

SWFL

# BIRTH & BEYOND

2014-2015 EDITION

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caesarean for you?

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resource guide with 38+ leading  
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(See page 10.)

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# It's Your Birth. Know Your Options

Childbearing women in Southwest Florida have a variety of options available when choosing how, where and with what type of provider to give birth. In preparing for your special day and the many decisions you will have to make, navigating options and knowing where to find them can be made easier with the help of a guide.

It is our belief that safe and satisfying births can take place in hospitals, birth centers, and homes with appropriate Mother-Friendly maternity care and support. We refer to the Coalition for Improving Maternity Services (CIMS) Mother-Friendly Childbirth Initiative (MFCI) which defines and outlines steps towards maternity services that promote the normalcy of the birth process, the autonomy and empowerment of the parents, and the responsibility of the caregiver to implement evidence-based care practices.

Also in our area is the International Cesarean Awareness Network (ICAN) with a mission to improve maternal-child health by preventing unnecessary cesareans through education, providing support for cesarean recovery, and promoting Vaginal Birth After Cesarean (VBAC). For more information visit [www.ican-online.org](http://www.ican-online.org).



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# What IS Mother-Friendly Care?

## For Mother-Friendly Hospitals, Birth Centers,\* and Home Birth Services

To receive CIMS designation as “mother-friendly,” a hospital, birth center, or home birth service must carry out the above philosophical principles below...

### A mother-friendly hospital, birth center, or home birth service:

#### 1. Offers all birthing mothers:

\*Unrestricted access to the birth companions of her choice, including fathers, partners, children, family members, and friends;

\*Unrestricted access to continuous emotional and physical support from a skilled woman—for example, a doula,\* or labor-support professional;

\*Access to professional midwifery care.

#### 2. Provides accurate descriptive and statistical information to the public about its practices and procedures for birth care, including measures of interventions and outcomes.

#### 3. Provides culturally competent care—that is, care that is sensitive and responsive to the specific beliefs, values, and customs of the mother’s ethnicity and religion.

#### 4. Provides the birthing woman with the freedom to walk, move about, and assume the positions of her choice during labor and birth (unless restriction is specifically required to correct a complication), and discourages the use of the lithotomy (flat on back with legs elevated) position.

#### 5. Has clearly defined policies and procedures for:

\*collaborating and consulting throughout the perinatal period with other maternity services, including communicating with the original caregiver when transfer from one birth site to another is necessary;

\*linking the mother and baby to appropriate community resources, including prenatal and post-discharge follow-up and breastfeeding support.

#### 6. Does not routinely employ practices and procedures that are unsupported by scientific evidence, including but not limited to the following:

\*shaving;

\*enemas;

\*IVs (intravenous drip);

\*withholding nourishment or water;

\*early rupture of membranes\*;

\*electronic fetal monitoring;

other interventions are limited as follows:

\*Has an induction\* rate of 10% or less;†

\*Has an episiotomy\* rate of 20% or less, with a goal of 5% or less;

\*Has a total cesarean rate of 10% or less in community hospitals, and 15% or less in tertiary care (high-risk) hospitals;

\*Has a VBAC (vaginal birth after cesarean) rate of 60% or more with a goal of 75% or more.

#### 7. Educates staff in non-drug methods of pain relief, and does not promote the use of analgesic or anesthetic drugs not specifically required to correct a complication.

#### 8. Encourages all mothers and families, including those with sick or premature newborns or infants with congenital problems, to touch, hold, breastfeed, and care for their babies to the extent compatible with their conditions.

#### 9. Discourages non-religious circumcision of the newborn.

#### 10. Strives to achieve the WHO-UNICEF “Ten Steps of the Baby-Friendly Hospital Initiative” to promote successful breastfeeding:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff;

2. Train all health care staff in skills necessary to implement this policy;

3. Inform all pregnant women about the benefits and management of breastfeeding;

4. Help mothers initiate breastfeeding within a half-hour of birth;

5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants;

6. Give newborn infants no food or drink other than breast milk unless medically indicated;

Practice rooming in: allow mothers and infants to

7. remain together 24 hours a day;

8. Encourage breastfeeding on demand;

9. Give no artificial teat or pacifiers (also called dummies or soothers) to breastfeeding infants;

10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospitals or clinics

† This criterion is presently under review.

Source: <http://www.motherfriendly.org/MFCI>

For the full Mother-Friendly Childbirth Initiative, visit  
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# From “Birth as Initiation”

By: John “Doc” Edwards DC, CACCP  
Mama’s Chiropractic Clinic

Plainly speaking there is no right or wrong to you. You were born, just like the other trillions of humans who have been born before you. Likewise, your child will be born. This is a fact. You will go through the process of pregnancy, and at the end of it become a mother to this child. The universe has a way of unfolding regardless of human plans, and part of the allure for those of us who work with this elemental stage of the human experience is the wonder and mystery that still exists in the transition from womb to the outer world. Every single birth is an initiation for both the mother and the child; there is a transmutation from one state to another that can never be undone.

Just like any ritual, and this is a critical point- there is physical, mental, and emotional preparation that must be done in order for you to be fully present in the birth process. Can you get yourself into that delivery room without preparation? Of course you can. But I’ll argue your experience of the rite is going to be vastly different. To paraphrase from the film Her, the truth of where a satisfying birth experience lay is somewhere in-between the words on the page. There’s a difference between expecting or visualizing a natural delivery and this centered state of being. There’s also a subtle distinction between “going with the flow” by allowing whatever outcome to unfold during birth, and this level of conscious preparation and presence. Where most mothers operate from during pregnancy is a place of conscious thought or subconscious emotion. Where I’m encouraging you to go instead is a state of mindfulness, a connection with the broader consciousness that you gain access to through rehearsal and by acting on clear, not muddled, messages from your intuition.

The godmother of midwifery Ina May Gaskin says “Your body is not a lemon,” meaning your body is intelligent, and knows what to do during birth. As a chiropractor who primarily works with pregnant women and young children, I tell patients their bodies will always do the right thing if given the opportunity. The small print to these statements is that in order for the body to do the work that

comes naturally, it needs to be receiving clear messages. The physical separation between the mind and body was an ill-conceived notion that dates back to Descartes, yet still persists in the practice of medicine. The truth is, there is no separation between your thoughts and your physiology. Science showed us that every time we have an emotion, our brains release chemical messengers that implant themselves somewhere in our bodies and change the tissues around them. Likewise, the more restricted the body, the less clear the thoughts. That’s why the adage “Fear is the enemy of labor” is so true. To clear your fear and worries, you need to know, and I mean really be present within, all delivery outcomes before you begin laboring. While it’s beyond the scope of this article, Birthing from Within is a fantastic resource for rehearsing and roleplaying. Doing it literally impacts your cells’ and hormones’ ability to function the way they should.

For the next step, to clear the communication pathways between the physical structures of your brain and body, you do need to seek the help of someone who is trained to assess that balance. Years of studying, the late night partying of your wilder days, that time you fell off your bicycle as a child, or even the grief of losing your first cat has created webs of static in your nerve system and separated you from expressing the full potential of that innate intelligence inside. It’s your job as an expecting mother to transition from the busy-ness of life into the centered place in preparation for this birth ritual. It’s my belief that one of the things I do is get an expecting mom’s pelvis balanced and ready for delivery day so she and her baby can have a safer, more comfortable birth. But it’s also my job as a chiropractor to unlock the wisdom that’s lain dormant within her; to integrate not only her neurology, but allow for the smooth dissolution of her sense of separate individuality into the expanse of divine consciousness in preparation for the initiation into new motherhood. A chiropractic adjustment really can be that big. This is the preparation work every expecting mother should engage in at least 3 months prior to her baby’s arrival. The birth is going to happen; how you choose to prepare for that fact is entirely up to you. 



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# VBAC

By:  
Megan Nickel-Martin

Vaginal birth after cesarean, or VBAC, is not a new phenomenon or fad. It became popular in the 1980's after the American Congress of Obstetricians and Gynecologists (ACOG) issued statements promoting VBAC and dismantled the idea of "once a cesarean, always a cesarean."

The cesarean surgery has become so refined since its ancient beginnings that women are no longer dying during the operation and surgical technique has improved making VBAC a safe reality. In 1999, however, the VBAC movement was set back when ACOG released a practice bulletin limiting access to VBAC in response to legal concerns. VBAC labors were being mismanaged with an overuse of labor induction and augmentation drugs leading to an increase in uterine ruptures (UR) and therefore an increase in liability for providers. After the release, women faced issues with access to VBAC. The "immediately available" recommendation given by ACOG (having an OB and anesthesiologist immediately available to respond to UR) gave hospitals and providers reasons to deny women VBAC including not having 24/7 anesthesia and not being able to "labor sit" at the hospital while a VBAC mom was in active labor. Since then, the cesarean rate in the United States has rapidly increased (going from approximately 22% in 1999 to nearly 33% in 2011), and the VBAC rate has rapidly decreased. Florida's 2011 cesarean rate was 38.1% and Lee County's 2012 cesarean rate is about 36.6%. ACOG has since released a 2010 practice bulletin stating VBAC is safe and appropriate for most women, but undoing the 11 years of setbacks has not been easy.

The history and the numbers are interesting, but what is holding women back from VBAC? First there is the lack of access, and second is how the public perceives VBAC.

How does access to VBAC hold back birthing mothers? It seems like a simple question, considering every sane person has the right to refuse any surgery they do not want or need. However, despite the risk of UR being on par with the risk of cord prolapse or placental abruption in



Source: [www.improvingbirth.org](http://www.improvingbirth.org)

any average pregnancy, women who want a VBAC cannot go to any OB or midwife. They cannot go to any hospital with a Labor & Delivery unit. Many are urged to undergo repeat cesareans, and sign intimidating forms filled with legal jargon outlining the risk they are about to take.

The risks involved with multiple cesareans rarely come up. Locally, we have a small handful of doctors who will attend VBAC in the hospital and a few midwives from other counties who will travel here to attend home birth after cesarean, or HBAC. We are lucky to have one hospital whose nursing staff has gone above and beyond to make most VBAC moms feel welcome. Some areas, elsewhere in the country, have no options, and mothers must travel hours to have a VBAC. There are two types of hospital VBAC bans, a ban and a de facto ban. A "ban" means that hospital policy has been written to ban VBAC (although, moms always have the right to refuse surgery). A "de facto ban" means hospital policy does not prevent VBAC, but none of the providers who deliver at that hospital attend planned VBACs. The rules and run around can be very frustrating and overwhelming for pregnant mothers. Some moms feel defeated before they even begin. 45% of women are interested in the option of VBAC, yet 57% cannot find a supportive care provider. 91% go on to have a repeat cesarean.

The obstacles to having a VBAC color the public opinion of the safety of VBAC. Logic says if a doctor refuses to allow a woman to even attempt a trial of labor after a cesarean (TOLAC), and



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hospitals ban VBAC, it must be dangerous. Pregnancy is a time when women become public domain for others sharing opinions no one asked them for, and VBAC opens the door for some of the worst criticism. People are outraged anyone would take such a risk. Risks are often inflated and sometimes lies persistently make their rounds (i.e. VBACs are illegal or most women fail). However, the facts don't support the hysteria, not even a little bit. The risk of uterine rupture is actually quite low (0.4-0.6% after one cesarean) and the more vaginal births a mom has, the lower the risks. It cannot be illegal to have a baby vaginally and 75% of women who attempt a TOLAC have a VBAC. Conversely, no one discusses the serious and increasing risks multiple cesareans bring to subsequent pregnancies and births (placenta problems, hemorrhaging, ICU admissions, and scalpel injuries to the surrounding organs or even the baby, etc.). The truth is, for many women, having a VBAC is just what ACOG says: safe and reasonable. You are not crazy for wanting a VBAC!

Locally we have options. The options are limited, but they are there. More importantly, there is support available for women who are pregnant and looking to avoid a cesarean. The International Cesarean Awareness Network's (ICAN's) mission statement is "to improve maternal-child health by preventing unnecessary cesareans through education, providing support for cesarean recovery, and promoting vaginal birth after cesarean (VBAC)." We are here to help you find a supportive provider, help point you to resources to research the risks and benefits for yourself, and to support you, no matter what you choose. We do not refute that the cesarean surgery is an amazing, lifesaving technology when used properly. If you have recently had a cesarean and are looking for options or support, please consider us at ICAN of Lee County.

*Megan Nickel-Martin has been the chapter leader for ICAN of Lee County since 2012. Find us on Facebook at [www.facebook.com/ICANofSWFL](http://www.facebook.com/ICANofSWFL).* 



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3. Submit your directory listing.



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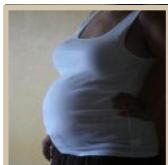
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✓ [www.swflbirthnetwork.org](http://www.swflbirthnetwork.org)

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## Doulas



**Cheryl Bernardi, LMT,  
E-RYT, Lactation  
Counselor CLC**  
lifebehold@gmail.com  
Naples 239.248.7931

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[www.motherearthparenting.com](http://www.motherearthparenting.com)

Follow your instincts...follow MotherEarthParenting.com  
Tales of an Island Midwife by Jeanie Williamson

Check our website for the most up-to-date list of SWFL BirthNetwork member providers.

✓ [www.swflbirthnetwork.org](http://www.swflbirthnetwork.org)



### Tanya Childress, CLC, CBWC

[tanya@ecobabyandhome.com](mailto:tanya@ecobabyandhome.com)  
Naples, Fort Myers & Cape Coral

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# RESOURCE GUIDE

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Fort Myers

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### Kaleidoscope Placenta Encapsulation

Martina Schaible

[Martina@kaleidoscopeplacenta.com](mailto:Martina@kaleidoscopeplacenta.com)

Naples

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[www.kaleidoscopeplacenta.com](http://www.kaleidoscopeplacenta.com)

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To become a professional member, visit [birthnetwork.org](http://birthnetwork.org).



# "Peaceful Pregnancy & Honor the Mothers" Campaign Recognition

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## Breastfeeding Resources

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Section 1. The breastfeeding of a baby is an important and basic act of nurture which must be encouraged in the interests of maternal and child health and family values. A mother may breastfeed her baby in any location, public or private, where the mother is otherwise authorized to be, irrespective of whether or not the nipple of the mother's breast is covered during or incidental to the breastfeeding.

*House bill no. HB 231 Fl. ALS 4; 1993 Fla. Laws ch. 4; 1993 Fla. HB 231  
Fla. Stat. § 383.015, § 800.02 - 800.04, § 847.001 (later: § 827.071)*

### Lee Memorial Health System consultations are by appointment and breastfeeding support is available by calling:

Cape Coral Hospital 239-424-2246

Gulf Coast Medical Center 239-343-0658

Health Park Medical Center 239-343-5186

Breastfeeding Support Groups in Cape Coral are every 2nd Sat @10am, Mondays @10am, and 3rd Wednesdays @6:30pm at 636 Del Prado Blvd, Cape Coral, FL 33990. Contact Cape Coral Hospital with questions 239-424-2246.

### WIC Breastfeeding Welcome Center

Monday- Friday 8:00 am- 5:00pm  
3920 Michigan Avenue Fort Myers, FL 33916  
239-332-9615

### Services available to WIC participants:

Breastfeeding classes, Breastfeeding support group, Lactation Consultations and referrals, Lactation Counseling, Lactation resources for businesses and daycares, Breast pumps

### WIC Breastfeeding Peer Counselors:

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Andrea, Spanish 239-560-5568  
Gold 239-560-6226  
Hendry and Glades Counties  
Barbara, Spanish 863-368-0450

### La Leche League of Fort Myers

Fort Myers:  
Michelle 239-498-3095  
Jerri 239-454-1350 jerrimouse@hotmail.com  
En Espanol: Lessie 239-265-3266 lessieveronica@hotmail.com  
Lehigh Acres: Maria 863-612-6264 krmthman@embarqmail.com  
<http://www.llli.org/web/florida.html>  
Support is also available by calling  
1-800-525-3243

### Breastfeeding USA Southwest Florida Chapter

Lauren @ 850-491-3001  
Lauren.fruehan@breastfeeding.org  
<https://breastfeedingusa.org/>



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Our cover photo is brought to you by award-winning portrait photographer Megan DiPiero.

As a homebirthing mama of two, Megan totally understands the challenges of pregnancy and mothering. But she also appreciates the incredible beauty of this time in the life of a woman and her family.

Through her Beauty portrait brand at Megan DiPiero Photography, Megan hopes to show real women of Southwest Florida what it looks like when their full inner beauty shines outward. You can see the beautiful transformations by visiting her Before and After Gallery at [SeeTheAfter.com](http://SeeTheAfter.com). Contact the artist at 239.898.4112.



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Every day, America's nurses play an integral part in providing quality, evidence-based health care; care that is respectful of the mother-baby dyad, results in excellent medical outcomes and produces the highest levels of patient satisfaction.

Southwest Florida is home of the nine following nurses who have earned CIMS Mother-Friendly Recognition:

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 Marianne Coleman, RNC, BSN  
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 Van English, RN, BS, IBCLC  
*Health Park Medical Center*  
 Carol Miano , RN, IBCLC  
*Lee Memorial Health System, Retired*  
 Gunnhild Myers, RNC, BSN  
*Cape Coral Hospital*  
 Carol Lawrence , RNC, BSN, MS  
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# HAVING A BABY?

## 10 QUESTIONS TO ASK

### HAVE YOU DECIDED HOW TO HAVE YOUR BABY? THE CHOICE IS YOURS!

First, you should learn as much as you can about all your choices. There are many different ways of caring for a mother and her baby during labor and birth.

Birthing care that is easier and healthier for mothers and babies is called "mother-friendly." Some birth places or settings are more mother-friendly than others.

A group of experts in birthing care came up with this list of 10 things to look for and ask about. Medical research supports all of these things. These are the best ways to be deciding where to have your baby. You'll probably be choosing from different places such as:

- birth centers
- hospitals
- birth at home

Here's what you should expect, and ask for, in your birthing experience. Be sure to find out how the people talk with families about these 10 issues before you care for you and your baby. You may want to ask the questions below to help you learn more.

#### Ask, "Who can be with me during labor and birth?"

Mother-friendly birth centers, hospitals, and home birth services will let a birthing mother decide who she wants to be with her during the birth.

This includes fathers, partners, children, other family members, or friends.

They will also let a birthing mother have a person who has special training in helping women cope with labor and birth. This person is called a midwife or labor support person. She never leaves the birthing room alone. She encourages and comforts her, and helps her understand what is happening to her.

They will have midwives as part of their staff so that a birthing mother can have a midwife with her if she wants to.

#### Ask, "What happens during a normal labor and birth in your setting?"

If they give mother-friendly care, they will tell you how they handle every part of the birthing process. For example, how often do they check the mother's cervix to see if the cervix is open? They will tell you how often they do medical procedures (for example, when will you record the percentage of cervical dilation, when do you want to consider having your baby in another place or with another doctor or midwife).

They should not use oxytocin (a drug) to start labor for more than 1 in 10 women (10%).

#### Ask, "What if my baby is born early or has special problems?"

Mother-friendly birth centers and hospitals will encourage mothers and families to touch, hold, breastfeed, and care for their babies as much as they can. They will encourage this even if your baby is born early or has a medical problem at birth. (However, there may be a special medical reason you shouldn't hold and care for your baby.)

#### Ask, "Do you circumcise babies?"

Medical research does not show a need to circumcise baby boys. It is painful and risks infection. Mother-friendly birth places discourage circumcision unless it is for religious reasons.

- They should not do an episiotomy (an zipper-like cut) to bring more than 1 in 5 women (20%). This should be done to bring the vaginal opening larger for birth. It is not necessary most of the time.)
- They should not do C-sections on more than 1 in 10 women (10%) if it's a community hospital. The rate should be 15% or less in hospitals which care for many high-risk mothers and babies.

A C-section is a major operation that a doctor cuts through the mother's skin and muscle and removes the baby through the opening. Mothers who have had a C-section can often have another baby normally. Look for a birth place in which 6 out of 10 women (60%) or more of the mothers who have had C-sections go on to have their other babies through the birth canal.

#### Ask, "How do you allow for differences in culture and belief?"

Mother-friendly birth centers, hospitals, and home birth services are more likely to respect a mother's culture, beliefs, values, and customs.

For example, you may have a custom that only certain may eat during pregnancy. Some people have different beliefs, values, and customs.

labor and birth. Or perhaps you are a person who wants to be born after birth. There are many other examples that may be very important to you. In doing what you want to do, birth centers talk with your doctor or midwife to make sure they want to.

#### Ask, "Can I walk and move around during labor?"

What position do you suggest for labor?

In mother-friendly settings, you can walk around and move about as you choose during labor. You can choose the positions that are most comfortable and work best for you during labor and birth. (There may be medical reasons why you cannot walk or sit up (not to mention the fact that you are pregnant).) Mother-friendly settings almost never put a woman flat on her back with her legs up in stirrups for the birth.

#### Ask, "How do you make sure everything goes smoothly when my nurse, doctor, midwife, or agency need to work with each other?"

As a mom you may have a custom that only certain may eat during pregnancy. Some people have different beliefs, values, and customs.

continued on next page

This information is taken from the Mother-Friendly Childbirth Initiative.

# JOIN THE SW FLORIDA BIRTHNETWORK

**Birth Advocate Membership (\$25 per year)** This level of membership is for community members interested in supporting the mission of BirthNetwork National and attending our events, but who do not wish to advertise a business or service.

- Discount offers from our professional members listed in the Birth & Beyond Resource Guide.
- Gift certificate awards for applicants who qualify.
- Discounts to BirthNetwork conferences and events.
- Free offers from participating businesses if your pregnancy continues past the estimated due date (Coming Soon!)
- Becoming a part of a growing movement to improve maternity care in your community.

**Basic Professional Membership (\$50 per year)** This level of membership is designed for the individual professional who offers services in birth and childbearing related fields.

- All of the benefits of a consumer membership, plus:
- One listing in both the print and online version of "Birth and Beyond: A Resource Guide for Expectant Parents".
- Speaking opportunities connected to your area of expertise as it relates to mother-friendly care at a BirthNetwork event.
- Networking opportunities with both consumers and birth professionals.
- Ability to distribute your marketing materials (business cards, brochures, event info) at BirthNetwork events, or in our welcome packages (as space allows).
- Listing of your scheduled classes and Facebook events on our online calendar and BirthLink E-Newsletter.
- Social Network connections and website link backs.
- Featured Member Spotlight

**Enhanced Professional Membership (\$75 per year)** Designed for individual birth professionals who offer more than one service (i.e, doula, childbirth educator and massage therapist)

- All of the benefits of Basic Professional membership, plus:
- Two listings in both the print and online version of "Birth and Beyond: A Resource Guide for Expectant Parents".

**Premium Professional Membership (\$100 per year)** Designed for individual birth professionals who offer more than one service (i.e, doula, childbirth educator and massage therapist)

- All of the benefits of Basic Professional membership, plus:
- Three to five listings in both the print and online version of "Birth and Beyond: A Resource Guide for Expectant Parents".

**Professional Group Memberships** This membership is for organizations and group practices who have more than one professional offering services in their business.

- Small Group (2-5 People): \$100 one listing, \$150 two listings, \$200 3-5 listings each
- Medium Group (6-9 People): \$300 one listing, \$450 two listings, \$600 3-5 listings each
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