SUMMER 2015

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COVER PHOTO

Cover photo: Erin Bailey, courtesy of the Bailey family
As the year marches on, it is hard to believe that we are a little over halfway through 2015! This month, our Board of Directors met for our annual in person board meeting and I can tell you that we are very excited about what we have done so far and where we have yet to go.

One of the events that we are excited to share is the 2016 ICAN Conference, which will take place April 8-10, 2016, in Birmingham, Alabama. With this conference, we are hoping to build bridges and plant seeds that will grow into increased birth options for mothers and greater access to evidence-based maternity care for women in the state of Alabama and abroad. This will also be the first time that we will offer an opportunity to participate in Mom Prom during conference. What is a Mom Prom you ask? Check out pages 7-9 for a sneak peek!

In our last edition of The Clarion, we focused on the issues that face our cesarean mothers, whether it be planned, emergency, CBAC, or even homebirth transfer. In this edition, we are focusing on vaginal birth.

On page 5, Dr. Elliot Berlin shares a brief history of breech vaginal birth as a birth option. In his new film Heads Up: The Disappearing Art of Vaginal Breech Delivery, he explores the implications of a dwindling number of providers who are trained to deliver babies in breech presentation vaginally.

In a special reprint courtesy of Mothering.com on page 10, one of our long time ICAN volunteers, Melek Speros, shares her website Black Women Do VBAC with our readers. Created to share the VBAC birth stories of women of color, this site seeks to offer encouragement to women who may find it difficult to find culturally sensitive support.

On page 13, Nicette Jukelevics, MA, ICCE, introduces us to her upcoming VBAC Education Project, whose goal is to provide evidence-based information to help mothers decide if VBAC is right for them. We are so proud to be an endorser along with ICEA of this project, and will be using these materials in the near future to help us fulfill our mission as a nonprofit organization. The VBAC Education Project is now available for download at www.vbac.com and also www.icea.org and free for use under the creative commons for noncommercial usage.

It goes without saying that our chapters are the heart and soul of our organization. On page 19, we meet ICAN de Norte Centro Puerto Rico and get a glimpse into how they are representing ICAN to the women in their area.

Lastly, on page 20, we share the 2VBAC birth story of Mariah Sixkiller, who was also featured in the film The Mama Sherpas.

Concluding, we hope that you find our VBAC and vaginal birth edition of The Clarion and as always, thank you for supporting the mission of ICAN!

In Solidarity,

LaQuitha Glass
ICAN President
president@ican-online.org
MEMBERSHIP THANKS

ICAN recognizes and thanks all our five- and ten-year subscribing members. A special thanks goes out to all our lifetime subscribing members. We appreciate your support and commitment to ICAN.

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Early in pregnancy, your baby has plenty of room to move, as you’re probably well aware — my patients often share that it’s not unusual for them to feel a sharp elbow jabbing into their ribs, some swift kicks to their belly, and even complete somersaults going on in there!

Usually, by week 34, the combined forces of gravity, the decreased room to move in your uterus, and geometric shape leads your baby to settle head-down (in a vertex presentation) in preparation for birth. At term, around 4% of babies are not vertex, and those babies are said to be in a breech presentation.

If you ask a midwife, you are likely to hear that a breech presentation is just another variation of normal; ask most OBs, and you’ll hear that a breech presentation is abnormal. You’re also likely to hear that if your baby doesn’t turn before your “guess date,” you’ll be delivering via cesarean — and you have no other choice.

The “breech equals cesarean” standard came about for one particular reason: the Term Breech Trial. Mary Hannah MD, a well-respected obstetric researcher, led a randomized controlled trial involving more than 2,000 women carrying in breech presentation in 121 hospitals and birthing facilities around the world. The study, published in 2000, seemed to show a significantly higher chance of “serious neonatal morbidity” in breech babies born vaginally. In the wake of the study, The American College of Obstetricians and Gynecologists (ACOG) recommended that planned vaginal delivery of a breech baby at term was no longer appropriate. With vaginal breech delivery already on the decline in the United States, the ACOG decision only sealed its fate.

The standard of care changed practically overnight. Many hospitals, insurance companies, and collective practices would no longer allow OBs to deliver a breech baby vaginally unless a woman arrived at the hospital with her baby already virtually out of the birth canal. Universities and teaching hospitals stopped training students in vaginal breech delivery altogether.

But the problems with the Term Breech Trial became apparent almost immediately. As Dr. Stuart Fischbein explains, “they took a critical look at that study and found that they included a lot of things in there that shouldn’t be included, like unplanned breech deliveries, preemie breech deliveries, breeches with congenital abnormalities, and once they had corrected for those things they found that… this isn’t the way it should be.”

In 2006, ACOG renounced their original opinion and declared that vaginal breech delivery was safe in the care of an experienced physician. “But by then the damage was done,” Fischbein says. “I don’t think anyone coming out of a residency program now has certainly done or necessarily
even seen a breech.” Indeed, the ACOG revision suggested that most women would still choose cesarean birth due to “diminishing experience among providers.”

Dr. Ronald Wu, an LA-area doctor who stills regularly attends planned breech births vaginally within a hospital, concurs: “There’s no more knowledge, the skill level is being lost. Not too many people will do a vaginal birth any longer, so the experience of seeing one is not available. And if it’s not available, how can you train anyone? It is a dying art.”

With doctors no longer allowing planned vaginal breech delivery, it is independent home-birth midwives who are left attending these births, and they are surpassing physicians in experience and expertise in the delicate matter of vaginal breech delivery.

Dr. Fischbein gave up his privileges to attend hospital births and quickly became a leading force in the movement to keep options available for women. He says that “ultimately whatever a doctor feels, or whatever a hospital committee or administrations feels, the decision really doesn’t belong to them. It belongs to the individual patient... and [in the future] people in labor are going to be coming into the hospital breech and not knowing it, and no one is going to know what to do, and that’s going to be a real tragedy.”

There are a lot of benefits and reasons why the birth process is the way it is, and when we bypass them, we lose a lot of the benefits. I’ve been busy recently creating a documentary film about what went awry with vaginal breech delivery in the U.S., and I consider that film part of my contribution to keeping the choice alive. But here’s the real truth: It is up to women to stand up for choice. It is up to you to demand more, and better, if you discover your baby is breech late in pregnancy. I hope that if you find yourself in that situation, you will speak up and make yourself heard — you want options. You demand options. I ask you to join that chorus — even if you do not want to birth your breech baby vaginally, or you are not carrying breech, stand up for choice.

I believe my film, Heads Up: The Disappearing Art of Vaginal Breech Delivery, is a must-see for anyone who cares about choices in childbirth. Since we started screening the documentary, many OBs have told me that they agree we should be teaching vaginal breech delivery and offering it as a choice for women, but cannot see how to reinstate this training with so few people skilled in delivering breech babies remaining. There are many things you can do to naturally encourage babies into the ideal pre-birth position and potentially avoid a breech birth. Visit InformedPregnancy.com for more information.

**DR. ELLIOT BERLIN** is an award winning prenatal chiropractor, childbirth educator and labor doula. His Informed Pregnancy® Project aims to utilize multiple forms of media to compile and deliver unbiased information about pregnancy and childbirth to empower new and expectant parents to make informed choices regarding their pregnancy and parenting journey. His most recent film, Heads Up: The Disappearing Art of Vaginal Breech Delivery, is available for on demand viewing or DVD purchase at www.HeadsUpFilm.com.
“FUN” RAISING
ICAN MOM PROMS

Huntsville Mom Prom
June 6, 2015
HOSTED BY ICAN OF HUNTSVILLE // PHOTOGRAPHY BY OLIVER FAIR
“FUN” RAISING
ICAN MOM PROMS

Tampa Bay Mom Prom
June 18, 2015
HOSTED BY ICAN OF TAMPA BAY // PHOTOGRAPHY BY SWEET PLUM PHOTOGRAPHY
Central Florida Mom Prom
April 25, 2015
HOSTED BY ICAN OF CENTRAL FLORIDA // PHOTOGRAPHY BY ERIN MONROE PHOTOGRAPHY
BLACK WOMEN DO VBAC!

an interview with Birth Activist, Melek Speros

BY // SARAH CLARK FOR MOTHERING.COM

One of the wonderful things that my passion for natural birth has brought into my life is the chance to meet women from all over the country who otherwise I would never know. I always come across women who are re-shaping and improving the birthing climate here in America and around the world.

At my most recent Birth Boot Camp birth instructor training I met just such a woman and I want to share the work she is doing with as many people as possible. Melek is working to reduce cesarean sections and increase VBAC among black women and I think we can help her do it by sharing this message everywhere. I am embarrassed to admit that I had no idea that black women were facing this and I ashamed of myself for not knowing or doing anything about it.

I asked Melek if I could interview her and help get the word out. Her work and her words are powerful. You will love her too! (And if you happen to need a birth class in Austin TX — call her!)

Spread the word. We can make a difference in birth, but we need to all make an effort. Enjoy!  

CONTINUED
Tell me your story. Why do you personally care about birth?

Honestly, I never imagined my life would turn out the way it has. Pregnant with my first baby in 2008, I was a law student planning a career in the legal field. After a pretty typical obstetrical experience with my first baby which led to a cesarean that was likely unnecessary, my journey into the birth world began.

I did a lot of research about birth, learned about why my birth may have ended the way it did when I had originally planned a natural, out of hospital birth, and educated myself about how I could help change the outcome of future births. I was led to midwifery care and while I did have a CBAC (cesarean birth after cesarean) with my second baby, the individualized care I received from my midwives was eye opening and life changing. I went on to have a vaginal birth after two cesareans with the same midwives who supported me in my second pregnancy.

I care about birth because I believe that women should have access to evidence-based care and practices which promote the healthiest outcomes for both mothers and babies. I didn’t fully understand the implications of my primary cesarean on my future reproductive health and birthing options, and I work hard to be sure that other women have access to accurate and balanced information about the risks and benefits of all the decisions they make.

What is “Black Women DO VBAC” and why did you start it? What is happening with Black women and VBAC or cesarean section that is different than what is going on with other women?

Black Women Do VBAC! is a project I started earlier this year when I realized that, while searching out VBAC stories to read when preparing for my own pregnancies, I hardly ever saw stories from women of color. I also came across a VBAC calculator which dramatically reduced my predicted percentage chance of success for having a VBAC for no other reason than the fact that I am black. I often see this calculator discussed in VBAC support forums and, while women are reassured that they absolutely can have a VBAC even with a low percentage of predicted success from it, I believe that the combination of not seeing or hearing about other black women’s VBAC stories coupled with the knowledge that this calculator reduces their chance of success because they are black can be extremely discouraging to a Black woman planning a VBAC.

The research does show that black women are less likely to have a vaginal birth after a cesarean despite higher rates of trials of labor after cesareans. However, for too many, this is a stopping point. Research also shows that black women have lower rates of uterine rupture, the complication most feared when discussing the risks and benefits of attempting a VBAC. Why aren’t more Black women having successful VBACs if we are less likely to experience this complication?

More research is needed and, unfortunately, the discussion thus far has not uncovered any single (or multiple) definitively identifiable cause(s). In my opinion, a huge part of the discussion needs to be raising awareness within CONTINUED
the community about the risks of cesarean sections, particularly multiple cesareans, to mothers and the benefits of vaginal birth, even after one or more cesareans.

How can other people get involved and help this cause? What is your contact info?
You can get involved by sharing your story if you are a Black woman who has had a VBAC! If you are a person who knows a Black woman who has had a VBAC, encourage her to share her story with us!

Really, spreading the word about it is the biggest thing. With the help of social media, outreach is so much easier than it has ever been, and I truly believe that just reading stories of women who have done it can inspire other women to explore their options as well. You can check out the website at www.blackwomendovbac.com, connect with us on Facebook at facebook.com/blackwomenvbac and reach me by email at melek@blackwomendovbac.com

Your website has some great birth stories featuring Black women. Can you tell us what your top three are and why?
Oh my gosh, that’s a hard one! We have some awesome stories and I really appreciate every single one. I have to say that I loved the story a mother shared with us who had a VBA2C (and then later a VBA3C) in the 1980s. A lot of people don’t know the history of VBAC and how so much of it is really politicized and how that can influence the public perception on its safety. It was very cool to read a story from a mother who had a natural birth after multiple cesareans back in a time when that’s just what you did. We also had a story from a mother whose doctor scheduled her for her fourth cesarean at 39+ weeks pregnant, she declined and found midwives to assist her and had a natural birth after 3 cesareans. We also just got a story from a mother who had a VBAC after a special scar (classical incision), which is pretty incredible!

What is your vision going forward? What do you want to see change regarding Black women, birth, and VBAC?
I would love to see more Black women having VBACs! Actually, I would love to see fewer Black women having primary cesareans, which we are more likely to experience than other ethnic groups as well. It will take time, but I believe that by raising awareness, targeted outreach and ensuring that women have access to reliable and accurate information, we can effect change.

Endnote
Melek planned three natural births and after two cesareans, her dream finally came true when she gave birth to her youngest son naturally in 2012. Melek also works as a doula and natural childbirth educator and is passionate about informing women and couples about the benefits of natural childbirth and breastfeeding.

An inactive attorney, she also works to inform mothers of their rights in childbirth, especially VBAC mothers, who often face barriers other mothers do not. You can find Black VBAC stories, research about Black women and VBAC on Melek’s website, Black Women DO VBAC!

About Mothering
Founded as a magazine in 1976, Mothering is now the oldest and largest resource for natural family living online. For more from Mothering, check out our Newest Articles and Follow us on Facebook.
A father and physician whose wife wanted to labor after three previous VBACs contacts a VBAC website for advice:

Can a hospital have a vbac policy which states no vbacs will be labored there? what happens when a vbac arrives in labor? does the vbac policy conflict with the right of the mother to receive care during labor?... this happened to my wife. She is a dr. who practices ob, and I was the only dr available to her. I am now accused of violating the vbac policy. she got stuck at 5 cm (she did not want a cesarean), so i drove her to the next hospital 70 miles away, where she delivered with some pit. (pitocin). she had had 3 previous vbacs...Can you help me with the constitutionality of vbac policies or do you know a good lawyer? thx

This confusion and anger by two physicians who were turned away from a hospital that had a “No VBACs” policy is a clear example of the current state of affairs for many mothers who want to labor for a VBAC.

In 1996 the VBAC rate in the U.S. was almost 30 percent compared to 10 percent in 2012. In 2013 only one in five women with one prior cesarean labored for a VBAC, although 70 percent of them were successful. Less than one in 10 women with two or more prior cesareans attempted a trial of labor, although 51 percent of them had a vaginal birth.

Educating women about VBAC and providing care for mothers who choose to labor after a cesarean is important to their health and the health of their babies.

With a VBAC women can avoid major abdominal surgery, resulting in lower rates of hemorrhage, infection, and a shorter recovery period. For women considering larger families, a VBAC reduces potential future maternal consequences of multiple cesarean deliveries such as hysterectomy, bowel or bladder injury, transfusion, infection, and abnormal placentation such as placenta previa and placenta accreta. The U.S. rate of severe OB hemorrhage increased by 50 percent over the last 15 years and the number of blood transfusions during birth increased by 270 percent. Both have been correlated with the rise of cesareans. Babies born by cesarean section are more likely to have difficulties with breathing and breastfeeding and more likely to need a special care nursery (NICU). Long term, they are more likely to suffer from chronic illness and immune disorders.

Sadly, the majority of U.S. mothers who rely primarily on their caregivers to provide evidence-based care and informed choice are not educated about the risks of multiple repeat cesareans nor the benefits of laboring for a VBAC. Almost nine out of 10 pregnant mothers with a prior cesarean who had a discussion about their birth options with their caregiver found that their providers were biased largely in favor of a repeat cesarean.

However, negative bias of VBACs was not always the status quo. In the mid-1980s and early 1990s physicians referred women to my community-based, VBAC preparation classes. I was invited to a group of physicians’ weekly meeting to talk about my VBAC classes. They were receptive since they, as clinicians, were encouraged to provide care for women who wanted to labor after a prior cesarean. One of the hospitals I worked for encouraged me to

CONTINUED
The VBAC Project Continued

develop a one-session monthly Introduction to VBAC community presentation and provided brochures about VBAC to all OB providers on their staff. But, all that soon changed when the American College of Obstetricians and Gynecologists changed their recommendations for hospital-based provider care for VBAC.

Currently, ACOG’s VBAC guidelines (2010) state that it’s a contraindication for hospitals to provide care for women who want to labor for a VBAC unless they have a physician capable of performing a cesarean, anesthesia, and a surgical team “immediately available.” ACOG did not specify the term, “immediately available”, but stated that it needed to be regionally defined. ACOG also did not provide substantial evidence to support the “immediately available” recommendation.

Many hospitals and malpractice insurance companies define “immediately available” as having a surgeon capable of performing a cesarean and an anesthesiologist to be “in house” or “on the grounds,” a requirement that cannot be met by the majority of community hospitals.

Evidence is increasingly revealing the negative health impact of cesareans and there is, now, a growing effort by leaders in maternity care to reduce cesareans. Some community hospitals have found a way to provide safe care for VBAC. So this is an opportune time to educate women about VBAC and encourage birth professionals to maximize women’s odds to have a vaginal birth since women who labor for a VBAC, but end up with a repeat cesarean experience higher rates of serious maternal complications than women who schedule a routine repeat cesarean.

The VBAC Education Project began as a one-woman volunteer project. I was asked to develop a curriculum that both childbirth educators and community leaders can use to educate mothers about the safety of VBAC and help increase access to VBAC-friendly care providers. I felt it was important that the information be widely available and at no cost. The information is aimed both at parents and birth professionals.

The VBAC Education Project is licensed by Creative Commons as Attribution-NonCommercial-NoDerivatives 4.0 International. This gives the user the permission to use, copy, and distribute the information as it is provided for non-commercial purposes.

CONTINUED
The VBAC Project Continued

The VBAC Education Project consists of four sections:

- Deciding if A VBAC Is Right for You: A Parent’s Guide (a slide deck of 14 modules)
- Resources for VBAC and Physiologic Birth
- Educational Handouts for Parents
- VBAC for Educators: A Teaching Guide

As it was being developed I reached out to several maternity care professionals, researchers, and birth activists for their views on certain issues. One conversation led to another and I was heartened to find that many people were committed to providing their editorial assistance, expertise, or resources to help mothers make an informed decision about planning a VBAC. The International Childbirth Education Association was gracious enough to embrace this educational project and give it the credibility it needed to reach childbearing women as well as maternity care professionals.

Soon after, the International Cesarean Awareness Network Board of Directors, who was considering providing their chapter leaders with an evidence-based educational program, chose to adopt and endorse the VBAC Education Project. I am pleased to have gained ICAN’s trust to share this project with the mothers they educate, support and advocate for.

All four sections can be downloaded at no cost from www.VBAC.com and www.ICEA.com. I hope the VBAC Education Project will help to empower women to make their own decisions about how they want to give birth.

NICETTE JUKELEVICS, MA, ICCE is a childbirth educator, researcher and author of Understanding the Dangers of Cesarean Birth: Making Informed Decisions. For over 30 years Nicette had the privilege of helping thousands of expectant families to prepare for childbirth, VBAC and early parenting. She has presented on cesarean and VBAC issues at national conferences and for advanced doula trainings across the U.S. With co-author, Henci Goer, Nicette published The Risks of Cesarean Section: A CIMS Fact Sheet. Her most recent publication is Deciding if a VBAC Is Right for You: A Parent’s Guide, an online Teaching Tool for parents and birth professionals.

References


**JULIE HERR**

Julie Herr, this month’s honoree, is a chapter leader with both ICAN of St. Louis and ICAN of Southwestern Illinois. In addition to volunteering as a chapter leader, Julie is also the Regional Coordinator for the Midlakes Region. During her 10+ years of service to ICAN, she was also one of the organizers responsible for the original VBAC Policy Database.

**How long have you been an ICAN member?**
I have been an ICAN member and volunteer for a little over 10 years.

**How did you first find ICAN?**
I found out about ICAN while I was researching my birth options when I was pregnant with my daughter. I was having a hard time finding a provider because of the VBAC ban in my community. I got involved with ICAN after my daughter was born. I knew I wanted mothers in my community to know their options.

**What motivates you as a volunteer?**
I am motivated when I feel that I can help others make a change for the better in their lives, communities, or organizations.

**Do you have a profession or any other passions outside of ICAN?**
Currently, I am a professional volunteer helping to organize for the betterment of community youth in areas such as my children’s school library, my daughter’s girl scout troop and scout sponsored First Lego League team. My children are involved with the Belleville Philharmonic Youth Orchestra so I volunteer with this as well. I recently coordinated an area-wide Concerto Competition, almost doubling the number of participants from last year. I also volunteer where I can in my church – at the moment it is with Meals on Wheels. My professional and volunteer life has involved 25 years of working with volunteers in community organizing, and non-profit program development. I am passionate about making sure that people have a voice in their community and in their lives (including birth). I am also passionate about networking people and organizations together to work towards common goals.

**What was your proudest moment as an ICAN volunteer? What about your hardest?**
I have two proudest ICAN moments. The first was helping coordinate volunteers to complete the VBAC hospital policy project. I am not necessarily a phone person but when I ran out of volunteers I realized that I was going to have to make a ton of calls myself. My coleader Ruthie and I, as well as many many ICAN volunteers, put a lot of blood, sweat and tears (not to mention phone minutes) into this project. It felt fantastic when as a team we completed the database and had some real results for all our hard work. Plus, the project got mention in a Time Magazine article.

My next proudest moment was putting together a collaborative team of individuals and organizations to bring the Karen Brody play, Birth, to the St. Louis area. I knew that this event would be so much richer and more successful if we had many people with many different networks invested in this event. The first year was a lot of hard work but by the third year, it was a great success reaching several hundred people and earning several thousand in sponsorships!

Some of the hardest moments as an ICAN volunteer is trying to help mothers in areas where there are no VBAC resources and learning to let go of the outcome. This may mean helping mothers to accept that a repeat cesarean doesn’t have to be a traumatic experience. It can be a family centered experience that brings some healing and closure to their prior experience.
Lisa Keyser, this month’s honoree, is a chapter leader with ICAN of Northern Virginia. During her time with ICAN of Northern Virginia, Lisa has helped to expand the reach of her chapter exponentially, helping to fulfill the need for access to support and information on VBAC options in her area.

**How long have you been an ICAN member?**
I’ve been coming to meetings since 2009, but I don’t think I officially joined until a year or two later.

**How did you first find ICAN?**
Google was my friend – I found the old, defunct ICAN forums first, which led me to the local support group. I was terrified to attend my first meeting, but I drove over 45 minutes to get there and left feeling like I’d found a safe place. Hearing other women’s stories gave me some perspective and helped me realize that I wasn’t alone in my grief over my cesarean.

**What motivates you as a volunteer?**
ICAN has done so much for me in helping me heal and grow in the past six years. I truly enjoy paying it forward to other mamas who are experiencing the same feelings that I did, and who are looking for support and answers. We have a great need for more education and VBAC access in our area, and I feel like our chapter has an important role to play in raising awareness and advocating on behalf of pregnant mamas.

**Do you have a profession or any other passions outside of ICAN?**
I’m self-employed as a website designer and marketing consultant. I also sing with my church choir and swim with my local Masters swimming team. My free time is almost nonexistent, but my favorite idle activity is reading. I’ve been known to pull all-nighters reading a really good book, though it certainly gets harder the older I get!

**What was your proudest moment as an ICAN volunteer? What about your hardest?**
I’ve really enjoyed watching our chapter grow in the past year since I became co-leader. I created new social media accounts and resurrected old ones, and we’ve seen a great resurgence of mom-to-mom support and resource sharing. Our April CAM meeting was the largest we’ve had in ages, with 8 new mamas in attendance, and it was a really awesome experience to know our reach has expanded. On the flip side, as we grow, it’s getting harder for me to keep up with everything! Large meetings can make it difficult to really dedicate the time that each mama deserves, and it’s really hard when I don’t have answers to questions.
Melissa Mathewson, this month’s honoree, is a chapter leader with ICAN of Jackson, MS. During her time with ICAN of Jackson, Melissa has provided a space for women in her area to find information and support regardless of where they are in their birth journeys.

How long have you been an ICAN member?
I have been a member since 2012.

How did you first find ICAN?
I posted on the La Leche League Facebook page that I ended up with a cesarean after planning a natural birth with my first son. The ICAN leader at that time invited me to the ICAN of Jackson Facebook page and the meeting that next month. It was just what I needed to validate the feelings I was having that nobody else seemed to understand.

What motivates you as a volunteer?
I truly want EVERY woman to know that they have choices in pregnancy and birth. I want to help women find their voice and stand up for their rights. To know that there are truly supportive providers who do actually practice evidence-based care. I also passionately care about supporting women who’ve had a birth experience that was less than desirable or even traumatic. I know so much good can come from a compassionate listening ear.

Do you have a profession or any other passions outside of ICAN?
I am a stay at home mom of two handsome boys. They keep me busy! I love helping moms in their breastfeeding journeys. I hosted the Big Latch On two years ago and am hosting again this year. I participated in the Live Love Latch last year and am a proud tandem nursing mama this year! I hope by being open about

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What was your proudest moment as an ICAN volunteer? What about your hardest?
I have many proud moments as an ICAN volunteer, but one of my proudest moments was when a friend talked to me and another friend about the way their provider was talking about her “big baby” and the need for another cesarean; we empowered her with information and resources and she switched care providers at 35 weeks and had a wonderful VBAC experience.

My hardest moments are supporting moms following a CBAC. Now that I’ve had one, I know so much better how to listen and what is ok to say. Birth is beautiful and powerful and HARD. It carries with it so many emotions and feelings that are completely normal and need to be validated. I’m so grateful for ICAN. The place where all women can feel safe expressing anything related to birth. A place where the healing journey can begin.

my nursing journey and nursing in public when needed, that I will make a small difference in the way the moms are treated and the way breastfeeding is viewed in general. My desire is for all nursing moms to feel free to be able to nurse their babies whenever and wherever their babies are hungry or need comfort.
Meet the Leaders
ICAN Norte, Puerto Rico’s Chapter Leader is Gina Dacosta, a homebirth midwife who loves to serve families, and educate and empower women in their birthing choices. Gina has a 7-year-old daughter, born at home. Gina started a North-Central Chapter so that families from that area of Puerto Rico could benefit from the meetings, support and education provided there.

The Co-Leader is Leslie Mendez, the mother of three boys. Leslie’s last son was born by a necessary cesarean. Leslie is also devoted to educating families, and is a great example of when cesareans are sometimes necessary. Gina was Leslie’s midwife and after their experience together, Gina thought that Leslie was a perfect match to continue ICAN mission in Northern Puerto Rico.

In The Community
Our Chapter has teamed up with the community program Se Pare, an entity whose mission is to reduce health disparities among women in reproductive age, their newborns and their families. Together ICAN and Se Pare focus on education in order to give families the right tools to make educated choices that promote humanized and respected births.

Mother To Mother Support
ICAN Norte leaders use our meetings to listen to women’s stories and provide evidence based information. Our chapter works to empower women and families by showing empathy and respect for all of their experiences. When we share our Co-Leader’s cesarean story, we help women understand that even though we were empowered and prepared to have a homebirth, things can change, making a c-section necessary to save a life.

Fundraisers
We are thinking of selling VBAC stickers and pins! They would be a great way to start the conversation about this important, yet not well known topic.

ICAN is a valuable way of helping families get the care and birth they deserve by being informed of their options. What we like about leading this Chapter is the opportunity we have to educate and empower mothers and families. Little by little, we can make a difference!
You would think that after having two babies in my 41st week, I would be used to “going late.” But as my due date came and went, I was feeling anxious and frustrated — emotions I knew would not help bring on natural labor and a smooth delivery. Following the advice of my doula, midwives, and husband, I dug deep, tried to appreciate and even celebrate the final days of my last pregnancy, and focused on staying as positive as I could. I was going to VBAC again!

I reminded myself how amazing and empowering my last VBAC had been, and I felt genuinely excited about having a repeat experience. As it turned out, the labor and delivery would be very different but rewarding in its own unique way.

Eleven days past my due date, on Thursday, June 12, I woke up around 4:30 a.m. feeling crampy. As the cramps came and went in rhythmic fashion, about 12 minutes apart, I realized I was in labor. I was giddy that the process had finally started and that I could let go of any lingering concerns about being induced. As I released the fear and began to focus, I felt relieved, confident, excited, and prepared. I braced myself for another multi-day labor process — and told myself I would push through, just as I had last time.

I went in for a previously scheduled non-stress test that morning, where my midwife confirmed that my waters were still intact and that my fluids and the baby’s heart rate were doing great. Her advice, echoed by my doula, was to both rest and stay active throughout the day. My husband and I celebrated the commencement of natural labor over lunch at our favorite pizzeria, and I gulped down bites of delicious roasted veggie pizza between contractions, which were now coming every seven minutes and lasting slightly longer.

By the time we finished lunch and walked back to our car, I realized I needed to rest. I went home and slept, between contractions, for a good two hours. When I woke up, my body felt sleepy and I realized my contractions had slowed down — back to 10 minutes apart. Wary of encouraging my body into another round of prodromal labor, like last time, I set out for a long walk with my husband around the neighborhood. We went to various parks with our dog, did some shopping, and about 90 minutes later, returned to our house.

It was dinnertime for our children, who were being cared for by my mother-in-law. While I had always fantasized about them being part of my labor and...
delivery process, I realized what I needed more than anything else in that moment was to find my cave. Without thinking twice, I retreated to the dark and quiet second floor of our house — laboring alone, in various yoga poses, in the dark and peaceful space of our bedroom. Much as I had last time, I distinctly remember pulling inward in order to push through active labor and into transition. The contractions were intense — closer to four minutes apart and lasting a minute each. I felt very present and calm — these were feelings I recognized, feelings that meant I would meet my baby soon, feelings I knew would not last forever.

As the contractions continued to intensify, I checked in with my doula who was still home with her own family, at my request. Even though things were moving quickly, I was managing the pain fine and was convinced I was destined for a multi-day labor anyway. She and I agreed that she would make her way to my house after she put her children to bed, around 8:30 p.m. By 7:30 p.m., though, I was down on the living room floor doing cat and cow, eyes closed, breathing in and out for counts of four, and it was clear things were moving more quickly than I anticipated. After discussing my status with my birth team, and with contractions about three minutes apart and one minute long, we headed to the hospital. The doula would meet me there.

The moon was full that night — and consequently, so was labor and delivery. The ER tech who walked me up to Labor and Delivery laughed that I was the second pregnant mom in the last 15 minutes to show up at the ER entrance ready to deliver. I realized quickly I had to summon my reserve of patience and courage, as every delivery room was taken. I labored, calmly, under the bright lights and drab pastel tents of the triage room. I decided to laugh at the situation, chose to stay cool and focused, rather than angry or frustrated. Luckily, my body obliged the wait.

It wasn’t until I made my way to a delivery room around 8:30 p.m. that I realized why my body was cooperating. My midwife took one look at my belly and asked bluntly, “when is the last time you urinated?” I thought about it and realized, much to my surprise, that it had been at lunch. I had spent the entire afternoon hydrating, but hadn’t gone to the bathroom in eight hours! As it turned out, my bladder was so full it was like a balloon in my abdomen blocking the baby from descending. It was that simple. And the midwife didn’t even have to touch me to know.

She was, of course, right. Within one minute of the bladder being emptied, my water broke. My doula looked me in the eye and reminded me that

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After about 30 minutes of pushing, my midwife looked me in the eye and said, firmly, “Mariah, reach down and pull your baby out.” I remember saying: “I can’t do that — I’m not a midwife! I’ll drop it!” And this incredible woman stared right through me, injecting me with her confidence and focus, and repeated, “Mariah, pull your baby out!” So I reached down, with two hands, and did just that. I brought my baby into this world, all while whispering “Come home, baby, come home.” He felt warm, soft, tiny, wet and wonderful. After the birth, I felt a lot of what I had felt after my first VBAC — relief, pride, strength, elation. But there was definitely something different about this birth compared to the last. When I think about my first VBAC, I feel like I had willed confidence. This time, it felt learned. There was a calm that came with knowing “I could do this,” and that most of all — that I trusted that my body could do this. And I could feel that my body could do it. Everything felt easier, more smooth, natural.

Right after the birth, someone asked me how I was doing, and I remember saying I felt “peaceful.” I still think that’s the perfect word to describe this birth. Peace is knowing, accepting, opening yourself up to your destiny. Peace is birthing naturally with confidence in your body and your strength. Peace is pulling your baby out of your body and welcoming him into this world on your own terms. I am grateful for this peace.