Empowered Birth Scenarios: Preterm Labor

By Krystyna Bowman, AAHCC

There is already an elevated sense of precaution when you decide to have a VBAC. You will get questions from your family, your friends, maybe even your care provider. You know why you want a VBAC, but what does the evidence show about cesareans and preterm birth?

If I have preterm labor along my VBAC journey...

- What do I need to know if I had a preemie via cesarean last time, and I want to have a VBAC this time?
- What do I need to know if I had a term cesarean last time, and I go into preterm labor this time around as I prepare for a VBAC?

There is limited literature out there that specifically addresses VBACs and preterm birth. What you can find are a lot of studies about the outcomes of vaginal versus cesarean deliveries of preterm infants.

What You Need To Know

The concerns about preterm delivery remain the same whether the baby is delivered vaginally or surgically. The question is: are outcomes improved with mode of delivery; do vaginally-born or surgically-born babies have better quality of life?

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President’s Letter

As I return from an ICAN planning retreat I am more energized than ever about the future of ICAN. I am excited to take our organization to the next level to become a true advocacy organization. While we thrive on the mother to mother support, it is my hope that ICAN can make a real change in the world by making our voices heard. Our mother-to-mother support is the cornerstone of ICAN. It always has been and always will be. Without that mother-to-mother support, I am not sure I would be here as your president and I certainly would never have had an HBA2C. When I first walked into an ICAN meeting many years ago I remember thinking, Homebirth? What? That’s fine for you, but it will never be for me. I came full circle after my CBAC and embraced all the education and support that ICAN provided to me. I went on to have a beautiful HBA2C that I would never have had if it was not for the women of ICAN.

I hope we can take that third component of ICAN, advocacy, and further our reach by spreading our message to those that make the legal decisions which impact the mothers we serve. I have been reaching out and collaborating with other birth organizations this year. By working together, we raise our voices collectively and together we can make a larger impact changing the future of the birthing climate, for all future mothers. Together, we CAN reach and positively impact the lives of so many!

I hope you have enjoyed your summer!

Christa Billings
ICAN President
Mainstream Media Spreads the Word About Risks of Elective Cesareans Before 39 Weeks

By Sarah Lopata

In a June 27, 2013 article by Mike Stobbe, USA Today reported on recent government findings that more cesareans are being scheduled closer to women’s due dates. While the overall rate held steady from 2010 through 2011, rates dropped in week 38 of gestation and rose in week 39. More hospitals and care providers are successfully limiting access to elective cesareans prior to 39 weeks; this new guideline is due to an improved understanding about risks from the surgery as well as important fetal development that occurs in the final weeks of pregnancy.

The shift in cesarean rates, reflecting cesareans performed at a later gestational age, indicates that care providers and pregnant women are responding to this information. Stobbe notes that the long-term goal is to lower the overall cesarean rate to 15 percent. This could involve more cesareans being done closer to 39+ weeks gestation, or even a decline in elective cesareans in general. This change will hopefully assist in an overall decline as accurate information reaches more people.

The current US population’s general understanding of surgical risks and fetal development is limited, often considering cesareans as routine and misunderstanding the very real risks of major abdominal surgery. Widely available education is essential to encourage informed decision-making and to improve perinatal health.

The USA Today article can help to further raise awareness that early elective cesareans present higher rates of complications, potentially leading to a trend of mainstream media reporting more accurate information about birth issues. There is a great deal of work left to be done in the area of cesarean awareness, but even small steps remain steps towards change.


Give Support. Inspire Change.

Exciting things are happening at ICAN International. Your support allows these ideas to take form, like our new interactive website, set to be released early in 2014. Please consider a donation to an organization that is changing women’s lives. ICAN needs your donations. Every bit counts.
discovered ICAN early in my career as a childbirth educator. One of our students had a cesarean and she was really struggling as she came to terms with her birth story. She had done everything right as a student: she was the picture of health, she ate well, she did all her exercises and more; she glowed in her pregnancy. She had the mindset favorable for natural birth: she knew what she wanted, and she is the type of person who follows through once she sets her goal.

She wondered why she had not been able to birth vaginally, and so did I. (I did not share this with her, of course!) I ran across a meeting notice for our local ICAN chapter, and I invited her to go with me to “check it out.”

I was not sure what to expect outside of a sharing-type birth circle. I felt like the elephant in the room because I have never had a cesarean birth. All of ours have been pretty uncomplicated vaginal births. Some women were in tears over their birth experience. Whether they cried or not, I could feel their sense of loss, of the guilt over their sorrow when they had healthy babies. And then there was the ray of light—the mama who had come to ICAN in sorrow and had just celebrated the triumph of an empowered birth. This was the moment of growing after sharing the stories, the leader opened up the discussion to possibilities for the next pregnancy. What were they doing to deal with their sorrow and loss? What had they learned from their experience? What would they do differently for their next pregnancy?

I was hooked. I wanted to keep hearing these stories and the learning curve that these courageous women were on. Every story gave me one more clue on how I could become a better educator about birth and the decision points in labor. My intention as I became a “regular” was to spare future students from an “unnecessary” cesarean as they are called: cesareans that are a result of a cascade of interventions and circumstances instead of being medically necessary.

I could see the valuable service provided to the women and support people who came. Women, and sometimes their partners, came to heal, learn and grow, some very literally! Whether their labors had vaginal or cesarean outcomes, most of these families came away with the sense that this time it was different. VBAC or CBAC, this birth was their choice and they were empowered by their outcomes and the choices they made.

These giving, generous, and committed ICAN leaders who facilitate the meetings with all this support and healing are volunteers. I could not sit by and keep taking, so I decided that the least I could do was to become a professional subscriber. As an educator, I can stand behind ICAN because it is a reputable organization interested in educating and empowering people to learn more so that they can do differently.

How does the chapter use its resources? The leadership team evaluates the needs of the group and plans meetings accordingly so that they are informing and empowering mamas on their pregnancy and birth journey. I see the leaders present their topics with care; they are mindful that their work is important. They are empowering a new set of women every season. There is a growing lending library for mamas to access free of charge. Resource lists are growing. All the tools a mother and partner need for an empowered birth are there for the taking, as a gift.

Selfishly, I want to ensure that it is available as a resource to our students that have cesareans. Even when they are medically necessary, there is often a grieving process for the birth they did not have. I also want to keep learning and growing as a professional. It made sense for us to continue giving as we can, and to keep our professional subscription current to support the local chapter and ICAN International.

Thank you ICAN for providing a space and a place for families to heal, learn, and grow. No matter the outcome of subsequent births, all families are provided a network of support to celebrate empowered birth choices. That is something to support at each and every opportunity.

Krystyna Bowman, AAHCC, and her husband are proud parents to four children and are Bradley Method childbirth educators. She writes about pregnancy, childbirth and breastfeeding at Sweet Pea Births (www.sweetpeabirths.com), and you can catch a glimpse of unplugged “real” life at Sweet Pea Families (www.sweetpeafamilies.com).
“Nobody will buy a birth memoir written by a mother,” the agent told me. The problem wasn’t my manuscript. She gushed over that. It was the market. “They want to buy birth books written by experts, not moms.” Her tone was gentle and kind, just as the obstetrician’s had been, the one who told me that I “couldn’t” give birth. It seemed as if she thought she was doing me a favor by “helping” me to come to terms with reality. Who was I to question her? Agents are publishing experts. Obstetricians are birth experts. As for me, well, I’m “just a mom.”

But they were both wrong! I gave birth naturally, not because my vagina has super powers, but because every vagina has super powers. (Yes, even the ones who, for whatever reason, do not release babies without assistance.) My book became the number one Amazon bestseller and sold out of its first printing in six weeks, not in spite of the fact that I’m “just a mother,” but because of it.

Though the “experts” don’t know it yet, birth doesn’t belong to them. It belongs to us. We are the rock stars of birth. They can only cut or pull babies out. We deliver them. They can help us weigh the risks and benefits of a trial of labor, cesarean, repeat cesarean, induction, stripping of membranes, epidural, and other interventions. But only a mother has the right to decide what will happen to her body and her baby’s body. Nobody is more invested in a healthy baby than the woman who willingly puts her very life on the line in order to bring him into the world.

This is why I love ICAN. It’s more than a place to share stories and receive the support needed to face what Amnesty International has declared to be a “human rights crisis” (our maternity care system). ICAN is a place where birth leaders are born. ICAN recognizes your authority in childbirth, not in spite of the fact that you are a mother, but because of it. Every time you donate to ICAN, every time you refer someone to ICAN, come to a meeting, or share their Facebook posts, you become part of the solution. Because of you, our daughters will not be forced to submit to unnecessary cesareans.

Roanna Rosewood is a VBA2C mother and coach. She is the co-founder of BirthPlan Radio, the vice director of Human Rights in Childbirth, and the bestselling author of “Cut, Stapled, & Mended: When One Woman Reclaimed Her Body and Gave Birth on Her Own Terms.” You can connect with her at www.RoannaRosewood.com.

Roanna Rosewood Gets Real About Her Amazon Best Seller, “Cut, Stapled & Mended”
**A First-Time Mom Finds ICAN**

by Kiedra Hernandez

**Fall Book Review**

**Cut, Stapled and Mended**

By Christa Billings

"Cut, Stapled and Mended: When One Woman Reclaimed Her Body and Gave Birth on Her Own Terms After Cesarean," a memoir by Roanna Rosewood, nailed some of my inner-most thoughts that, to this day, I still struggle to explain in words. It is as if the author was in my head sharing my thoughts and feelings about my own births.

This is not the typical “birth is wonderful” book often written by birth activists. Instead, it passionately explains the heartfelt emotions one goes through when giving birth by cesarean. Mainstream culture typically thinks a cesarean mother should be thrilled with joy with her new baby. But it’s not this simple for most mothers. It’s not that we don’t love our babies; we do. This contradiction can be hard to explain in words but “Cut, Stapled and Mended” nails it by demonstrating how a mother can be grateful for her baby and traumatized, angry and/or sad about what happened to her.

Roanna’s first cesarean was unnecessary. The second saved her life. When she found herself pregnant a third time, Roanna contemplates scheduling another cesarean, “Could it be a ‘success’ if I accept it now, instead of fighting for and losing a natural birth?”

Though she decides to attempt a trial of labor, this time she is not brave or confident. So she turns to a laugh-out-loud array of alternative practitioners in an attempt to find someone to “fix” her body and help her prepare for birth. In the end, Roanna does give birth on her own terms. But it’s nothing like what she expected. She writes, “I was not a strong warrior; I didn’t gently breathe my baby into the world. It wasn’t pretty. I screamed. I lunged. I whined. I glared and swore. There was nothing ladylike or dignified or composed or graceful about me.” In spite of this, Roanna’s experience leaves both her and the reader “craving to give birth again and again,” through glimpsing the raw beauty and glory of physiological birth.

Like Roanna, I also gave birth at home after two cesareans on my own terms. As a women and birth activist, I can really connect with the transformation that the birth journey takes us through. Women around the world will connect with the way this book puts their most inner thoughts and feelings surrounding birth into words. I recommend this book to all women looking to give birth and exploring their birth options. It truly describes how the birth of your children can transform your life. This book shows that a cesarean section surgery is not just another way to have a baby, and that how the mother feels about her experience does matter, as the mothers of ICAN (International Cesarean Awareness Network) know all too well.

Kiedra is due any day now! Look for her follow-up story in the next Clarion to find out how her birth went.
Here are a sample of the studies that show that there is no change in neonatal outcome and there are almost the same number of studies that show that there is a slight increase in risk with vaginal delivery. [See study references on following page.] The studies will say there is “no statistically significant difference” when it comes to the difference in outcomes; there are no easy answers.

The biggest factor in neonatal outcome in the studies was not mode of delivery. The determinant seemed to be birth weight and gestational age. In the studies that factored for gestational age and/or the birth weight, the conclusions were that the longer gestation and the larger the baby, the better the neonatal outcome.

There was one point of agreement across the studies: they concluded that there is no way to generalize practice, or that there is not enough evidence one way or the other to establish a set protocol for preterm delivery. The recommendation is to evaluate each case individually, and to look at the whole maternal risk profile: weight gain, blood pressure, presence or lack of gestational or other forms of diabetes. If a patient should present with preterm labor, all those things plus any additional factors in the maternal profile should be evaluated. A decision about mode of delivery should be made with the patient once all the maternal factors have been considered.

If you have a history of preterm delivery, or if you just want to have a contingency plan for any possible variations of labor, here are the things you may want to consider if you are choosing to prepare for a VBAC with your next pregnancy:

**Have open communication and honest dialogue with your care provider.** You already have a gut check in place when you talk to care providers about scenarios around your VBAC. What do they say when you ask, “Can I VBAC if I go into early labor?” Your care provider can give you a simple yes or no without thinking of the implications of that answer. Later on, she may change her mind if she said yes, because she didn’t have all the information when she said yes to you. Instead, consider asking a question that makes the care provider answer based on his past experience, “What has happened with previous VBAC patients who have preterm labor?” Questions that invite him to think and participate will be a truer representation of his care philosophy.

**Hire a care provider you trust implicitly.** This piggybacks on the first point. If you get any red flags in this or any conversation about your choice to VBAC, ask around your ICAN chapter to get feedback from other mothers. What has been their experience with your provider? If they switched care, who did they use and how did it go? Did they feel empowered by their new provider to make informed consent decisions? If you are faced with in-the-moment decision points in your labor, do you trust that your care provider will make the decision that is in the best interest for you and your baby?

continued on next page
Do what you can do to decrease your risk of preterm labor. Be mindful that even if you do everything right, preterm labor happens. According to the March of Dimes, these are the things you can do to decrease your risk of preterm labor:

- Don’t smoke, drink alcohol or take street drugs.
- Go to your first prenatal appointment as soon as you think you are pregnant.
- Get treated for chronic health conditions, such as thyroid function, diabetes and high blood pressure.
- Protect yourself from infections and avoid harmful substances.
- Reduce your stress.
- Educate yourself about inter-birth intervals for VBAC.

As mentioned above, the only thing that the studies agreed on was that deciding on the mode of delivery for a preterm infant was individual and should be based on the mother’s whole health history, not a broad sweeping generalization. If your care provider is trying to peg you into a predetermined path, she is not following evidence-based care. The ideal care provider will take the time to learn about you, your health history, and treat you as an individual. They are out there, and plugging into your ICAN resource base will help you find them in time for your VBAC journey.

The bottom line is that this is your baby and your birth. While it may not go exactly as you envision, you are in a position to learn more and do differently this time. Consider setting your end goal to be one of having an empowered birth experience. Even if you should have a repeat cesarean, it will be because you chose it as the best path for a Healthy Mom, Healthy Baby outcome.
I was blindsided by my first birth experience, a prolonged labor that eventually resulted in a cesarean section. While I fell in love with my sweet son immediately, I grieved the loss of my natural birth for months, and constantly sought out information and support to help me cope with my feelings of sadness.

Shortly after my son’s birth, I ran across ICAN and found solace through sharing my story in the forums. It was a safe place to visit, surrounded by other women who understood my pain and grief. I read through the White Papers and suggested books, took webinars as they were offered, and became friends with other local members. ICAN gave me the strength and courage I needed to begin healing from my first cesarean.

When I became pregnant the second time, I knew with confidence that I would attempt a VBAC. I was armed with research and tremendous support from friends and family, though there was still that nagging feeling at the back of my mind that I might realistically face another cesarean.

Because I have a few autoimmune issues, my pregnancy was considered high-risk, and I saw a perinatologist regularly, along with the staff at my obstetrician and midwives’ office. I was extremely vocal about my desire for a VBAC, and as my pregnancy progressed and the possibility of an induction was mentioned, I refused to commit to an actual date, since I wanted to go into labor naturally when my baby was ready to be born.

It’s safe to say that my husband and I butted heads with my doctors on more than one occasion, though, eventually, they realized and began to respect my plans for a VBAC. I wrote a birth plan, complete with all of the trappings of a natural birth, and also asked for specific requirements in case a cesarean became necessary.

As I grew closer to my second son’s arrival, I began to focus on having the best birth for him, however he entered the world. Of course, my preferred choice was a VBAC, but in case that didn’t happen, I determined to prevent the feelings of loss and sadness that so tightly gripped me after my older son’s birth. This time around, I was already the mother to one young child, and I wanted to give birth and recover quickly to begin caring for both of my children.

Since attempting a VBAC does, by its very definition, include the risk of a cesarean, I focused specifically on the things I wanted to change the second time around. I knew what issues and circumstances caused me pain and grief during my first birth experience, so I worked to avoid or change those during my VBAC. I asked questions, sought permission, asked more questions, and pressed for answers. At times, I knew I annoyed the medical staff, but I was on a more important mission to have the best birth for my baby and myself, and I was stubborn and determined.

My second labor was short and beautiful, and I felt in complete control, recognizing the stages as they happened. After hours of pushing, I began to realize that my son was not descending, just as his brother didn’t, and in the back of my mind, I knew another cesarean was looming.

When my doctor made the suggestion, it was hard to hear, but I was ready this time, and I told my husband, “You know what to do.” This time, we were prepared, and my son’s birth, though it was surgical, was a beautiful and healing experience.

As my second son was born, my doctor gently told my husband to stand up, and camera in hand, he filmed our son’s arrival into this world. As she guided our baby out, my doctor welcomed him and called him by his name, a moment I will never forget. Though I was unable to hold him in that moment, his birth was witnessed by my doctor and my husband, and the love in the room was palpable.

My husband never left our son’s side, and he held and comforted him as soon as possible. With my first son’s birth, being separated from him caused me endless amounts of grief; but this time, I chose to find comfort in the knowledge that my new baby was safe in his father’s arms.

When our son was first examined, my husband called out his weight to the room, and everyone cheered in excitement. The mood in the room was happy, and we were celebrating a birthday, as my nurse reminded me. There was no idle chit-chat, and I felt the joy and relief that come in those first moments after birth.

In recovery, my nurse gave our family privacy and allowed us to spend several hours nursing and cuddling as we got to know our new baby. I think she recognized my desire
An Empowered Birth: continued from page 9

for things to be different, and I was adamant that I nurse my baby immediately following surgery.

It was such a different scene than the one I experienced as an exhausted and utterly overwhelmed first-time mother. My postpartum nurse, who was also pregnant, expressed her sadness that I didn’t achieve a VBAC, and I reassured her that my son’s birth was a truly wonderful experience. Then she stayed with me through the first long night of cluster feeding, and reassured me that I was doing a great job.

As soon as I was up and about, I began asking to go home. My first labor and delivery left me in the hospital for five long days, and this time, I had a little boy waiting for me at home. I wanted to see him and begin my new life as a mom to two little boys. My nurses encouraged me to get going, and gave me the strength I needed to return to health as soon as possible, though my physical recovery was more difficult the second time around.

Returning home was a wonderful experience and my heart felt light and free. I reveled in my new baby, and though I had moments of doubt here and there, I took pride in my birth and felt comforted by it.

Though I had a CBAC, I felt truly empowered and in control of the entire time, which was a drastically different experience than my first birth. Looking back now, three years later, I realize that by changing my mindset, I was able to have the healing birth I wanted, even though the outcome wasn’t my first choice.

It seems incredible that the disappointment and hurt caused by a cesarean could be healed by a second cesarean, but that is exactly what happened. I faced head-on the very thing I feared most, and by changing my perceptions and taking control, I had the best birth for my baby and for me.

A few resources that comforted me both before and after my CBAC are:

- **ICAN** (including the forums, webinars, and White Papers).
- **Kmom’s Plus-Size Pregnancy Website** (useful information for mothers of all sizes).
- **“Having a Cesarean-in-Awareness”** by Virginia Bobro and Donna Moore, from Birthing From Within (wonderful suggestions for changing your perception of surgical birth).
- **“Cocoon” Birth Mandala** by Amy Haderer-Swagman (a visual image of an empowering cesarean).
Meet the Leaders: Jessica Franks has been a co-leader for ICAN of Phoenix for three years. She is also the Assistant Chapter Director and an admin for ICAN International on Facebook. Jenni Froment recently took over as leader for ICAN of Phoenix in May. She started planning her VBA2C after researching how to have a gentle cesarean and realizing that VBAC was a great option. Abby Schweitzer is the newest co-leader. She relocated from Illinois to Phoenix last year and is very passionate about birth. She had a beautiful homebirth last year with her son. All of us together make an amazing team.

In the Community: On a broad scale, we have over 270 members in our Facebook group. Our members include supportive care providers, childbirth educators and doulas. We host two meetings a month with anywhere from six to 25 people at each meeting and cover a variety of topics. Some past topics have been: Physical Healing After a Cesarean; Emotional Healing After Birth; How to Get Your Partner and Family on Board; Uterine Rupture; What to Expect at the Hospital; Homebirth; Planning a Gentle Cesarean and Why Doulas are Important. We have some fun too, hosting holiday parties and Birth Art Night. I like to think we have a topic for everyone no matter where they are on their healing journey.

Our website has evolved into a great resource for our community. We have our Calendar of Events, a Meet the Leaders section, Blogs We Love, a survey for new members and a section for members to subscribe to ICAN International. Even more exciting, we have almost 30 beautiful babies listed on our website, complete with birth stories. Check us out! http://icanofphoenix.weebly.com/index.html

Mother-to-Mother Support: Just like ICAN International, the mother-to-mother support is the cornerstone of our chapter. Our group is made up of strong, passionate and supportive women. I am amazed every day at the determination expressed in this group. The past few years we have, as a chapter, experienced a little bit of everything: homebirth transfers; VBA2C; HBAC; a VBA2C with a bicornuate uterus; a VBAC after three cesareans; empowering CBACs; a twin homebirth of mono-di twins, one born in the water and one breech; a VBAC after four cesareans that happened so fast he was unintentionally born at home, and more VBACs than I can count. Through it all, the mother-to-mother connection has been the foundation and enveloping support and compassion we have all needed on our very unique journeys. Phone calls, meals, bearing of souls, playdates, emails and overall generosity is plentiful in our group.

Fundraisers: This spring we put on a picnic for our ICAN families, open to the community. We raffled off tickets, memberships and gift certificates to local events and businesses, all of which were donated to ICAN of Phoenix. It was a great turnout and a fun event to host during Cesarean Awareness Month. We have plans to conduct larger fundraisers and kick-start local advocacy for ICAN and Cesarean Awareness.

The volunteer hours we put forth to keep our chapter running is not always easy, but the women in our group are our motivation and a constant reminder that all of our hard work is worth it. These are women that I have laughed with and cried with. They were there every step of the way while I dealt with postpartum depression and prepared for my own VBAC. They were the first people I wanted to tell when I “pushed a baby out of my VAGINA.” If my intended VBAC had ended in a cesarean, I know they would have been there with love, support, compassion and probably a few meals.

ICAN of Phoenix is what it is because of the people we help along the way. Women from different walks of life, all connected by their cesarean scar(s). It’s amazing what women can accomplish when they band together.
my full name: LaQuitha Glass.
my nicknames: Quitha.
my title with ICAN: Co-leader of ICAN of Evansville, Project Coordinator with ICAN, Support Webinar volunteer.
my ICAN chapter: ICAN of Evansville.
my hometown: It’s always hard to answer this because I was an army brat growing up, so I moved once every three to four years up through college.
my children: I have two kids, one born by planned cesarean due to breech presentation in 2009 and one unmedicated VBAC in 2011.
the moment that led me to volunteer for ICAN: I decided to volunteer with ICAN after I VBAC’d my daughter in 2011. I was so appreciative of the support and information that I received from ICAN and other sources that I really wanted to pay it forward.
favorite moment from my birth(s): With my cesarean, my favorite moment was getting to hold and nurse my baby for the first time. It took a while for me to see her after finishing the surgery and going to recovery, so it was amazing to be able to hold her and be introduced to her formally. With my second birth, my favorite moment from the birth was when I finally made it to the pushing stage and delivered her.
how ICAN has helped me: ICAN was such a support for me during my birth journey. It really helped me learn how to not only be supported, but to also be supportive to others.

random fact about me: I was a seventh grade English teacher for two years and a fifth grade teacher for one year before getting married and becoming a stay-at-home mom.
three words to describe me: Inquisitive, Helpful, Empathetic
my favorite quote: Go confidently in the direction of your dreams. Live the life you have imagined. - Henry David Thoreau
what inspires me: I love being surrounded by and creating positive energy! It really creates a breeding ground for creativity!

ICAN is full of amazing women who volunteer their time to progress the organization and support other women as they themselves were supported during their healing times and birth journeys.

This fall we get to meet an ICAN member who has been a major player behind the scenes. Her sweet spirit, “can do” attitude and efficient work manner have made her an invaluable member for ICAN. Meet LaQuitha!

When enough women realize that birth is a time of great opportunity to get in touch with their true power, and when they are willing to assume responsibility for this, we will reclaim the power of birth and help move technology where it belongs – in the service of birthing women, not their master.

–Christiane Northrup
ICAN recognizes and thanks all our five and ten year subscribing members. A special thanks goes out to all our Lifetime Subscribing Members. We appreciate your support and commitment to ICAN.

5year
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Cristina Cage
Megan Carter
Lauren Cooper
Sarah Dulany-Wilhelmi
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Kelly Fischer
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