ICTC ANNOUNCES ERYKAH BADU, GRAMMY® AWARD WINNER SINGER/SONGWRITER AS OUR INTERNATIONAL SPOKESPERSON

In 2010, Grammy Award Winner Erykah Badu was the Keynote Speaker at the 7th International Midwives and Healers Conference in Long Beach, California.

“I was overwhelmed with excitement upon landing in Long Beach, CA anticipating Erykah Badu’s perspective on midwifery, birth, and motherhood. She was amazing! I am honored to announce her as ICTC’s International Spokesperson. Erykah’s wisdom will be a valuable impact in the birth community and we are pleased to have her as model for our youth and future midwives.”

All forms and registrations are available online!
Visit ictcmidwives.org for more information
Dear Member,

It has been a busy winter for the International Center for Traditional Childbearing (ICTC) in creating new programs, sustaining our current programs and building partnerships to increase the number of midwives, doulas and healers of color in order to empower families to reduce infant and maternal mortality.

Internally, ICTC is creating a policy for the ICTC Regional and State Representatives to be able to replicate the ICTC mission in their state and region, and increase volunteer opportunities for members. Let us know if you want to volunteer.

Nationally, ICTC has been active in several federal and state legislative initiatives to promote better health for women and their babies.

The ICTC has endorsed Bill # HR2141 - Maximizing Optimal Maternity Service in the 21st Century, HR 894, Maternal Health Accountability Act of 2011, HR 2679, Preemie Reauthorization Act and HR2758/1463 Breastfeeding Promotion Act. Additionally, ICTC continues to promote the Mothers and Midwives in Action (MAMA Campaign) for the passage of HR 1054 for federal recognition of Certified Professional Midwives.

I attended the Home Birth Summit last October to share the ICTC vision for the future of homebirth, and ensure that considerations are observed to make way for communities of color to have access to and direction in its development. It was rewarding to see both sides of the topic come together at the Home Birth Summit, agreeing that further work is needed to protect and respect the health consumers’ right to birth at home.

At the state level, ICTC is leading the Oregon bill HB3311 back to the Oregon legislature for a vote to find a way for public insurance to establish a payment method for vulnerable women to have access to doulas.

On November 29, 2011, ICTC presented its quantitative analysis from its 2009-2011 study on the birth experiences of 215 women who identified as Black from a survey of 245 women. It was the largest study of its kind in the state of Oregon. The evidence showed that more than half of the women surveyed birthed alone and were not offered the services of a doula. This could be a sample of the national experiences for women who identify as Black in the United States.

The ICTC SE Black Midwives and Healers Summit in D’Iberville, MS, in October 2011, was a success. This was our first summit of this type. We accomplished our goal of building leadership to address the high infant mortality and maternal morbidity in the southeast region of the United States. Representation from GA, AL, KY, LA, MA, MS, NC, FL, TX, MA, MI, CT, and OR came to plan how to improve birth outcomes in their states, and increase the number of midwives to serve. It was agreed to address infant and maternal mortality by promoting midwifery in our neighborhoods through grassroots outreach efforts, door knocking campaigns, making the Full Circle Doula training more accessible as a proven template to improved birth outcomes, increasing breastfeeding rates, and increasing midwives and doulas of color.

Erykah Badu, GRAMMY award winner and the ICTC International Spokeswoman came and spoke at the Summit on Friday. She spoke on understanding the impact of pregnancy on relationships, and providing support for emotional changes. ACNM (American College of Nurse Midwives) president, ACNM Midwives of Color Committee Chair, the MANA (Midwives Alliance of North America) president and board members attended, sharing their thoughts and experiences on better birth outcomes and a commitment to partner with ICTC to increase the number of midwives of color in the profession. ICTC is excited that at the Summit, two members accepted the invitation to be state representatives for Massachusetts and North Carolina, with Mississippi pending.

The Summit ended in song and prayer with the promise of re-uniting at the 8th International Black Midwives and Healers Conference, October 19-21, 2012 in Miami, FL. I hope to see you there.

Sincerely,

Shafia M. Monroe, CM, C.C.E.
Breastfeeding is the best gift that a mother can provide to her child to help reduce infant mortality and morbidity. The International Center for Traditional Childbearing (ICTC) understands that reducing infant mortality, enhancing mother-infant bonding, newborn health, and enhancing the postpartum experience for mothers, are directly linked to long-term breastfeeding (a minimum of 12-months). Infant mortality is defined as the death of an infant between birth and one year; therefore, ICTC believes it is imperative for African American mothers to breastfeed for the minimum of 12 months and beyond to protect their infant’s health.

In 2006, ICTC received a Certificate of Recognition as an International Center for Traditional Childbearing-Breastfeeding Mother Friendly Employer. This certificate hangs on the wall at the ICTC office to remind the public of our position that we want mothers to breastfeed if they work, volunteer or train at ICTC. Our Certificate of Recognition is a reminder to our community of the advantages of breastfeeding and our commitment to it.

African American women were the last to abandon breastfeeding, with numbers dropping in the late 1950’s. Subtle and overt messages were used to discourage breastfeeding and to adopt formula feeding. Fortunately breastfeeding rates are gaining again in the African American community, but culturally appropriate promotion of breastfeeding must continue to educate the community for the numerous benefits of breastfeeding for both the baby and family.

Families who birth with midwives and use doulas have higher breastfeeding rates and longer duration rates. ICTC teaches the history of breastfeeding in the Black community, trains midwives and doulas to support breastfeeding and provides breastfeeding resources.

The International Center for Traditional Childbearing (ICTC) endorses breastfeeding as a natural way to reduce infant morbidity and mortality. Studies have proven that infants that are born too small and too early thrive better when fed human milk.

Breastfeeding allows the mothers to sit, relax, nurse, and bond with her infant, something that can be a challenge in this fast-paced society. We can increase breastfeeding rates by accepting it as the norm and not the exception and by helping families feel comfortable and respected in their choice.

Lastly, breastfeeding helps to protect the environment by reducing the number of formula cans, rubber nipples, plastic bags, and formula powder from being dumped into our landfills.

The benefits of breastfeeding are numerous. Besides saving money, it strengthens the infant’s immune system, enhances mother child bonding, and is also a gift to the mother’s health as well.

Full term babies and their mothers also benefit physically and emotionally from breastfeeding. Women who breastfeed are better protected from postpartum hemorrhaging, can build their iron level faster than non-breastfeeding women, and return to their pre-pregnancy weight quicker. Children of mothers with gestational diabetes have a higher risk for being overweight and developing diabetes later in life than other children; this risk is reduced by breastfeeding (http://www.everydayhealth.com/gestational-diabetes/benefits-of-breastfeeding.aspx).

Breastfeeding as a Natural Gift to Improve Outcomes
Benefits of Breastfeeding

- It’s the right thing to do
- It’s the contains all of the nutrients your baby needs: it's the best food for your baby
- Breast milk is always sterile and the right temperature
- Breast milk is free
- Breast milk has antibodies that protect your baby
- Babies prefer the taste of breast milk
- Breast milk builds babies immune system so they are sick less often and recuperate quicker
- Breastfeeding reduces chances of developing Type II Diabetes in adulthood
- Breast milk is more easily digested than formula
- Breastfeeding allows mothers to stop, sit, and bond with their baby, an important factor to help reduce Failure to Thrive Syndrome
- Breastfed babies have fewer ear infections, constipation, diarrhea, eczema, colic, and grow better.
- Breastfed babies are less likely to suffer from SIDS and infant mortality
- Breastfeeding helps develop good facial muscles
- Breast milk saves lives
- Breast milk increases the survival rate and quality of life for premature babies
- Breastfeeding is environmentally sound, helps to save the earth and supports the Green Movement

What can we do to promote breastfeeding?

- Encourage all women to breastfeed; we should start educating as early as elementary school. Evidence from five years of the ICTC Sistah Care programs show that early introduction to the benefits of breastfeeding among adolescent girls age 11-17 improved their knowledge base and attitude towards breastfeeding
- Provide images of women who are breastfeeding (especially women of color)
- Remind women that breastfeeding is a natural process following birth and healthy childrearing
- Find out what their concerns are regarding breastfeeding
- Offer to make a home visit on the 3rd postpartum day to help with encouragement
- Explain the advantages of breastfeeding with fathers and other kin so they understand their role in helping the mother have a successful experience
- Offer to do a presentation on breastfeeding benefits for your faith community
- Make sure your breastfeeding information and support skills are up to date so you can provide the most current evidence-based information
- Advocate for more baby-friendly hospitals make sure parents are well informed on the use of pacifiers, early introduction of breast pumps, and the distribution of formula

ICTC provides breastfeeding services, education classes including the advantages of breastfeeding, preparing the breast for breastfeeding, breastfeeding on the delivery table, day three of breastfeeding, pumping and storing milk, breastfeeding in public, and working with your employer as a breastfeeding mother. In addition, breastfeeding education is reinforced in our monthly childbirth preparation classes through videos, guest speakers and demonstrations. Special attention is given to outreach, securing the support of the father and extended families members. Incentives are given to recognize every milestone of breastfeeding, followed by an end of the year celebration for mothers who breastfed past 4-months, six-months, 9-months, and 1-year!

The ICTC mission is to promote and increase breastfeeding in communities of color, targeting African American women. The promoting and spiritual and technical aspects is included in all ICTC training programs and direct services.

By Shafia M. Monroe
ICTC interviewed birth center owner Selena Green, CPM, LM from San Francisco, CA. Selena is a past ICTC Regional Representative for the West Coast of United States of America, she served from 2007-2010.

The Interview was via e-mail.

How long have you owned a birth center?
I opened Sacred Birth Place in July of 2007. So, three years!

What made you want to own a center?
I had been a doula since 1994 and worked with women primarily in hospital settings. I then decided to become a midwife and apprenticed with a midwife in San Francisco for 1 year. After that year, I was accepted to Maternidad La Luz (MLL) on a woman of color scholarship, in El Paso, TX. I went to MLL for one year and challenged the 3 year program. I was able to experience a midwifery clinic seeing primarily Mexican women from Juarez. I received experience in various types of labor and birth due to the conditions the women were subjected to in Juarez. I received my CPM and subsequently my California License. When I returned home to San Francisco, I began doing homebirths and saw that there was an option that women were missing in their choices for birth – birth centers. I was approached with an opportunity to purchase a birth center business in Oakland, CA that was going to close. I knew it was for me and jumped at the opportunity.

How many births do have a month?
I generally aim for 4 births a month, but word of mouth is bringing many women to the center. In the past 2 months, I’ve had 15 births. Whew!

What type of women chooses a birthing center?
Many types of women choose to birth at a birth center. We see every race, ethnicity, culture, religion, and women who identify as lesbian and bisexual. Our clients range from 18 to 45 years old. We see women who are single, married, women who are dealing with domestic violence, rape, and women who are offering their children to an adoptive family.

Do you have staff?
I have one paid staff person besides myself and I have 3 student midwives.

What are some of the benefits of owning a birth center, any disadvantages?
The disadvantages are far less than the advantages. Some of them are long hours, missed birthdays and holidays and funding. The advantages are: the ability to sit with women during the most important times in their lifetime journeys, the honor I feel in educating, listening, learning, laughing and crying with the families that are drawn to the center and the sound and feeling of joy that surrounds every birth I witness. Other advantages are: the ability to be independent, the preparation of a safe and loving space for women to give birth, and the opportunity to give families another option when the hospital or home isn’t what they want.

What words of advice can you give to others who are considering owning a birth center?
Build a strong foundation to build upon, be as flexible as possible, prepare your family for the amount of time you will spend in your business, solicit support from those who show interest, and schedule in time for breaks!

Thank you Selena, this is great. ICTC
The Birth Works for Black Women, Afro-centric Pregnancy Fair Report

The International Center for Traditional Childbearing (ICTC) hosted the 1st annual “Birth Works for Black Women” (BWBW) an Afro-centric Pregnancy fair on June 25th, 2011.

It was held at Fern Hill Park, from 1pm-4pm in the Concordia Neighborhood. The event was successful with over one-hundred attendees. The attendees were comprised of pregnant women, new mothers, fathers, grandparents, community doulas and general supporters. The racial makeup was ninety-five percent African American, two-percent Latina, and three-percent White American. There was drumming, music and nutritious food.

The goal was to promote better birth outcomes through breastfeeding promotion, lead prevention awareness, and introducing midwife and doula services. The event was also to celebrate the passage of HB3311. The HB3311 is a legislative initiative by the ICTC and the Oregon Coalition to Improve Birth Outcomes (OCIBO) to request that the state of Oregon find a method to pay doulas; so that all women regardless of income can access them to help improve their birth outcome. The House Bill 3311 did pass mandating that the Oregon Health Authority investigates the use of doulas to improve birth outcomes in vulnerable populations. Everyone was excited about the passage of the bill.

The other objective was to create a venue to bring Black doulas and midwives in front of Black families so that a cultural competent choice would be available.

ICTC received great support for this event with major sponsors, community partners and volunteers. Our major sponsors were CareOregon Inc., the Office of Multicultural Health and Services, and Family Care. Our community partners were Oregon Action, the Oregon Midwife Council, De Paul, Echo Focus, Vivante, Regence, OCIBO, Milagros, Reflections, Florio, Alberta Food Coop, Albertsons, Lady Fern, CHARLA, Nurture, Josiah Hill III Clinic, Oregon Islamic Chaplain Organization, Concordia Neighborhood Association and Multnomah County.

The volunteer pool consisted of ICTC doula students, six Sistah Care girls and community members. In total there were over twenty volunteers throughout the day greeting attendees, helping with giveaways, and providing presentations.

As result of the major sponsors everything at the Fair was free. So the attendees were pleased to have free henna tattoos, fifteen minutes massages, birthing ball and baby wrap demonstrations, and attendees learned about Rebozo technique for relaxing the lower back, and more. Our giveaways included maternity and baby clothes, ornaments with the universal breastfeeding symbol, and organic soaps.

Josiah Hill III Clinic provided lead testing to six children and conducted three “Healthy Home Workshop” presentations. Attendees who participated in the Healthy Home workshop received green kits. A total of 45 kits were distributed. The green kits include non-toxic cleansing products that are biodegradable and toxin free. The Healthy Home workshop promotes natural products and lead free environments.

The feedback from the attendees and our sponsors was positive. ICTC will make this an annual event.
Lead Poisoning affects over 890,000 preschoolers and a disproportionate number of lead exposed children are black. African American children are 5 times more likely to be poisoned by lead than white American children (National Research Council Staff 1993).

The effects of Lead Poisoning can be devastating. Even low levels of lead poisoning can affect IQ (Wigle, D. T. 2003).

Even at very low levels of lead exposure (below 5 µg/dL) in children, lead causes reduced IQ and attention span, hyperactivity, (ADHD), impaired growth, reading and learning disabilities, hearing loss, insomnia, short term memory, and behavioral problems (Wigle, D. T. 2003). Lead poisoning causes irreversible health effects and there is no cure for lead poisoning; prevention is critical.

Lead is a heavy metal used in many materials and products. Lead is most harmful to children under age six because it is easily absorbed into their growing bodies and interferes with the developing brain and other organs and systems.

National health experts agree that exposure to lead-contaminated dust from deteriorated lead-based paint in older homes is the primary pathway for lead exposure in young children. Lead dust settles quickly, is difficult to clean up, and is invisible to the naked eye. Young children usually are poisoned through normal hand-to-mouth activity, as lead dust settles on their toys and the floor, or breathe contaminated dust (National Research Council Staff 1993).

Lead is a soft metal found naturally in the Earth's crust. At one time it was freely used in many products, including paint, batteries, solder, pottery and gasoline. This metal is virtually indestructible, and it is not biodegradable. Most children with elevated blood lead levels are asymptomatic. Only a blood test can determine if a child has lead poisoning; having your child tested is important. Before children are labelled as “bad kids” have them screened for lead poisoning as lead exposure can cause behaviour issues.

Lead absorption is increased when there is not enough iron or calcium in a child’s diet. Serve children foods that are high in calcium, iron, and vitamin C and low in fat (www.keepkidshealthy.com). These foods include milk, oranges, and leafy green vegetables. Also reduce fast foods to just once or twice month, because fast foods are high in fat and low in healthy nutrients. Providing home cooked meals with vegetables, proteins and whole grain is one of the best ways to protect your family from lead poisoning. Talk to your midwife or doctor for advice.

Please contact the International Center for Traditional Childbearing to learn more about how you can protect African American children from lead poisoning.

References
www.ehw.org
Black is a racial term. The women who define themselves by this term for the purpose of the survey identify with the lived Black experience in society. The term Black is used to encompass African Americans and other ethnicities that are not represented by the term African American. This includes immigrants, refugees or other people of African heritage who do not refer to themselves as African American, but consider themselves Black, such as; Black Latinos or other bi-racial or multi-racial categories.

The ICTC Birth survey is important to ICTC because the ICTC mission is to prevent and reduce the high rates of Black infant mortality. The current research demonstrates that infant mortality occurs at a higher rate among Black infants as compared to other races. The March of Dimes, (marchofdimes.org 2009) research shows that Black babies die at a rate that is 3 times higher than Caucasian babies in the US. Recent research has indicated racially induced stress to be a major factor in the high infant mortality rates among Blacks in the US (Unnatural Causes).

ICTC believes that through awareness, the provision of direct services, community support and policy change that infant mortality rates can be reversed.

Don’t Miss the 8th International Black Midwives and Healers Conference

October 19-21 2012

In Miami, Florida

The Birth Survey is important to ICTC because we believe it is a way to bring Black women and its community together around a reproductive justice issue, to mobilize the ICTC members, to create leadership, and a call to action with obtainable goals. In 2005, ICTC membership felt that it needed to respond to the number of Black women who contacted ICTC to complain about their negative birth experience. Often many attributed their negative experience to racial overtures on the part of the hospital staff. Lastly with the higher Black maternal and infant mortality in Portland, ICTC wanted to do research to document what Black women’s experiences and then publish the findings.

Special thanks to Western State Center for a $1,500 grant that allowed ICTC to hire consultants to get the surveys completed and for their ongoing technical assistant with this project. A total of 240 surveys completed. If you are interested in seeing the survey questions, visit http://ictc.wufoo.com/forms/ictc-birth-survey/ or at www.ictcmidwives.org under the resources tab. The surveys have the option of being anonymous. If you have further questions, please e-mail ictc@ictcmidwives.org
The ICTC believes that pregnancy, mothering and fathering are a special time, and should be a time of joy for all parents. ICTC recognize that in many instances fear and stress surround pregnancy, birth and parenting; this fear puts women at risk for premature labor, postpartum depression and other negative outcomes. Laboring women and their families deserve companionship and nurturing to help them feel supported, informed and empowered during the pregnancy, birth and parenting experience. The ICTC doula philosophy is built on public health and universal birth traditions, where women and other members of the community, deeply care for pregnant women and new mothers and families. The tradition is to care for the pregnant woman so that she will be healthy in every dimension to birth, nurse and raise her child. The tradition is full circle, with the nurturing and care of the new mother continuing to at least one year after the birth of her baby.

Using the Full Circle Doula® (FCD) model, ICTC teaches a one-stop approach to improve birth outcomes, provide holistic care, and encourage the normalcy of the perinatal period through wrap around services. The FCD® model emulates the 20th century African American midwives birth traditions and public health practice of comprehensive perinatal care, which accesses the needs of the family with special attention given to engaging the father. The FCD® training includes the midwifery model of care, public health, birth practices, breastfeeding support and postpartum care and rituals. It establishes a strong client relationship to holistically educate, prevent prematurity, stop infant mortality, improve birth outcomes, increase breastfeeding rates, and reduce postpartum depression. It is one of the most holistic approaches to birth and parenting in the healthcare field, and one which insures healthier babies and mothers over the long term.

Women who train as Full Circle Doulas® become healthier, engage in community service, ensure healthier babies and mothers, provide proactive care in ways that reduce the need for and use of social services. Additionally, FCD creates business opportunities for women that provide much needed, culturally competent – and trusted – healthcare for women of color right in the community. Full Circle Doula® women are leaders within their community and advocate for the families that they serve.

ICTC believes that every woman and her family deserves the full experience of having a Full Circle Doula®.

Who is eligible for the ICTC Full Circle Doula Training? ICTC believes every woman is a candidate for the training, but especially, mothers, grandmothers, midwives, physicians, single women, public health professionals, midwife students, lactation consultants, childbirth educators, teens, and other concerned persons including men.

The 2012 ICTC Doula National Training Schedule and Registration are available online at www.ictcmidwives.org.
Miracle Babies: A Mother’s Birth Story

On Monday January 19th after a long, lonely pregnancy, I got into an argument with my children’s sperm donor. He had just come home from work and I was finishing up the preparation for his dinner. Then a girl calls his phone and he tells her how surprised he was to hear from her. Eventually after he gets off the phone and our conversation gets heated, I throw the pot of Macaroni and Cheese. He cleans it up then he leaves. I go lay in bed around 11pm. No matter which way I laid I couldn’t get comfortable. I was used to this because there was always a baby on whichever side I turned to. Well then my stomach just felt really right and it was to the point where I laid there but I was so uncomfortable I couldn’t get any sleep. I was not alarmed; I thought oh maybe these are the Braxton Hicks contractions people talk about. I was excited even though I was angry about the way I had been treated (neglected, lied to, and abandoned) since the day I found out that I was pregnant (which was about 6 weeks). Sometime around 2am he came back and apologized. Whatever!! In the morning I woke up excited. It was Inauguration Day and I would get to celebrate in Washington D.C., the first Black president being inaugurated. Well I had an appointment that morning for an ultrasound. As I was getting ready I was following the inauguration ceremonies the entire way. It was interesting because I drove all the way to Washington Hospital Center and when I got there the place was empty. Everyone was taking part in the festivities that I would be joining after my appointment. I was very tired because I was in some pain all night and I didn’t get to sleep. As the ultrasound tech. was showing me my beautiful little girls I told her how tired I was and that I was in some pain last night. She called the doctor to examine me and they could see that my cervix was dilated. The doctor said “You are in labor I am sending you to Labor and delivery” This was the same doctor that warned me my babies could come any time after 6 months. I knew they would likely come around 7 (family history, my grandmother, her brother, my mother and her 3 brothers, all born at 7 months) so I was still hopeful that this was all a big scare.

I got up to Labor and delivery and it got a little freaky. I was all by myself. I called my aunt and told her to pick up the donor of my children’s sperm. That is when the Chief of High Risk clinic came in introduced himself and a host of other doctors and told me they needed to examine me. I was terrified. His hand didn’t look small and I didn’t want him showing it inside of me. Well he inserted his hand and I was 2 centimeters dilated and 5 minutes apart. As he pulled his hand out my water broke and I just broke into tears, crying, oh how I wanted my family. I was still all by myself. So they began giving me AZT (Zidovudine), medicine for the babies’ lungs, and medicine to stop the labor. Well the medicine didn’t really seem to be helping and time just seemed to fly by.

Well I was on the phone with a friend in Denver and my contractions just seemed to be lasting forever. I didn’t want an epidural because I just didn’t think it would be good for me or my babies. You know I had this day all planned out. I knew that whenever I went into labor, I wouldn’t rush to the hospital: first I would walk around for a while until the babies were good and ready to come out. Then I would stand up and push the babies out! Well while I was in this pain I was dying of thirst (so I thought) but I couldn’t even have ice chips. I wanted to sit up and get up and walk around but the doctors were very strict about me being on bed rest. I just felt like walking would help relieve some of the discomfort. The doctors only wanted to be notified if the pain got worse. Well finally a contraction came and it was much worse so I called the doctor. He came in, went to stick his hand in to measure and immediately he yelled “open up the back.” I was quite confused as to what that meant. They began moving me and he said “okay Ms. Johnson, I need you to push.” So, I began pushing. I was scared out of my mind. After the first round of pushing I was in the operating room with doctors all around me. Again he said "Push" then I replied “please help me.” A female doctor was standing over my head and she told me she was going to put me to sleep, the last thing I heard was the chief doctor standing perpendicular to the female doctor and me saying “just tell me when I can cut.” I was out. Well at 11:01pm and 11:02pm on January 20th 2009 Olivia Rose Elliott and Gracie Allure Elliott were born at 27 weeks and 5 days gestation (say goodbye to my 3rd trimester!). When I woke up I was in a wheelchair and on my way to see my babies. Olivia weighed 1 lb 15 oz and Gracie weighed 1 lb 13 oz. They stayed in the hospital for 2 months. They are my precious miracle babies.

That’s my story. I am determined to have a natural vaginal birth next time. I am sure the next time I will be married with a loving husband who supports me the entire time. I would love to have multiples again, twins or triplets, if it is the Lords will.

C.E
Janet King observed that gestational weight gain includes three components: (1) the products of conception (i.e., the fetus, placenta, and amniotic fluid), (2) maternal tissues (i.e., uterus, mammary, and blood), and (3) maternal fat reserves. The fat reserves comprise about 30 percent of the total gain on average. The components of gain can also be divided into water, about 65 percent of the total, fat, about 30 percent and the most variable, and protein, the remaining 5 percent (Butte et al., 2003; Hytten and Chamberlain, 1980; Kopp-Hoolihan et al., 1999).

Of weight gained during pregnancy, roughly 70% consists of the pregnancy components and 30% is thought to be attributed to maternal stores. The largest component of gestational weight gain is water, followed by fat (the most variable of all of the components in the literature), and finally protein. Patrick Catalano described the pattern of gestational weight gain, which is curved during the first two trimesters and then appears to be linear in the last trimester.

Longitudinal studies of changes in fat mass show that as lean women (pre-pregnancy percentage of body fat of less than 25%) go through pregnancy, they tend to gain more fat compared with women who are obese (pre-pregnancy percentage body fat greater than 25%). The IOM recommendations for weight gain in pregnancy reflect the curve of normal weight gain: very low at 0 to 10 weeks, 7 lbs. at 10 to 20 weeks, 10 lbs. at 20 to 30 weeks (this is when fat is accruing in the mother), and by 30 to 40 weeks the pace of weight gain should slow down. According to the average fetal growth curve, until about 28 weeks (the beginning of the third trimester), the average fetus weighs about 2 lbs. From 28 weeks until term, there is a 5.5 lbs. increase in weight that reflects fetal growth. Taken together, about 7.7 lbs. of weight in late pregnancy is related to the fetus, placenta, and amniotic fluid, not specifically maternal weight. Past efforts to advise women on weight for pregnancy (before, during, and after) have focused little attention on maternal obesity. Most of the concern has addressed low birth weight deliveries in addition to other maternal and infant outcomes. However, a large increase in birth weight, concomitant with the increase in maternal weight over the last decade, is contributing to a shift in thinking about weight gain patterns and risks. It is important to note that measurement of birth weight is a proxy for several key indicators, including fetal growth and length of gestation. Low birth weight has additional causes other than gestational weight gain.
CHI’s Article

In America there are a lot of obese people, because of their bad eating habits. As, an individual we have to do something ourselves for a change. Most people are used to eating sweets and foods with a lot of fats, like fast food. If we continue to eat that way, our bodies will change, but most importantly our health will change. When our health starts changing many things will start changing. If we start eating healthy our health will change in a good way and also if we exercise.

Exercising is just as important as eating healthy. I believe people should exercise at least 3 or 4 times a week, and eat healthy always. I’m no master at this, but I’m trying hard to get on that track. It’s good to start training your body, so that way you’ll get used to it. Just like you got used to unhealthy food and habits, it’s just as easy to get used to healthy food and habits. I’m 14 years old, and most kids my age will start their day with a bag of chips, and a soda. That is very unhealthy and not a right way to start your morning. Though there are some kids that start their day with plenty of fruits, which is good. I used to always bring chips and juice to class, and that’s how I’d start

After that day I started getting used to fruits in the morning and feeling more energized in the morning. For lunch, it’s usually what the school makes, but it’s also pretty healthy. Now, dinner is really hard for me, because sometimes I don’t eat because almost everything in my house is ORGANIC! Also, my parents are on a diet, so they insist on buying unhealthy food. This is very unhealthy not to have at least 3 meals a day, like I said before I’m no master.

Even though my health skills aren’t the best, I think everybody should start eating healthy and exercising because the affects of not doing so could be long term. You may like eating junk food, and not taking care of yourself, but it’s not the best way to go. Eating junk food/ fast food is good probably once a week, and if you can go longer than that, do so. Start off at a good pace for yourself and don’t rush into it. When eating make sure you have at least some fruits or vegetables in your meal. When going to the store, read the nutrition facts, and try setting a goal for yourself. Like, how much calories, sodium, and etc. the thing your purchasing should have before buying. Now, exercising seems a little bit easy for people my age, but it all depends.

Most kids during P.E. have no problem participating in the daily activity, but some do. Some just sit around and pretend sick to get out another daily exercise. This could be because most kids are not comfortable doing certain things without being teased. Or, some kids don’t like the activity; maybe running on a Treadmill is what fits them best. Some other ways you can exercise are, try going to a local gym or play a sport. Also, you can jog or walk 15-30 minutes a day. All the things I just listed for a healthier lifestyle aren’t really hard to do. I may be the “Queen of Hot Cheetoes,” but now I’m going to make a change for a healthier lifestyle and you can too!
Among the many flaws and troubling inaccuracies in this analysis are: Wax’s misrepresentation of the support of listed citations for his claims for increased neonatal mortality; referral to studies that are poorly designed and which mix low-risk and high-risk cases; failing to account for the quality of the trials included within the inclusion and exclusion criteria; the omission of several key, well-designed studies; and the flawed and completely unsubstantiated association of low-intervention maternity care with increased newborn death. His discussion includes findings from his own poorly designed review based on birth certificate data which is known to be unable to differentiate between planned and unplanned home birth and is therefore unreliable in studying neonatal outcomes. And by his selection criteria and careful crafting of his search strategy, the author has managed to eliminate the only prospective study of planned home births in the United States. This study demonstrates excellent outcomes for both mothers and infants in the care of Certified Professional Midwives (CPM) (Johnson & Daviss, BMJ, 2005).

The flawed neonatal death rates downplay the fact that the very studies used in Wax’s review demonstrate that mothers choosing home birth have better outcomes in every single measure of maternal and neonatal well-being over mothers having hospital births. Wendy Gordon, CPM and Director of Research Education for the Midwives’ Alliance Division of Research, states: “When the authors removed the flawed data in their study, their own results show that there is actually no difference in the rates of deaths between home and hospital, a conclusion that has been supported over and over by high-quality research. In a stark move that can only be assumed to be politically motivated the authors don’t even mention this lack of difference in the neonatal mortality rate in their final conclusion.”

Women and families deserve to know the truth, and the authors of this study are obscuring important information about the safety of home birth and neonatal outcomes. The mixing of poor-quality and high-quality studies from countries all over the world is defective research design, and the misleading conclusions about neonatal mortality do nothing to help U.S. women understand the true risks and benefits of home birth versus hospital birth.
**Introduction**

About two million or more girls undergo female genital cutting (FGC) each year (Chalmers & Omer-Hashi, 2002 & Gibeau, 2006). A number of these women are immigrating, with increased frequency to Western nations, namely United States, Canada and Europe. Many birth professionals, in these countries, lack knowledge about this practice and its physiological and psychological impacts. This article will highlight the significant physiological and psychological impacts of FGC. These include the procedure/ritual, types of female genital cutting, general and reproductive health risks, psychological and psycho-sexual risks and impacts on labor and delivery.

**The Procedure/Ritual**

Female genital cutting (FGC), also known as female genital mutilation (FGM) and female circumcision (FC) is defined as any indigenous ritual that involves partial or complete removal of any part of the female genitalia (WHO, 2001). Although it varies, depending on culture and region, traditionally FGC is performed on a young girl anywhere from 4 years old until before she marries (Koso-Thomas, 1987). Women, specially trained in the ritual, usually also midwives, perform the procedure with the help of one or more family or community women. Without anesthesia, a sharp tool (knife, broken glass, razor, scissors…) is used to cut out the undesired part of the female genitalia (U.N.O.C.H.A, 2005). In some cases, though insignificant compared to the number performed in traditional settings, FGC takes place in medical settings, by trained doctors, under anesthesia (WHO, 1997).

**Types of Female Genital Cutting**

Although, the type of genital cutting varies between regions and sometimes even within the same communities and families, for the purpose of understanding FGC from a broad perspective, there are four main types of FGC, which generally correspond to certain regions (See Table 1). Type I, which is widely practiced in Malaysia, Indonesia, Saudi Arabia, Yemen and other parts of the Middle East, includes “the excision of the prepuce with or without the excision of parts, or all of the clitoris (WHO, 2001).” Type 2, also called “Clitoridectomy,” which is mostly practiced in Sub-Saharan Africa, includes “the excision of the clitoris together with parts or all of the labia minora (WHO, 2001).” Type 3, also called “Pharaonic Circumcision,” which is practiced mostly in the Sudan, parts of Egypt, Somalia, Mali, and parts of Nigeria, includes “the excision or ablation of the external genitalia, accompanied sometimes with stitching or narrowing of the vaginal opening (WHO, 2001).” Type 4, which is not a specific type per se, but rather an all-inclusive term for any other form of cutting, includes “any procedure that affects the genitalia, including piercing, pricking, and/or stretching of the clitoris or surrounding areas (WHO, 2001).”

![Diagram of Normal Genitalia and Types I, II, III](https://via.placeholder.com/150)
General and Reproductive Health Risks

General and reproductive health risks vary, depending on the type and specific complications of the procedure. The short-term risks include hemorrhaging, vaginal infection, injury or trauma to urethra and anus and possible transmission of HIV/AIDS (WHO, 1996). The long-term risks include scarring and hardening of the genital tissue, difficulty urinating and menstruating, decreased sexual sensation, painful intercourse and more than average pain and difficulty giving birth (WHO, 1996).

Psychological and Psycho-Sexual Risks

Every region performs female genital cutting in a different way, but there are psychological risks associated with all of the varying procedures (U.N.O.C.H.A, 2005). At the time of the procedure, due to the immediate trauma, girls and women have been reported by family members, nurses, doctors and self reports to suffer from intense fear, helplessness, horror, anxiety, terror, humiliation and betrayal (Behrendt & Moritz, 2005; U.N.O.C.H.A, 2005 & WHO, 2001). Memory problems and higher rates of posttraumatic stress disorder (PTSD) have also been found (Behrendt & Moritz, 2005). PTSD manifested with symptoms of intense fear, helplessness and horror in response to the trauma, flashbacks about the experience (noted primarily in girls or women who recently underwent the procedure), fear of similar pain during intercourse, persistent avoidance of sexual intercourse, difficulty falling or staying asleep (noted primarily in girls or women who recently underwent the procedure) and clinically significant distress in romantic and marital relationships regarding sexuality and sexual intercourse (Behrendt & Moritz, 2005).

Impacts on Labor and Delivery

During childbirth, due to scar tissue and/or stitching, the vaginal canal may be restricted or blocked. Thus, when attempting to push, some women tear both their vaginal and anal passages. If the tear goes directly through the vagina to the anus, this is called a fistula. The combination of the initial pain, healing process and subsequent urinary and stool incontinence can be traumatic for many women both physically, emotionally and socially (U.N.O.C.H.A, 2005 & WHO, 2001). Additional, anxiety, fear and intense pain around childbirth are psychological risks that women who have experienced FGC may experience. As previously stated, women in this population often experience more than average pain and difficulty giving birth, due to heavy scar tissue and/or stitching of the vaginal opening. Having had a previous bad experience or heard about other women’s difficulties (stillbirths, resulting incontinence, extended and painful labors…) can put women at risk for anxiety and fear of giving birth (U.N.O.C.H.A, 2005 & WHO, 2001).

Conclusion

FGC significantly impacts women’s physiological and psychological health. In particular, reproductive health as well as labor and delivery are affected greatly by FGC. Therefore, it is important that birth professionals are aware of the impacts of FGC when working with women who have undergone FGC. Future articles will discuss key tools in providing culturally-sensitive birth support for women who have undergone FGC.

UNDERSTANDING THE PHYSIOLOGICAL AND PSYCHOLOGICAL IMPACTS OF FEMALE GENITAL CUTTING
ICTC Has Endorsed New Books!
ICTC is pleased to recommend the following list of books...

- Legend & Lore, Music & Mysticism, Recipes & Rituals
- The Big Book of Soul: The Ultimate Guide to the African American Spirit… By Stephanie Rose Bird
- Can’t Lose This Dream…By Jewel L. Crawford
- Into these hands Wisdom from Midwives… Edited by Geradine Simkins
- Birth Matters:A Midwife’s Manifesta… By Ina May Gaskin
- The Doula Guide to Birth: Secrets Every Woman Should Know…By Ananda Lowe & Rachel Zimmerman

Indulge in the world of Midwifery, Birth, and Spiritual Healing!
Dear Friends,

We have exciting news to share! MAMA is very pleased to announce that Congresswoman Chellie Pingree of Maine (D-ME-01) is committed to introducing a bill to amend the Social Security Act to mandate reimbursement for all CPM services for women insured by Medicaid! MAMA is very grateful to Congresswoman Pingree for stepping forward to increase low-income women’s access to high-value maternity care by introducing this important piece of legislation. We will keep you updated as this process unfolds.

Your support was crucial to this success! Your financial contributions have made this milestone possible. Thanks to you and your generosity, childbearing women insured by Medicaid are one step closer to increased access to CPM services.

While MAMA has quietly been at work on the new CPM bill, we’ve also put your donations to work on the implementation of the Patient Protection and Affordable Care Act (PPACA), passed in March 2010, which mandates Medicaid reimbursement of all licensed providers working in licensed birth centers. Again we extend our thanks to Senator Cantwell for “getting the ball rolling for CPMs” by insuring that licensed CPMs practicing in licensed birth centers will have their provider fee reimbursed by Medicaid.

Without your financial support, this increased access for women to CPMs in birth centers would not have become the law of the land. Your contributions enable MAMA representatives to travel to Washington DC to meet with Congressional offices support essential travel for MAMA representatives to Washington DC to meet with Congressional offices and with the Federal agencies that implement PPACA. This past summer, MAMA representatives, Mary Lawlor, Ida Darragh, Jo Anne Myers-Ciecko and Katie Pahner from our lobby firm, Health Policy Source, met with the Centers for Medicare and Medicaid Services (CMS) at their headquarters in Baltimore. In a dynamic working meeting, MAMA provided CMS with information and technical assistance about CPMs and their work in birth centers. Through Health Policy Source, MAMA has continued to interact with CMS as they prepare their letter of guidance that will soon go out to all State Medicaid Directors to implement this important provision. Thanks to your support, MAMA stands prepared to support the midwives in the states as they work with their state Medicaid officials to implement this provision, as well as the birth center facility fee reimbursement mandate as it relates to CPM birth centers. Your continued help will guarantee our success. Because of your past support, we know you believe that all mothers, including low-income women, should have access to the excellent care provided by Certified Professional Midwives. The past 1½ years have seen the most successful fundraising campaign for midwives ever! You and several hundred other supporters helped MAMA raise unprecedented dollars for this cause – over $180,000. Now we’ve got our foot in the Congressional door but it is only through your continuing support that MAMA will be successful.

Will you make a contribution today? MAMA needs your help now to raise the funds necessary to propel the CPM bill forward. MAMA will be on the ground on Capitol Hill into the New Year to ensure that the CPM access bill is re-introduced and gains the support necessary to become the law of the land.

We need your help. Can you contribute to MAMA at the level that you gave last year?

Can you increase your level of giving this year? MAMA is a powerful coalition. With your help we have made astounding progress in just a short time. With your continued support we will go far in 2011.

Make a donation today at www.mamacampaign.org. Fill out one of the enclosed donation cards yourself, and give the second to a friend or family member who shares our vision and commitment! We will put your contribution to work for midwives and mothers!
8th International Black Midwives and Healers Conference: “Returning Power to Birth, Reclaiming Our Culture”

The 8th International Black Midwives and Healers Conference (BMHC) will take place October 19-21, 2012 at the Newport Beachside Resort in Miami Beach, Florida. This eighth year, offers midwives, doulas, birth workers and healers from around the globe best practices and cultural traditions in the care of pregnant, birthing and postpartum mothers, to improve birth outcomes and reduce maternal mortality.

Over 250 black and brown Midwives, doulas, healers, labor and delivery nurses, public health professionals practitioners, alternative health practitioners, social workers, community health workers, the public health community, academia, maternal and childcare professionals, childbirth educators, lactation consultants and other health care professionals will explore cultural traditions and best practices in the care of pregnant, birthing and postpartum mother. Participants will engage in interactive Workshops that model the ICTC mission of family empowerment, infant mortality reduction, breastfeeding promotion, and increasing infant and maternal healthcare providers of color, including evidence based prevention and solution training modules.

ICTC is an infant mortality prevention, breastfeeding promotion and midwife and doula training non-profit organization. It is our duty to eliminate infant mortality, and we hope that you will join us in this mission. Please visit our web-site www.ictcmidwives.org and hear Erykah Badu four times GRAMMY® award winner, singer, songwriter, holistic healer and doula and the ICTC International Spokesperson speak about her experience of attending the 7th International Black Midwives and Healers Conference.
# Conference Schedule

### Friday, October 19th

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am - 5:00 pm</td>
<td>Registration (Mezzanine)</td>
</tr>
<tr>
<td>8:00 am - 10:00 am</td>
<td>Opening Ceremonies&lt;br&gt;Presidential Address: Shafia M. Monroe (Atlantis Ballroom)</td>
</tr>
<tr>
<td>10:15 am - 11:45 pm</td>
<td>Southern Black Midwives: Legacies of Resistance&lt;br&gt;Self Care Room aka “Red Tent”&lt;br&gt;Reducing the Black Infant Mortality Rate&lt;br&gt;The Disappearance of Traditional Midwifery Practices Among Afro-Caribbean Women&lt;br&gt;Clinical CPR Infants</td>
</tr>
<tr>
<td>12:15 pm - 1:45 pm</td>
<td>Keynote Luncheon (Atlantis Ballroom)</td>
</tr>
<tr>
<td>2:00 pm - 3:30 pm</td>
<td>From Promotion to Adoption: The Varied Experiences of Black Women &amp; Breastfeeding&lt;br&gt;Experiences and Perceptions of Contemporary Black Midwives in the United States&lt;br&gt;The Prison Birth Project: Model of Community-Based Support for Incarcerated Women&lt;br&gt;Raising Awareness Through Social Media-Social Savvy Divas</td>
</tr>
<tr>
<td>3:45 pm - 5:15 pm</td>
<td>Village Session: Identifying Injustice in Midwifery</td>
</tr>
<tr>
<td>5:30 - 7:00 pm</td>
<td>Dinner on your own</td>
</tr>
<tr>
<td>7:00 - 8:00 pm</td>
<td>President’s Reception with Dignitaries and Sponsors</td>
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<tr>
<td>8:00 - 9:00 pm</td>
<td>Open Mic Night</td>
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<tr>
<td>9:00 - 11:00 pm</td>
<td>Films and Documentaries</td>
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<tr>
<td>6:00 am - 7:00 am</td>
<td>Morning Beach Walk</td>
</tr>
<tr>
<td>7:00 am - 8:00 am</td>
<td>Breakfast On Your Own</td>
</tr>
<tr>
<td>8:00 am - 2:00 pm</td>
<td>Registration Closed/Exhibit and Vendor Village (Mezzanine)</td>
</tr>
<tr>
<td>8:30 - 10:00 am</td>
<td>Village Session: Plan of Action Toward Rights and Justice</td>
</tr>
<tr>
<td>10:00 am - 10:30 am</td>
<td>Check Out/Break</td>
</tr>
<tr>
<td>10:30 am - 12:30 pm</td>
<td>Members Meeting/ Brunch</td>
</tr>
<tr>
<td>1:30 pm - 3:00 pm</td>
<td>Running a Tight Ship and Still Having Fun&lt;br&gt;Market Testing Your Products&lt;br&gt;Exceeding Industry Standards&lt;br&gt;Efficiency Is Key</td>
</tr>
<tr>
<td>3:15 pm - 5:00 pm</td>
<td>Closing Ceremonies</td>
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</tbody>
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# Conference Schedule

**Saturday, October 20th**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 am - 7:00 am</td>
<td>Beach: Morning Movement</td>
</tr>
<tr>
<td>8:00 am - 5:00 pm</td>
<td>Registration</td>
</tr>
<tr>
<td>7:00 am - 8:00 am</td>
<td>Continental Breakfast</td>
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<tr>
<td>8:00 am - 9:30 am</td>
<td>Village Session: Soul Sistah</td>
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<tr>
<td>9:45 am - 11:15 pm</td>
<td>Doula Panel</td>
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<tr>
<td>11:30 am - 1:00 pm</td>
<td>Session II:</td>
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<tr>
<td>1:00 pm - 2:00 pm</td>
<td>Lunch On Your Own</td>
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<tr>
<td>4:00 pm - 5:30 pm</td>
<td>Village Session: Addressing Solutions to Institutional Racism in Midwifery</td>
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<tr>
<td>5:30 pm - 7:00 pm</td>
<td>Break and Relaxation: Self Care (Red Tent)</td>
</tr>
<tr>
<td>7:00 pm - 9:30 pm</td>
<td>Gala Awards Banquet, Midwife Student Fellowship Silent Auction</td>
</tr>
<tr>
<td>9:30 pm - 11:00 pm</td>
<td>Dance Party</td>
</tr>
</tbody>
</table>
# Conference Schedule

**Sunday, October 21st**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 am - 7:00 am</td>
<td>Morning Beach Walk</td>
</tr>
<tr>
<td>7:00 am - 8:00 am</td>
<td>Breakfast On Your Own</td>
</tr>
<tr>
<td>8:00 am - 2:00 pm</td>
<td>Registration Closed/Exhibit and Vendor Village (Mezzanine)</td>
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<td></td>
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</tr>
<tr>
<td>3:15 pm - 5:00 pm</td>
<td>Closing Ceremonies</td>
</tr>
</tbody>
</table>

**Hotel Reservations**

**Newport Beachside Hotel & Resort**  
16701 Collins Avenue, Sunny Isles Beach, Florida, 33160.  
Special Rate: Call toll free 1-800-327-5476 or 305-949-1300, ext. 1280.  
Promotional Code: “The International Center for Traditional Childbearing”

Need a roommate? Visit our website at www.ictcmidwives.org to register for the roommate matching program.
Conference Scholarship Awards

Who made this possible?

The ICTC has recently been able to award more than 10 scholarships to the 8th Annual Black Midwives and Healers conference after the efforts of a newly formed ally group raised nearly $3000. Anti-Racism and Anti-Oppression in Midwifery, also known, as AROMidwifery, is a group dedicated to social justice specifically in the profession of midwifery.

AROMidwifery began the fund raising with a call to action that was spread using social media and word of mouth. The bog post was shared via Facebook and Twitter and was supported by every large midwifery organization including, NACPM, MANA and was even supported by the YWCA. The fund raising efforts reached many state organizations as well and touched the souls of supporters all over the country. With over 80 donors and 250 Facebook shares, the scholarship fundraising was a great success.

If you are interested in learning more or would like to support the efforts, you can read more about the group and it’s work by reading the AROMidwifery blog at aromidwifery.wordpress.com.

How will we determine scholarships?

We will base our decisions on a variety of criteria. Financial need will be considered, as will unique identifying factors of the applicant. We hope to see many students and midwives of color in attendance at the conference and others engaged in these fields of calling and work.

The max number of attendance to the 8th International ICTC BMHC is 300. In order to cover our costs and provide need based scholarships the ICTC needs to sell 150 advance tickets by September 31st, 2012 at regular ticket prices. After we have achieved this goal, we will have approximately 60 spaces available for scholarships (from partial to full). Once we have filled these initial spaces there will still be opportunities for people to attend the conference at a discounted rate. After the application deadline, please email ictc@ictcmidwives.org and explain your situation. We will see if there is a way to work together to enable you to come.

Please note: People receiving scholarships will not be asked to volunteer during the conference, as this has shown detrimental to experience and enjoyment. All volunteer work will take place prior to the conference and upon completion.
CONFERENCE AD RESERVATIONS

ICTC invites you to join our mission to reduce infant mortality, promote breastfeeding and increase the number of midwives of color by placing an Ad in our 8th International Black Midwives and Healers Conference program. Your company or organization’s name will shine for years to come in this beautiful keepsake booklet!

To reserve your ad space, please mail this form and your check to ICTC, PO Box 11923, Portland, OR 97211. Email the file for your ad to ICTC@ictcmidwives.org and to the graphic designer at lightwolfdesign@yahoo.com. See the design specifications that follow for acceptable file formats, naming instructions. Call (503) 460-9324 if you have questions.

Full payment and your ad must be received by October 14, 2012 to be included in this year’s program.

☐ Inside Front Cover 7½” wide x 10” high $700
☐ Inside Back Cover 7½” wide x 10” high $700
☐ Full Page 7½” wide x 10” high $500
☐ Half Page Horizontal 7½” wide x 5” high $350
☐ Half Page Vertical 3½” wide x 10” high $350
☐ Quarter Page 3½” wide x 5” high $200
☐ Business Card 3½” wide x 2” high $100

Amount Enclosed $_______________________________ Date _____________________________

Contact ________________________________________ Title ________________________________________

Company /Organization
________________________________________________________________

Address
____________________________________________________________________________

City _______________________ State _______________ Zip __________________________

Phone __________________ Fax ___________________ Email ________________________

Please be sure to keep a copy of this form for your records.

ICTC • PO Box 11923, Portland, OR 97211 • 503-460-9324 •
www.ictcmidwives.org
Because Healthy Babies are Everybody’s Business
Design Specifications

Create your ad at 100% of the final size in black & white or grayscale. Color ads will be converted to grayscale.

<table>
<thead>
<tr>
<th>Layout</th>
<th>Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inside Front Cover</td>
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</tr>
<tr>
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<td>Half Page Horizontal</td>
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</tr>
<tr>
<td>Business Card</td>
<td>3½” wide x 2” high</td>
</tr>
</tbody>
</table>

Accepted file formats

Illustrator (with fonts converted to outlines; save as v 9.0), Photoshop, PDF (print resolution), EPS (ASCII encoded with TIF preview), 300 dpi JPG, 300 dpi TIF.

Microsoft Word, Publisher or Word Perfect documents are not accepted as the final ad format. If you create your ad is one of these program, you must save the file as a print resolution PDF.

If you absolutely cannot create your ad in one of the accepted file formats, send the text (.rtf format or in an email message) and artwork as separate files. Artwork placed in a Word file does not work. You can send it as an example, but to create your ad, we must have the artwork as a separate file in one of the formats listed above.

Scans and photographic artwork should be no more than 300 dpi (preferred resolution); 150 dpi is OK. Web or screen resolution graphics (72 or 96 dpi) will not print clearly.

Naming your file

Be sure to include your organization’s name in the file name! For example, if your organization is named Lightwolf Design, name your ad lightwolfdesign_ad.jpg.

If sending Macintosh files, include the appropriate 3-character extension in the file name so the graphic designer’s PC can read the files (.eps, .jpg, .tiff, .pdf, .ai, .psd, .rtf).

File submission

Email the file for your ad to ICTC@ictcmidwives.org and to the graphic designer at lightwolfdesign@yahoo.com. Both will email an acknowledgement that they received your file.

If you don’t receive an acknowledgement, assume the file was not received. Please include your phone number in your email so the graphic designer can contact you if there are problems with the file. Call (503) 460-9324 if you have questions.

** Remember - Full payment and the file for your ad must be received by October 14, 2012.

ICTC • PO Box 11923, Portland, OR 97211 • 503/460-9324 • www.ictcmidwives.org

Because Healthy Babies are Everybody’s Business
ICTC’s Organizational Members 2012

La Luna de Sol
International Cesarean Awareness Network
Citizens for Midwifery
Midwives Alliance of North America
Sister Song Inc.
MAMACAMPAIGN.ORG
Midwives of Color Chapter (MOCC)
American College of Nurse Midwives
HEALTHCONNECT ONE
Sistah Midwife International
Oregon Islamic Chaplain Organization

Board of Directors Roster

Shafia M. Monroe, President/Founder
Alexis Asihene, Board Chair
Diane Saunders, Board Secretary
Latif Bossman, General Member
Kim Heller, MD
Christina Yu

Join ICTC!
Become an organizational member! Together we can eliminate infant mortality and increase the number of midwives and doulas of color!
Complete Your Online Application Today!
www.ictc.midwives.org

MADRE, an international women’s human rights organization, seeks to advance rights by meeting urgent needs in communities and partnering with women to create long-term solutions for the crises they face. MADRE’s partner organization, Midwives for Peace, is a grassroots group of Palestinian and Israeli midwives working together to ensure that childbirth is a safe experience in spite of political conflict. Midwives for Peace saves lives by providing critical prenatal care and childbirth support to women in the West Bank. You can help by donating urgently needed midwifery supplies by November 1st. Please visit this page for more information and a list of supplies: http://www.madre.org/index/get-involved-3/current-campaigns-9/helping-hands-the-safe-birth-project-228.html.
ICTC State Representatives:

**Alabama State Representative:**
Nadiyah Seraaj  
(334) 221- 7844  
Truuu2me@yahoo.com

**California State Representative:**
Asatu Hall  
(510) 692- 2029, (602) 742- 2274  
Sacredgrove7@gmail.com

**Florida State Representative:**
Jamarah Amani  
(786) 587- 8741  
jamarah@gmail.com

**Illinois State Representative:**
Rayna Brown  
(773) 238- 0021  
Raynickb@yahoo.com

**Massachusetts State Representative**
Tashina Bowman  
motheringbirth@gmail.com  
(413) 345-5032

**Minnesota State Representative:**
LaVonne Moore  
(612) 850- 0016  
kemetcircle@hotmail.com

**New Mexico State Representative:**
Nandi Andrea Hill  
(505) 238- 8715  
nandimidwife@yahoo.com

**North Carolina State Representative**
Walidah Muhammad  
336-210-0722  
Walidahm@cox.net

**Pennsylvania State Representative:**
Folami Irvine  
(215) 438- 1966  
Pjjpp518@aol.com

**Text State Representative:**
Aremisa May- Hailey  
(214) 434- 2511  
indigenousedoula@yahoo.com

**Virginia State Representative:**
Basmah Karriem  
(804) 726- 6389  
bkarriem@gmail.com

**Washington D. C. Representative:**
Therese Robinson  
(202) 271- 8143  
trobinson@bwnh.org

**ICTC Regional Representatives**

**SE Regional Representative:**
( AL, GA, FL, MS, LA, KY, TN, VA, SC, NC, )  
Nicole Deggins  
Nicoledeggins@gmail.com

**International Representative:**
(Columbia, Nigeria, Sierra Leone and Somaliland)  
Shafia M. Monroe  
Shafia@ictcmidwives.org

**Ghana Representative:**
Agatha Ashun  
agathapasashun@yahoo.com

**Haiti Representative:**
Sister Denise desildenise@yahoo.com

All state and regional representatives are listed on www.ictcmidwives.org  
Please reach out to your state representative and get involved!
ICTC Membership Application

Name: _________________________________ A.K.A. ________________________________

Legal First, Middle Initial, Last Name

Date of Birth - Month/ Day/ Year: ________________________________________________

Organization: _____________________________ Please Circle: For-Profit  Non-Profit

Home Address: _________________ City: ___________ State: __________ Postal Code: ______

E-Mail ______________________________ (H) # __________________ (Cell) # ________________

Membership Benefits

You will support programs committed to infant mortality reduction and breastfeeding promotion in communities of color

- You will receive the Semi- Annual Black Midwives and Healers Review
- 5% Discount of ICTC’s Annual Conference
- 5% Discounts on a variety of Trainings
- Join the E- News at www.ictcmidwives.org

Membership Type and Dues: Check one

☐ Individual Income > $50,000 ---- $50.00
☐ Individual Income < $50,000 ---- $35.00
☐ High school Student ---- $ 20.00
☐ Non-Profit Organization ---- 100.00
☐ For-Profit organization ---- 250.

Occupation: Please check All That Apply

☐ Midwife
☐ Doula
☐ Childbirth Educator
☐ Healer
☐ Registered Nurse
☐ Mother
☐ Other _______________

International Members Pay an Additional $ 10.00

Ethnicity: Please Circle All That Apply (Optional)

☐ Black
☐ White
☐ Asian
☐ Multi-Racial
☐ Hispanic
☐ Other ______________________________________

ICTC ONLY ACCEPTS Checks Drawn On UNITED STATES AND IN U.S. FUNDS OR INTERNATIONAL MONEY
IN U.S. FUNDS
Make Checks and Money Orders Payable To: ICTC.

☐ My check or money order is enclosed. Check# ______ Paid through Pay Pal____
☐ My donation in the amount of $____ is enclosed. Check# ________________
☐ I give ICTC permission to give my contact information to my state rep.
☐ No I do not give ICTC permission to give my contact information to my state rep.

Send completed application and payment to: ICTC
Join a culturally diverse community of Doulas

ENTER A GROWING PROFESSION SERVING WOMEN AND FAMILIES!

ATTEND THE ICTC
FULL CIRCLE DOULA / BIRTH COMPANION TRAINING

Full Circle Doulas are well-rounded professionals trained to provide Pregnancy, Labor & Postpartum Care for better birth outcomes. ICTC is renowned for its interactive training including infant mortality prevention, nutrition and self care, breastfeeding techniques, lead prevention awareness, cultural awareness & sensitivity, traditional & spiritual birth practices, and more.

Cultural Competency! Higher Education! Career Planning! Experiential Learning!

ENTER A GROWING PROFESSION SERVING WOMEN AND FAMILIES!

Register Online Today
www.ictcmidwives.org

The International Center for Traditional Childbearing (ICTC) is an infant mortality prevention, breastfeeding promotion, doula and midwifery training non-profit organization.
www.ictcmidwives.org

Upcoming Training Dates:
July 19-22: Portland, OR
Sep 13-16: Portland, OR
Oct 17-20: Miami, FL
Nov 1-4: Dallas, TX
Dec 6-9: Portland, OR

The ICTC is renowned for its culturally diverse curriculum that includes the legacy of the African American midwife, the effects of health inequities on birth outcomes, public health, and traditional and current comfort measures for labor, birth, and the postpartum period, and for supporting the father.

Register Online Today!
www.ictcmidwives.org