Dyad, Maternal Stress and Epigenetics:

Source: http://champagnelab.psych.columbia.edu/docs/DP%20ChampagnePrenatal%202012.pdf

The Problem With Pregnancy Care In The US

Speaker

A Statement by Joel M. Evans, MD, Medical Director of the Association of Pre and Peri Natal Psychology and Health, APPPAH, presented by David Paxson, MBA and BirthKeeper Coalition Core Council

Talking Points

Adversarial vs Collaborative Relationships
This is one of the most challenging areas as many women and their partners feel their wishes, wants and desires for pregnancy care, delivery, and the post partum experience are not respected and validated by OB's. This forces some of them to seek care outside of the health care system, creating a new set of issues and potential risks.

Finding a way to make all non-traditional stakeholders feel heard and validated should be a key priority of ACOG. This will certainly bring more pregnant women into, as opposed to out of, the health care system. ACOG, through this exciting collaboration, now has the opportunity to train their members to care for their patients with novel approaches to antepartum and intrapartum care that can increase patient satisfaction and reduce cesarean and operative delivery rates.

Prioritizing Pre-Conception Health
It is clear to all that optimizing Pre-Conception Health can reduce the rate of pregnancy complications. By utilizing a collaborative approach that acknowledges the many different desires of the community of reproductive age women, ACOG will be able to promote preconception care in a way that expands the pool of women seeking such care. We strongly believe in importance of nutrition, environmental toxins, stress and spirituality in achieving conception and a healthy pregnancy.

Re-Shaping the Intra-Partum Experience
It is our belief that the labor experience in many hospitals can be stressful, not because of the pain associated with childbirth, but because of the shift of the locus of control to the hospital staff. If a collaborative environment between birth professionals and and patient can be created, stress will be reduced significantly. As the cervix quickly stops dilating when a mother feels unsafe, we believe that reducing the fear associated with the labor experience will go a long way to reducing the operative (both vagina and cesarean) delivery rates.

Emphasizing Education
ACOG will need to educate its members to be transparent on issues that are of increasing public importance, such as: eating and drinking in labor, routine fetal monitoring, labor augmentation, water births, birthing balls, elective cesarean section, elective induction, episiotomy, cutting of the umbilical cord and manual removal of the placenta.
Advocacy on the "Sacred Hour"
We see ACOG as having an important role in the discussion of what happens to newborns immediately after birth, including the disruption of skin to skin contact, bathing, use of eye drops and "rooming in".

Increased Breast Feeding Advocacy
We find current breastfeeding rates to be disappointing. By sharing techniques to increase breastfeeding success, mother and baby will both benefit substantially.

Birth Plans
It is our belief that birth plans SHOULD serve the purpose of being a learning experience for pregnant women and their partners. As future mothers and fathers learn about ALL of the options surrounding pregnancy, from the importance of preconception care and conscious conception to how their newborn will spend the minutes, hours and days after coming into the world, they will use the birth plan to help them develop clarity about their wishes and desires.

This information then can be used to help match them with an OB that is philosophically aligned, leading to a relationship that is not adversarial but actually therapeutic.

Creating Change and Systems That Work: International MotherBaby Childbirth Initiative and Birth Plans as Tools for Change

Speaker

Debra Pascali-Bonaro, B.Ed., LCCE, PDT/BDT(DONA) is the Founder & President of Pain to Power Childbirth Experience, chair of the International MotherBaby Childbirth Initiative, Advisor to Human Rights in Childbirth and ICEA.

Talking Points

- Birth is a normal, natural, and healthy process.
- Women and babies have the inherent wisdom necessary for birth.
- 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.
- 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.

The Coalition for Improving Maternity Services (CIMS) is a coalition of individuals and national organizations with concern for the care and wellbeing of mothers, babies and families. Our members consist of the broader community of childbirth organizations, birth professionals, stakeholders, birth advocates and consumers. CIMS' mission is to work with the birth and breastfeeding community and our members by encouraging and promoting evidence-based, Mother-and-Baby-Friendly maternity care, as outlined within this initiative.

Source: http://imbco.weebly.com/uploads/8/0/2/6/8026178/imbci__final_04-05-08.pdf

The International Childbirth Education Association (ICEA) is a professional organization that supports educators and health care professionals who believe in freedom to make decisions based on knowledge of alternatives in family-centered maternity and newborn care. ICEA is a nonprofit organization. Since its formation in 1960, ICEA members and member groups have remained autonomous, establishing their own policies and creating their own programs. There are no membership requirements for individuals other than a commitment to family-centered maternity care and the philosophy of freedom to make decisions based on knowledge of alternatives in childbirth.

Source: http://icea.org/about/history/

At Bumi Sehat Foundation International, we know that birth will affect both mother and baby for a lifetime and it must be more than safe. Women deserve kind and gentle care and that is what we provide. Unlike the local hospitals, women labor supported by family and midwives. Women can choose to birth in water or on land.

Babies are sung earthside by midwives and families. Babies are not separated from their mothers and the umbilical cords are kept intact providing babies with their full blood supply preventing future problems.

Breastfeeding is initiated immediately. Gentle birth by nature has fewer 'man made complications' thus women and their babies are healthier and leave our clinic with their hearts intact. When birth is guided by love, mothers and their children will take and share more love in the world.

Source: http://www.bumisehatfoundation.org/

BirthKeeper Coalition

A BirthKeeper is anyone, anywhere, who feels called to guard and protect the critical "PRIMAL CONTINUUM of human development."

We respect and protect the relationships that support the life-giving capabilities of WOMEN & MEN.

WE are especially devoted to protecting the sacred MotherBaby relationship that is the root of a healthy society.

We Honor our primary relationship to our MotherEarth who sustains and nourishes all life.

The BirthKeeper Movement is dedicated to Jeannine Parvati's vision and these concepts, non-violent communications, shared leadership, and consensus decision making, to guide our social interaction.

Contact us to become an affiliate: birthkeepersummit@gmail.com

OUR ALLIANCE

Association for Prenatal and Perinatal Psychology and Health, APPPAH
www.birthpsychology.com

Alliance for Transforming the Lives of Children
www.atlc.org

Birth Activist Collective

Birth, Growth and Healing Ltd.

Birth Spirituality and Healing
www.birthspiritualityandhealing.com
Birthing the Future
www.birthingthefuture.org
BirthPower
www.birthpower.us

California Association of Midwives
www.californiamidwives.org

California Indian Environmental Alliance
www.ciea-health.org

Center for Environmental Health
www.ceh.org

Doula Caribe International
www.mujeresayudandomadres.com

EcoBirth-Women for Earth and Birth
http://ecobirth.blogspot.com

Espiritu Midwifery

Families for Conscious Living
www.familiesforconsciousliving.com

Global Force for Healing
http://globalforceforhealing.org

Idle No More SF Bay Area

Institute of Feminine Arts and Sciences
www.ifasedu.com

Intact America
www.intactamerica.org

International Center for Traditional Childbearing (ICTC)
https://ictcmidwives.org

International Maternity and Parenting Institute
http://maternityinstitute.com/

Kindred Media and Community
www.kindredmedia.org

Kutenai Institute of Integral Therapies
http://kutenaiinstitute.com

LGBTQ Perinatal Wellness Associates
www.lgbtqperinatalassociates.com

Nia Center & Bay Area Birth Keeper Doulas
http://niahealingcenter.org

National Organization of Circumcision Resource Centers
www.nocirc.org

Physicians for Social Responsibility- SF Bay Area
http://sfbaypsr.org/

Sacred Ground Community Education and Resource Center
www.sacredgroundoccidental.com

Shakti Moon
www.shaktimoon.com
Touch the Future
www.ttfuture.org

The Decolonize (Occupy) Pregnancy Birth and Parenting Caucus of Occupy Oakland

Womens Congress for Future Generations-NorCal Chapter
http://norcalwcffg.blogspot.com

World Organization of Prenatal Education Associates
www.omaep.com

Zulu Birth Project
www.zulubirthproject.com

Fact Sheet

From State of the World's Mothers Report 2013

In the industrialized world, the United States has by far the most first-day deaths. Only 1 percent of the world's newborn deaths occur in industrialized countries, but the newborn period is still the riskiest time, no matter where a baby is born, with the first day being the riskiest time of all in most, if not all, countries. The United States has the highest first-day death rate in the industrialized world. An estimated 11,300 newborn babies die each year in the United States on the day they are born. This is 50 percent more first-day deaths than all other industrialized countries combined. When first-day deaths in the United States are compared to those in the 27 countries making up the European Union, the findings show that European Union countries, taken together, have 1 million more births each year (4.3 million vs. 5.3 million, respectively), but only about half as many first-day deaths as the United States (11,300 in the U.S. vs. 5,800 in EU member countries).

Found here: http://www.savethechildrenweb.org/SOWM-2013/files/assets/basic-html/index.html#page1

From Amnesty International's Deadly Delivery: The Maternal Health Care Crisis In The USA Report:

"Blaming women for the rise in maternal mortality, e.g., they need to take better care of themselves, will not solve the current issues. Indeed, the bulk of the solutions that will have the greatest impact are those solutions that occur at the system-level beyond the control of the individual woman." Debra Bingham, Former Executive Director of the California Maternal Quality Care Collaborative, 28 February 2010

- According to new UN data, maternal mortality in the US has worsened, falling from 41st to 50th in the world. In other words, women in the US face a greater risk of maternal death than in 49 other countries.
- Over 4 million women in the US give birth each year, and the hospital bills for this care reached $98 billion. International Federation of Health Plans data indicated that the US spends twice as much as any other country surveyed on the fees charged by maternal health care providers.
- The US maternal mortality ratio, at 12.7 (deaths per 100,000 live births), was 3 times as high as the Healthy People 2010 goal, a national target set by the US government.
- The maternal mortality ratio for American Indian/Alaska Native women was 4 times higher than the 2010 target and for African American women was 8 times higher than the 2010 target.
- Women living in low-income areas across the US were twice as likely to suffer a maternal death as women in high income areas.
- The US cesarean rate rose for the 13th consecutive year to reach an all-time high of 32.9% in 2009,6 more than double the WHO recommended range of 5% to 15%.
- New analysis shows that the states reporting higher than average cesarean rates (over 33% of births) had a 21% higher risk of maternal mortality than states with cesarean rates less than 33%
- The maternal mortality ratio31 in the US continues to lag far behind the Healthy People 2010 goal, established by the US government, to reduce maternal mortality to 4.3 deaths per 100,000 live births. According to data released in 2010, the maternal mortality ratio was 12.7,32 three times as high as the Healthy People goal.
- A report issued by the Centers for Disease Control and Prevention (CDC) in 2010 found that pregnancy-related deaths (deaths related to pregnancy or childbirth in the year following pregnancy or birth) had reached their highest level in a 20 year period.
- New government data shows that for 2005-2007, the maternal mortality ratio (deaths per 100,000 live births) was highest among non-Hispanic black women (34.0), followed by American Indian/ Alaska Native women(16.9), Asian/Pacific Islanders (11.0), non-Hispanic whites (10.4), and Hispanics (9.6).

Found at: https://www.amnestyusa.org/sites/default/files/deadlydeliveryoneyear.pdf

From Disparities and Inequities in Maternal and Infant Health Outcomes

Maternal and infant health inequities and disparities are serious public health concerns that have many social and economic implications, such as poor health outcomes and increased direct and indirect healthcare costs. Maternal and infant health disparities are diverse and can exist among different groups, including insured and uninsured populations, urban and rural communities, privately and publicly insured individuals, and racial or ethnic minorities. Health disparities are influenced by various factors, such as socioeconomic status (SES), educational attainment, discrimination, biologic and genetic characteristics, behavior, environment, and quality of care.

Found at: www.astho.org/Programs/Health-Equity/Maternal-and-Infant-Disparities-Issue-Brief/