



DASC Newsletter

MAY 2008

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HAPPY Mother's DAY !

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A word from our President...

Dear DASC Members,

It is my great honor to have been elected the President of DASC and I look forward to serving you over the next two years. I have served on the DASC Board for most of the 11 years I've been a DASC member, and I love seeing DASC continue to grow and become more professional each year.

In the last issue of the newsletter our former President, Margie Levy, wrote a comprehensive recap of the many wonderful meetings, programs, special events and benefits of being a DASC member. Every year our programs get better, our circle meetings expand and the opportunities for networking increases.

In my 12 years as a doula, I've seen many changes in the way doulas are seen, recognized and appreciated by other birth professionals; doctors, nurses and yes, anesthesiologists. It is so comforting for a client when a nurse says, "Oh -- your doula is here. Now I know you're in good hands!"

I am grateful to be part of this community of doulas and am proud of the many amazing doulas I've met, and continue to meet, through my membership in DASC.

From time to time I have seen what happens to the doula community when a 'renegade' doula works outside the standard scope of practice. While there are some doulas that were not trained by an organization which has its own Standards of Practice, all DASC members have to sign and adhere to the DASC Standards of Practice and Code of Ethics.

Every time you attend a birth or support a new family at home, you are representing not only yourself and your business, but DASC and doulas in general. In the past, there was a doula who was not a member of DASC who bragged that she usually got her clients to the hospital when they were 9 cm dilated. That meant that the laboring woman had a very difficult car ride to the hospital and had to answer all of the questions, change out of her street clothes, get blood drawn, etc. while she was in transition and ready to start pushing. It also meant that this doula was doing vaginal exams at home and sometimes had to catch a baby! This former doula is no longer working as a doula, but when she was, some of the hospitals she worked at were implementing a "no doula" policy. This shows that each and every doula has the ability to impact all doulas, either positively or negatively!

It is important to honor and respect the medical care providers and your fellow doulas as you do your clients. We are all working toward a common goal of healthy moms and babies and happy clients and birthing community.

I am excited about all of the new programs and events in our future. I hope to see you at a circle or program meeting or a book wrapping event SOON!

In the doula spirit,

tracy hartley, CD(DONA)
DASC President

The Whole Woman by Sherry S. Rumsey

There are a few basic rights that any woman (any person really) is entitled to from her caregiver; the right to be viewed and cared for as a whole person, the right to be treated as a capable and responsible adult, the right to ask questions and be given honest, complete and accurate answers, time to consider all options and a voice in the determination of what action, if any, is to be taken.

Women are not made on an assembly line. The principles that apply to a mechanized system do not translate to the female body. One cannot determine what is “faulty” in a woman, disassemble her to isolate the offending section, fix what is “broken” and put her back together expecting her to function “properly”. It is impossible to have a problem in one area of a woman’s body that does not affect other areas. Her body, mind and spirit are one, working seamlessly together with fluid-like action and reaction. An impact in one area sends ripples to many others. She must be seen and cared for as a whole entity with no disconnected sections and no one part more or less important than the next.

A woman should not be treated as a child. She should not be belittled or made to feel inferior. It should be pointed out to the woman, if she does not already realize it, that SHE is her primary caregiver. Her daily choices play a much bigger role in determining her health and well-being than any other factor. The woman should be given the knowledge and tools she needs to act responsibly. Many women enter into a healthcare relationship with a high level of personal responsibility. Others may not act responsibly until it is finally expected of them.

The healthcare provider should not only give the woman an opportunity to ask questions, but should actively elicit questions from the woman. All questions should be received without judgment and responded to with honest, complete and accurate answers, even if it is inconvenient for the caregiver or is in conflict with the caregiver’s personal beliefs or biases.

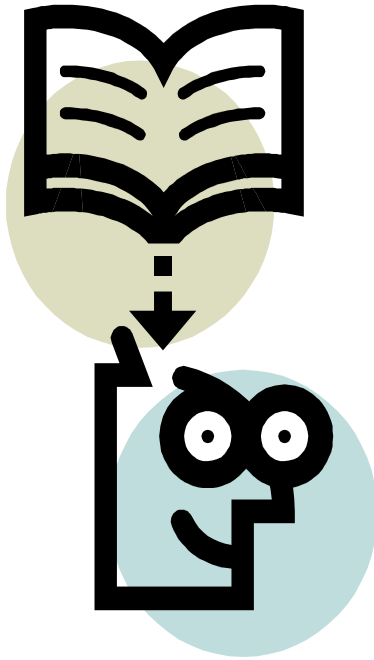
No woman in a non-emergent situation should feel pressured to make a speedy decision. She should be given adequate time to think about, discuss, and ask questions regarding her options. Most importantly, she should be listened to with an open mind and heart. Her caregiver should make every effort to understand the situation from the woman’s point of view and to follow the woman’s wishes whenever possible. Even if the end result is not what the woman initially planned, if she “led the way”, she will feel more empowered from the experience than if she was “dragged”.

These ideals and more are reflected in the midwifery model. All healthcare fields could learn from the ancient wisdom of midwives.

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Book / Video Review



Pushed –

Author, Jennifer Block
Review written by Margie Levy

"Pushed" is a perfect title for a book that describes the current state of maternity care in the United States. It actually makes me pause and think, "Pushed too far," or "Pushed into things we don't want." It also conjures up the term, "shoved," and I envision a kid in a schoolyard being bullied. Jennifer Block is in fact saying that this is exactly what is happening to women across the country who simply want to give birth to their babies.

This book is an utter validation to those of us trying to advocate for normal birth and for mothers trying to achieve it. Block examines childbirth as a reproductive rights issue: Do women have the right to an optimal birth experience? If so, is that right being upheld? She addresses the fact that this basic bodily function has become a medical event and

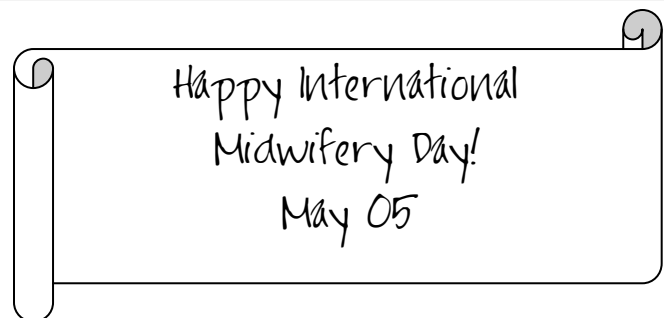
that women are being led to believe they cannot achieve it without medical intervention.

One of the most interesting chapters for me as a doula was the one entitled, "Mother's Helpers." In this chapter the author talks about doulas in general but also raises the issue of the doula's role in terms of reframing the experience to be more positive. If doulas are in fact helping women feel better about births that did not meet their expectations, are we losing women who will advocate for change? This led me to ask myself this question: Is it possible that we are taking their power away to judge for themselves? Am I unintentionally disempowering my clients?

"Pushed" has really helped me grow as a doula. It validated what I knew to be true in my heart and what I've been taught. It pushed (no pun intended!) me to look at the way I practice and make some improvements. I love any book that can do all that!

Book Wrapping Dates...

June 14	Encino
May 9	Long Beach
May 10	Long Beach
June 13	Long Beach
June 14	Long Beach
May 10	Santa Monica
June 13	Santa Monica
June 14	Santa Monica
May 10	Orange County



Visit the DASC website for shifts that still need coverage and details regarding the locations. Contact Carol Braun for additional details at development@dascdoulas.org

In the News:

Indulging in chocolate during pregnancy could help ward off a serious complication known as preeclampsia, new research suggests.

Chocolate, especially dark chocolate, is rich in a chemical called theobromine, which stimulates the heart, relaxes smooth muscle and dilates blood vessels, and has been used to treat chest pain, high blood pressure, and hardening of the arteries, Dr. Elizabeth W. Triche of Yale University in New Haven, Connecticut and colleagues write.

Preeclampsia, in which blood pressure spikes during pregnancy while excess protein is released into the urine, has many features in common with heart disease, the researchers add.

To investigate whether chocolate's possible cardiovascular benefits also might help prevent preeclampsia, the researchers looked at 2,291 women who delivered a single infant, and asked them about how much chocolate they consumed in their first and third trimesters. The researchers also tested levels of theobromine in infants' umbilical cord blood.

Women who consumed the most chocolate and those whose infants had the highest concentration of theobromine in their cord blood were the least likely to develop preeclampsia. Women in the highest quarter for cord blood theobromine were 69 percent less likely to develop the complication than those in the lowest quarter.

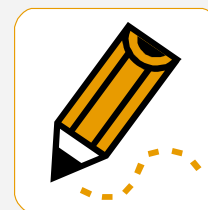
Women who ate five or more servings of chocolate each week in their third trimester of pregnancy were 40 percent less likely to develop preeclampsia than those who ate chocolate less than once a week.

A similar, but weaker, relationship between chocolate consumption and preeclampsia risk was seen in the first trimester, with women eating five or more servings of chocolate each week at 19 percent lower risk than those who ate chocolate less than once a week.

Theobromine could improve circulation within the placenta while blocking oxidative stress, or it could also be a stand-in for other beneficial chemicals found in chocolate, Triche and her team note in the May issue of *Epidemiology*.

"Our results raise the possibility that chocolate consumption by pregnant women may reduce the occurrence of preeclampsia," they write. "Because of the importance of preeclampsia as a major complication of pregnancy, replication of these results in other large prospective studies with a detailed assessment of chocolate consumption is warranted."

SOURCE: *Epidemiology*, May 2008.



BE IN THE KNOW... DASC is offering even more exciting Program and Networking events in 2008... stay tuned to the Yahoo list and website for additional details.

Have you hugged a DASC board member today?

A Compliant Patient by Rena' Koerner

I recently read an article in the Press Telegram, January 14, 2008 titled; "Quiet, compliant patients don't always get the best results"... and immediately related this to our birth and postpartum clients.

It reads, "Doctors like "good" patients. They even have a technical term for these people. Physicians call them compliant. Bad patients are non compliant". I began to wonder if some of our local care providers are also labeling clients and if their care is dictated as such.

If we empower clients to ask questions and to make good decisions about their birth could their care be influenced?

The article continues to read that these care providers prescribe medications or procedures because they believe that to be best for the patient... but are they best for ALL patients? What may be overlooked or neglected is "individual care". These procedures may not be in the best interest of the patient and we need to get back to informed consent.

This could be a win-win situation. Clients having a voice in their labors, birth and postpartum, the care providers pushed to respect the choices of patients and give detailed information about the procedures (pros/cons) so patients can make educated choices, seeing a decline in their overall liability and liability cost.

Stay on the path of educating clients! When they exercise that knowledge, it could force the care providers to implement TRUE informed consent, leaving the patients even more empowered, respected and feeling good, while possibly seeing a decline in liability insurance for the care provider (less law suits).

But be careful, this may force us to understand that some clients don't want to take responsibility for their care! They don't want to make decisions about medications or procedures and they want to be compliant patients because they truly trust in their care providers. We must respect their choices and care for them as we would any "non-compliant" patient with compassion and understanding without judgment.

Strength does not
come from physical
capacity. It comes from
an indomitable will.

— *Mahatma Gandhi*

Doulas Association of Southern California

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Van Nuys, CA 91406

Phone
1.877.4.A.DOULA

Website
www.dascdoulas.org

Upcoming Events

CIRCLE MEETINGS:

Orange County, Bunny Slaughter 714.220.0968, May 04, August 2 and November 9

Doulas of the South Bay, Shirley Buzzoni or Ellie Shea

Santa Clarita / Antelope, Yvonne Novak 661.254.2069

Temecula Valley / S Riverside, Doris Kitchen 951.233.0965

San Fernando Valley, Margie Levy 818.994.6800 **3rd Friday @ 11:00** am, her home

Doulas of West LA, Giuditta Torretta 310.435.6054

Ventura County, Jeanne Anderson **2nd Friday @ 9:30** am

Consider starting a Circle group in your area, contact tracy hartley at 877.436.8528

More Important Dates

May 17-18, 2008
Whole Children/Planet Expo, Northridge, CA

May 23-24, 2008
Baby International Festival, Santa Barbara, CA

May 28, 2008
Birth Stories Night @ Ana Markel's home

July 12, 2008
Letrith Hoang, D.O. Pasadena, CA

July 17-20, 2008
DONA Conference, BC

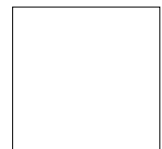
August 21-24, 2008
CAPP Conference, TX

August 23, 2008
Orgasmic Birth, UCLA

TBA – 2008 DASC Banquet

REMINDER: Your DASC membership renewal is DUE May 15th !!!

DOULAS ASSOCIATION OF SOUTHERN CALIFORNIA
6927 RUBIO AVENUE
VAN NUYS, CA 91406



Stay tuned for the new and improved DASC website coming this summer.