Classroom Toolkit for use with

“The Business of Being Born

Classroom Edition”

by

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and

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http://www.transformingbirthfund.org/ and the Foundation for the
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Introduction

This kit has been designed by Katie Krebs, MPH under the guidance of Professor Eugene Declercq of the Boston University School of Public Health. The goal is to provide faculty with materials to complement “The Business of Being Born Classroom Edition,” developed from the original movie produced by Abby Epstein and Ricki Lake.

This 30 minute video covers the interventions that often occur during pregnancy, along with birth story vignettes and provides both pregnant women and students concerned with women’s and reproductive health a quick overview of the challenges facing contemporary childbirth in the U.S.

Toolkit Components

Recommended Timeline
We’ve provided a recommended timeline for both 50 and 75 minute classes, to be used as a general outline.

Introductory Script
This is a quick suggested introduction to frame the issues raised by the BOBB excerpt, and to outline the goals and purpose of this module.

Pre and Post Assessments
To prepare students for the topic and assess the efficacy of the video in raising awareness about childbirth options, a pre- and post-assessment have been created for use with this toolkit.

Pre-Viewing Discussion Questions
For classes with more time, we’ve provided questions to prompt students with some discussion ideas to see where they, as individuals and as a class, stand on knowledge and opinion of birth options in the US. We’ve provided some suggested prompts.

Class Specific Discussion Questions
To allow for this toolkit to be as universal as possible, we’ve provided post viewing discussion questions. Questions are arranged by academic topic, but are all relevant to the video and are meant to be interesting to students from a variety of backgrounds.

Media Resources
This is a list of books, videos and websites that have been reviewed by the Toolkit Creation Team, and that provide excellent complementary information.

Student Projects
We’ve included some ideas of projects that can be adapted for classrooms, depending on how much time you’d like to spend on the topic of birth options. Aside from the “tracking your own birth” project, the recommended books in the Media Resources section provide great opportunities for reading assignments, reports and papers.

**Career Options**

As many college students are in a stage of life where they are exploring and planning their careers, we included a student resource guide of various careers and professions related to childbirth.

**DVD Extra and website – “Birth by the Numbers”**

For classes with additional time, the *Business of Being Born Classroom Edition* includes a DVD extra entitled *Birth by the Numbers* a 20 minute presentation that examines birth outcomes in the U.S. compared to other countries as well as myths surrounding popular explanations for the rising cesarean rate in the U.S. *Birth by the Numbers* was shot in April, 2008 and while the nature of the findings have not changed the actual numbers have, so a website cleverly entitled *Birth by the Numbers* ([www.birthbythenumbers.org](http://www.birthbythenumbers.org)) has been developed in conjunction with this project and it will provide the most recent data on trends in outcomes and practices. It will also include data and resources (including PowerPoint slides) for faculty to develop and present their own analysis of data related to birth.
# Recommended Timeline

## Potential 50 Minute Timeline

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<tbody>
<tr>
<td>3 min</td>
<td>Introduction</td>
<td>Introductory Script</td>
</tr>
<tr>
<td>5 min</td>
<td>Pre-Assessment</td>
<td>Pre-Assessment</td>
</tr>
<tr>
<td>30 min</td>
<td>View BOBB Classroom Ed.</td>
<td>BOBB DVD</td>
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<tr>
<td>5 min</td>
<td>Post-Assessment</td>
<td>Post-Assessment</td>
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<td>Questions and Discussion</td>
<td>Discussion Questions</td>
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## Potential 75 Minute Timeline

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<tr>
<td>3 min</td>
<td>Introduction</td>
<td>Introductory Script</td>
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<tr>
<td>5 min</td>
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<td>Pre-Assessment</td>
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<tr>
<td>10 min</td>
<td>Pre-Viewing Discussion</td>
<td>Pre-Viewing Discussion Questions</td>
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<td>BOBB DVD</td>
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<td>Questions and Discussion</td>
<td>Discussion Questions</td>
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<td>75 min</td>
<td>Homework Assignment</td>
<td>Media Resources, Student Projects, Career Options</td>
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Introductory Script

Rising Cesarean Rates and Rising Home Birth Rates
In 2009, the rate of cesarean birth in the United States reached 32.9%\(^1\). This rate is much higher than the World Health Organization’s (WHO) estimate of the percent of births that should require cesarean (for medical reasons and the health of mother or baby), which lies between 5-15%, with a special note that rates above 15% often result in more harm to mother and child than benefit. At the same time the number of home births in the U.S., while small (less than 1%), has risen 20% in recent years to the largest number (28,357 in 2008) in the past two decades.

Reasons for the Rising Rate
While it is popular to assume that the rate of cesarean birth is increasing because women are demanding it, the Listening to Mothers survey, conducted by Childbirth Connection (http://www.childbirthconnection.org/\(^\) ), found that mothers were not demanding cesarean birth or induction (which can increase the likelihood that birth will end in cesarean section). Rather, women often felt pressured by their providers. As shown in Birth by the Numbers, many other popular explanations (older mothers, larger babies, more twin births) are also not accurate, but rather changes in provider practices account for much of the shift.

Choices in Childbirth
As a society, we’re increasingly comfortable with the belief that more technology is better. Unfortunately, the data suggest that particularly in terms of childbirth outcomes, a point can be reached where additional use of interventions can become counterproductive. This film illustrates other options for childbirth that don’t require excess intervention. These options are safe, increasingly available and sought after more and more as a result of an increase in maternal activism and openness to a more balanced assessment of intervention and technology in childbirth.

Increasing Awareness makes Choice Real
It is one thing for options to exist, and another entirely for women to be in a position to make choices about what birth options work best for them. This project is based on the premise that women and men need to be introduced to childbirth options and made aware of the facts before pregnancy. By educating young women and men about childbirth options, and encouraging them to think critically about the system that has led to such poor maternal and infant outcomes in the US, we hope that future parents will have the tools they need to make informed choices when giving birth.

\(^{1}\) National Center for Health Statistics. Preliminary Data, Births, 2009.
Pre-Viewing Discussion Questions

We have found that asking the pre-assessment questions is a great way to introduce the topic of birth options, help students to recognize their preconceptions regarding birth and open up discussion that leads into the video.

The beginning of a pre-viewing discussion could begin with a review of students’ answers to the “numbers” questions. How many students knew the answers? How many just guessed? Where did they learn the information? This segues well into a discussion of the real numbers surrounding cesarean rates, and gets students thinking about where their information comes from. Knowing where we get our information can sometimes help us understand why misconceptions and misinformation are so prevalent, particularly in terms of health care options. This could also lead into later discussions with classes about how one could educate people, and would segue into discussions tied to the nature of the class itself. For example a public health class might examine possible state interventions; a medical sociology class might want to explore the issue of iatrogenesis and medical interventions in general; and a nursing class might discuss the role midwives, both nurse-midwives and certified professional (non-nurse) midwives play in the management of births in the U.S.

The discussion could then naturally move into student opinions and their responses to the “agreement” questions, asking students to share why they answered the way they did. Depending on class size and composition, students might be broken into small groups for this discussion.

A basic understanding of where the group starts in terms of opinions and knowledge base can be tied into the crux of the issue: it is important for individuals to know what their options are before they need to make critical birth decisions.

Faculty unfamiliar with this topic area are encouraged to visit the Birth by the Numbers (www.birthbythenumbers.org) and Childbirth Connection (http://www.childbirthconnection.org/) websites for background information.
Business of Being Born: Pre-Assessment

Section I: Background Data

1. Approximately what percent of births in the US end in Cesarean Section?
   a. 4.5% c. 15%
   b. 33% d. 49%

2. What percent of births does the World Health Organization (WHO) estimate should end in Cesarean Section?
   a. 4.5% c. 15%
   b. 33% d. 49%

3. The percent of births by Cesarean Section in the US over the last decade has:
   a. Doubled c. Remained the same
   b. Increased by 60% d. Increased by 25%

4. When Cesarean Section rates increase in a country, it is usually because
   a. Mothers demand it c. Women have more physical problems resulting in cesareans
   b. Doctors are more comfortable doing cesareans d. All of the above

5. The number of births taking place at home in the US over the last 5 years has:
   a. Increased c. Remained the Same
   b. Increased then decreased d. Decreased

Section II: Perceptions Regarding Childbirth

6. Women normally require strong pain medication, such as epidural, to get through labor.

   Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree
7. It is safer to give birth in a hospital than at home.
   Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

8. Midwives are better trained to handle normal, low-risk birth than OB/GYNs.
   Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

9. Cesarean Section is a simple, minor surgery, requiring minimal recovery time.
   Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

Section III: Opinions about Childbirth Options

10. I think a woman should have the right to choose a Cesarean even if there is no medical reason for it.
    Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

11. I think a woman should have the right to choose a home birth if she wants one.
    Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

12. I would consider a home birth for myself or my partner
    Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

Prior Exposure to the Business of Being Born

13. Have you seen the full 90 minutes version of Business of Being Born?
    Yes   No
Business of Being Born: Post-Assessment

Section I: Background Data

1. Approximately what percent of births in the US end in Cesarean Section?
   a. 4.5%  
   b. 33%  
   c. 15%  
   d. 49%

2. What percent of births does the World Health Organization (WHO) estimate should end in Cesarean Section?
   a. 4.5%  
   b. 33%  
   c. 15%  
   d. 49%

3. The percent of births by Cesarean Section in the US over the last decade has:
   a. Doubled  
   b. Increased by 60%  
   c. Remained the same  
   d. Increased by 25%

4. When Cesarean Section rates increase in a country, it is usually because
   a. Mothers demand it  
   b. Doctors are more comfortable doing cesareans  
   c. Women have more physical problems resulting in cesareans  
   d. All of the above

5. The number of births taking place at home in the US over the last 5 years has:
   a. Increased  
   b. Increased then decreased  
   c. Remained the Same  
   d. Decreased
Section II: Perceptions Regarding Childbirth

6. Women normally require strong pain medication, such as epidural, to get through labor.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

7. It is safer to give birth in a hospital than at home.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

8. Midwives are better trained to handle normal, low-risk birth than OB/GYNs.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

9. Cesarean Section is a simple, minor surgery, requiring minimal recovery time.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Section III: Opinions about Childbirth Options

14. I think a woman should have the right to choose a Cesarean even if there is no medical reason for it.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

15. I think a woman should have the right to choose a home birth if she wants one.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree
16. I would consider a home birth for myself or my partner

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

**Recommendation**

17. Would you recommend this 30 minute film to a *female* friend?

   - Yes
   - No

18. Would you recommend this 30 minute film to a *male* friend?

   - Yes
   - No
Business of Being Born: Pre and Post-Assessment Answer Key

Section I: Background Data

1. Approximately what percent of births in the US end in Cesarean Section?
   a. 4.5%
   b. 33%
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   d. 49%

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   a. Mothers demand it
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   c. Women have more physical problems resulting in cesareans
   d. All of the above

5. The number of births taking place at home in the US over the last 5 years has:
   a. Increased
   b. Increased then decreased
   c. Remained the same
   d. Decreased

Assessment notes:
- Sections II and III are intended to measure student opinion and perception, and do not necessarily have right or wrong answers.
- Questions are adaptable for use with classroom technology such as “clickers,” and can be a great starting off point for group discussion.
- The authors of this toolkit would appreciate your pre-post data so that we may see if our project is having the intended impact. It can be sent to: BirthbyNumbers@gmail.com
Business of Being Born: Post Viewing Discussion Questions

1. Has this class period introduced you to new information about pregnancy and birth in the US? Please provide examples.

2. Have your opinions or views of childbirth and pregnancy in the US changed? If so, how? If not, why?

3. Would you recommend full 90 minute version of “The Business of Being Born” to friends or family who might be thinking about having children some day? Why or Why not?

4. What parts of this class period did you find most interesting?

5. What parts of this class period were least interesting?

6. How do the topics covered in the film relate to the course readings from: (cite readings assigned in the syllabus).
Business of Being Born: Student Projects

If class structure and time allows, the material presented in the Business of Being Born Classroom Edition could be a great starting point for student projects and other assignments. We suggest below an essay style project that could be adapted to be as creative and involved as you think best fits your course.

This project involves tracing a birth experience, either the experience that a parent or grandparent had, or the experience that students had or envision for themselves. The process of planning a birth is one that doulas (women trained in pregnancy and labor support) often employ with their clients, helping couples and families determine what is most important to them about their birth experience, and what interventions they are or are not comfortable with (for example: use of certain invasive interventions or use of pain medication).

One theory about the upward trend in cesarean and highly medicated birth is the general conceptualization (fostered by media portrayals) of birth as painful, scary and something that most women are incapable of without medical intervention. Learning about birth and hearing birth stories can help women and men sort through their own misunderstandings, concerns, fears and expectations surrounding birth. Once we understand our own beliefs about birth, we can begin to explore circumstances under which it can be a safe, healthy experience for us.

The process of developing a birth plan reminds students that they are have choice in what medical care they receive (whether related to childbirth or not), and patients are always allowed to say “no” or ask for more information. For more information about patient rights, we recommend The Rights of Patients: The Authoritative ACLU Guide to the Rights of Patients, by George Annas.
Introduction: For this assignment you will interview someone who has given birth (a parent or grandparent, friend or relative), to gain a deeper understanding of the birth process as well as the decisions and emotions involved.

Record the answers to the following questions, and write a summary of the birth. Be sure to highlight the interviewee’s feelings and perceptions of what happened, why it happened and how that felt. Keep in mind that while these questions are carefully sequenced those you interview may well answer later questions while responding to earlier ones. The most important element of this process is careful attentive listening to what they say. If both parents were involved with the birth you can interview them both, either together or separately.

- When and where did you give birth most recently? Had you given birth before? (if yes) how often?

- Who was at the birth (including partners, doctors, nurses, midwives)?

- (If they mention they had a partner/spouse) You mentioned that you had __________ with you at birth as a support person. Why them?
• Did you have any assumptions or plans going in? Did your experience match your assumptions?

• Were you fearful of anything as you approached the birth?

• Did you receive any medications (e.g. to start labor, relieve pain)? How did you feel about their use before/during/after the birth?

• (If not yet mentioned) Did you have a vaginal or cesarean birth? How did that effect your experience?
• In addition to a healthy baby, what was the best thing about the birth experience?

• What was the worst thing about the birth experience?

• What surprised you most about the experience?

• Is there anything else that you want to tell me about the experience?
Business of Being Born: Develop Your Own Birth Plan

**Introduction:** Many doulas (labor assistants) help expectant mothers and couples develop birth plans and help advocate for the mother’s or couple’s wishes during labor and delivery. Imagine that you (or your partner) are pregnant and answer each of the following questions to develop your own birth plan. Assume that your birth is normal and low-risk, and that each of the options presented is available.

**Location:** Where would you like to give birth? Describe the elements of the location that are most important to you.

**People Present:** Who would you like to share your birth experience with? (Your partner, close friends, female and/or male relatives, a doula). What do want from them?

**Caregiver/Provider:** Would you prefer to have a midwife, family doctor or an obstetrician as your primary caregiver for this birth?
**Interventions:** What level of medical intervention are you comfortable with? (Induction, Planned C-Section, epidural or other drugs to relieve pain, continuous fetal monitoring)

**Priorities:** In addition to a healthy baby, what are your priorities for this experience?

**Culture:** Are there any family or cultural traditions you would like to incorporate into the birth?
Business of Being Born: Discussion Questions

Sociology

- In what ways are birth options and medical decisions surrounding birth communicated to women (based on the video or your own experience)?

- How could one change the attitudes and behaviors of doctors? Mothers?

- What could be some effective ways to educate women about birth options, and empower them to question interventions and treatments that are presented as “necessary” or “standard”?

- PROJECT IDEA: How does the message presented in the video relate to our class readings and lectures on *(faculty choose as appropriate to the class, e.g. social influence, behavioral change, cognitive dissonance, feminist theory, social judgment)* and critique their validity/potential efficacy in relation to childbirth.
**Nursing/Midwifery**

- The film makes little distinction between nurse midwives and certified professional midwives. What could you do (within the confines of your field) to ensure women the safest, healthiest birth, in light of the information presented in this video?

- How does the information presented in this video impact your view of the role of nurses and midwives in the care of pregnant women?

- Are you surprised by any of the information in this video? How does that impact your view of your role in childbirth and women’s health?

**PROJECT IDEA:** What are the laws and/or regulations concerning the roles of nurses, nurse-midwives and certified professional midwives concerning home birth in your state? If the laws of your state would allow it, would you attend home births? If no, why? If yes, what backup systems would you want in place?
Health Politics or Policy

- Should maternity care be an issue for policymakers? What should be the state government’s role (if any) in the regulation of maternity care in general and home birth in particular? Should the federal government have any role?

- How does the passage of the Affordable Care Act influence maternity care in the U.S.?

- Who would be more supportive of home births, political liberals or conservatives? Explain why and how that relates to their core belief systems.

- Who are the key stakeholders related to maternity care policy and what motivations would they have to support or impede policy changes at the state or national level?

- **PROJECT IDEA:** What are the laws in your home state concerning regulation of nurse and non-nurse midwives and how do they impact the delivery of maternity care services? How would an advocacy group on either side of the issue go about changing these laws and/or regulations?
Women’s Studies/Reproductive Health Advocacy

• Is birth a women’s issue? How does the fact that birth involves “two patients,” influence perceptions of birth and the nature of maternity care? ow are the process of birth and the management of maternal and infant care related to women’s rights?

• There has been a dramatic rise in the number of female obstetricians in the US over the past twenty years. Yet it is interesting that male and female obstetricians in the film appear to have similar positions on use of interventions in pregnancy? Would you generally expect female obstetricians to have different views of the birthing process than male obstetricians? If they don’t, why is that?

• Would advocating for expanded childbirth options and better care of women and infants be a good way to advocate for women in general?

• PROJECT IDEA: Write an opinion piece for publication in a general newspaper about whether childbirth is (or is not) a women’s health issue.
Business of Being Born: Media Resources

We’ve assembled a short list of books that provide information about childbirth and pregnancy to complement the information presented in the classroom excerpt of *The Business of Being Born*. For an updated and more extensive list, go to the *Birth by the Numbers* website.

Each book is accompanied by a brief summary of its focus and content, along with a note about sections of interest for students (as opposed to pregnant women looking for advice).

**FEATURED BOOKS** (by authors in the film):


Summary

Cassidy covers the history of birth in the US, while drawing on examples of birth in other countries and cultures. The beginning is very anthropologic and discusses the social meanings of pregnancy and birth. Later chapters delve into the issues of interventions (historical and current), and their basis in science.

Chapters/sections of Interest

Chapters 4, 5, 6 cover and expand on the issues presented in BOBB, namely use of medication, the cesarean section, and the role of doctors in childbirth. For those interested in the anthropological and cultural history, chapters 1, 2 and 3 are recommended.


Summary

Ina May became a midwife on The Farm, a Tennessee commune established in the 1960s. She collects the birth stories of many of the women delivered on the farm, illustrating the varied experience of birth.

Chapters/sections of Interest

This book provides a series of births that required minimal intervention, and can help students who are unfamiliar with the nature of low-intervention birth see the birth process as nature and normal in most circumstances.

This book focuses less on the data behind birth, and more on personal experience and perception of the process of birth.
Lake, Ricki, Abby Epstein and Jacques Mortiz. *Your Best Birth: Know All your Options, Discover the Natural Choices and Take Back the Birth Experience* (2009)

Summary

This book is Ricki Lake and Abby Epstein’s companion guide to the video. It is written to pregnant mothers, and provides an encouraging, friendly and supportive guide through the complex decisions that women need to consider as they prepare to give birth.

Chapters/sections of interest

Section 3 on interventions provides a more detailed account of the slippery slope and cascade of interventions than provided in the video, as well as the antagonistic relationship between the epidural and Pitocin.

While really meant for women who are pregnant or soon to be pregnant, this book can be a useful resource for students who have not been pregnant or experienced birth, as it provides some references to how women might be feeling, what concerns they might have, and what decisions need to be made throughout the process.

Wagner, Marsden. *Born in the USA: How a Broken Maternity System Must be Fixed to Put Women and Children First* (2008)

Summary

Dr. Wagner writes from the perspective of a physician turned epidemiologist and exposes the field of obstetrics as one that has blatant disregard for the scientific method, and the American College of Obstetricians and Gynecologists (ACOG) as an association that focuses more on the interests of its members than on maternal and child health. His book highlights the lack of evidence base behind the use of many obstetric interventions, particularly those that cause great harm (such as Cytotec for induction).

Chapters/Sections of Interest

Dr. Wagner covers the practice of obstetrics in Chapter 2, terming it “tribal obstetrics,” and in chapters 3 and 4 provides evidence that the use of interventions in US obstetrics is out of control and medically negligent.

The first half of this book is particularly relevant for students as it provides a look into how science and research are misused to promote political agendas. The book is meant to be a clear call to action, and raises many issues that would be interesting to pursue in an academic, political or advocacy setting.
OTHER RECOMMENDED BOOKS (by authors in the film):


DeVries, Raymond et. al. eds. *Birth by Design: Pregnancy, Maternity Care and Midwifery in North America and Europe* (2001) (Includes chapters by several of those in the film)


OTHER BOOKS OF INTEREST


Summary

This book is a comprehensive guide of what to expect and how to be useful during birth, aimed at those who are present but not giving birth. It provides a detailed overview of the time leading up to birth, as well as the time during and after birth, explaining in great detail what physiological and emotional changes occur and what interventions may or may not be necessary. The book is intended to provide a birth partner with encouragement and information to be the best and most informed partner possible

Chapters/Sections of Interest

Of particular interest would be Section 3 on Interventions, and particularly Chapter 10 on Cesarean section. Both sections provide a less biased look at the pros and cons of common interventions, both in terms of the mother’s health and the infant’s. This book, as it is written for lay people, is also a great introduction to the physiology and biology of birth for those without relevant background knowledge.

Summary

This book goes through one woman’s journey from nursing school through her revelation that nurse midwifery is her calling. She recounts several birth stories, from hospital births to birth center births to home births. Some end well, others are more harried and many include her personal feelings about the birth process.

Chapters/Sections of Interest

It is recommended that this book be read in its entirety, as it provides a round picture of the process of becoming a midwife, and the challenges faced by midwives. It also provides several different examples of how birth occurs. For a student, the vignettes of birth are helpful in understanding birth (particularly for those who have never witnessed a birth), and the story provides a glimpse of midwifery as a career option.

The last section addresses the political and legal issues surrounding home birth and midwifery care, and therefore relates particularly well to the issue raised in the BOBB about why, when the numbers show it is the safest and healthiest choice for moms and babies, we see the number of midwife attended and non-hospital births remain so low.


Summary

This book is a well known popular history of birth practices in the U.S. It covers the shifts in practice and the factors that have led to the system we live with today. It is written in a very accessible style and includes fascinating illustrations.

Chapters/Sections of Interest

Pick an era you’re interested in and explore. Of particular interest to some would be chapter 4 on birth pain and puerperal fever and chapter 5 on the transition of birth from home to hospital.
FILMS

The Business of Being Born (2008)

A sequel (*More Business of Being Born*) was released in the Fall of 2011.

Orgasmic Birth (2009)

The focus of this film is the sensual experience of birth, and the fact that when women trust the process, when doctors and others don’t interfere, and when the correct expectations are set, women can experience great pleasure during childbirth—even sometimes leading to orgasm. The experts interviewed focus on the hormones involved in the birth process, and the impact of those hormones, especially oxytocin, in the develop of the mother-child bond. While some material is similar to *Business of Being Born*, this film puts primary emphasis on the emotional and hormonal aspects of the birthing process and the birth experiences of the couples portrayed.

The DVD also contains the extra entitled “Birth by the Numbers,” that is also included in the *Business of Being Born Classroom Edition* featuring Boston University School of Public Health professor Eugene Declercq explaining the data that represent the state of childbirth and maternal and infant outcomes in the US.

Babies (2010)

This video follows 4 babies from 4 different countries through birth and their early growth. Containing few words, this film really provides a look into how different, and how similar, birth and infancy are in different cultures. Aside from being a cute-fest, this video is a great way to demystify birth around the world.

Pregnant in America (2008)

This video describes the filmmaker’s journey through the process of pregnancy as he and his wife expect their first child. The filmmaker and his wife seek out information about birth in the US, and interview couples and professionals who share their opinions, experiences and knowledge about birth. This film is particularly interesting as it’s shot from the perspective of the partner, which may make it more relative to those who anticipate being a partner during the birth of a child.

WEB
“The Business of Being Born” **www.thebusinessofbeingborn.com**

This site provides ways to stay up to date on Ricki Lake’s activism regarding rising C-section rates and birth in the US. In the “Birth Resources” section provides a great glossary of terms related to pregnancy and descriptions of the persons involved in birth processes (including CNMs, Doulas, etc). There are also links to sites that can help you find a midwife or doula in your area.

You can also find a link to “My Best Birth” **www.mybestbirth.com**, which is a community for pregnant women and allies to share stories, blogs, videos and other resources, and to participate in discussion groups surrounding topics of natural birth.

“Orgasmic Birth: The Best Kept Secret” **www.orgasmicbirth.com**

The “Resources” section of this website includes links to the websites of experts interviewed in the film. There are also links to advocacy organizations through which you can get involved in spreading the word about birth options.

The “Take Action” section of this website shares stories of women who have made a difference in advocating for women’s health and spreading information about birth options.

“Childbirth Connection” **www.childbirthconnection.org**

This site provides a wealth of information on childbirth, including a section of the site for expectant mothers. The “For Health Professionals” tab provides links to great sources of information about birth and interventions. The “Programs” section provides more links to research and studies on maternal and infant care during childbirth. A wonderful source for a policy relevant, evidence based examination of contemporary childbirth in the U.S.

“Birth by the Numbers” **www.birthbythenumbers.com**

This is a companion website to the DVD extra included with the *Business of Being Born Classroom Edition*. It provides updates to the data presented in “Birth by the Numbers,” and additional resources (e.g. PowerPoint slides; data sources) for faculty and media.
Business of Being Born: Career Resources

Midwives Alliance of North American

- website: [www.mana.org](http://www.mana.org)
- Features: The “Definitions” link for a comprehensive listing of types of midwives and what sort of training they have. The “Resources” link is also a great place to search for a midwife, or to conduct some research on laws regulating midwives.

American College of Nurse Midwives

- website: [www.midwife.org](http://www.midwife.org)
- Features: The “About Midwives” link is a great resource for better understanding the role and history of midwives in birth care. The “Education” link provides resources on how to become a nurse midwife.

Midwifery Education Accreditation Council

- website: [www.meacschools.org](http://www.meacschools.org)
- Features: This website lists all MEAC accredited schools of midwifery. The “Aspiring Midwifery Students” section has a detailed FAQ section that will help guide you in picking a school and path to midwifery.

DONA International

- website: [www.dona.org](http://www.dona.org)
- Features: The “professional development” link provides links to Doula workshops, materials for becoming a DONA certified Doula, and information about work as a doula. The “for mothers and families” section provides resources for deciding whether to employ a doula, and how to find one.

Association of Schools of Public Health

- website: [www.asph.org](http://www.asph.org)
- Features: The “search for a program” link lets you search by topic area. Select “Maternal and Child Health,” “Reproductive Health” or “Women’s Health,” to find programs for advanced degrees in public health that focus on maternal health. A degree in public health with a women’s health focus is a great foundation to be a successful advocate for better maternal care.
Lamaze International

- website: www.lamaze.org

- Features: The “get certified” link provides information on how to become a lamaze certified childbirth educator, including the different pathways to certification and the costs involved.

International Childbirth Education Association

- website: www.icea.org

- Features: The “certification” tab provides links and information on how to become a childbirth educator, a prenatal fitness educator and a doula. The “certification process” section provides a link to “pathways to certification.”

The Bradley Method of Husband-Coached Natural Childbirth

- website: www.bradleybirth.com

- Features: The “Be a Teacher” link provides information on becoming a Bradley certified childbirth educator. The “Bradley Method” section provides details about the method, and what sets it apart from other childbirth education methods.