



## The Birth Center Midwives are Here for You

Several times a year, you receive mail from The Birth Center. It may be a newsletter (like this one), a donation request, an event invitation or other update. But have you ever asked yourself -- do I really know all that The Birth Center does or can do for me?

As a practice of Certified Nurse-Midwives, The Birth Center offers exceptional health care for women while embracing our Core Values and the Midwifery Model of Care. Our midwives focus on the needs of the individual and her family, to provide emotional and social support and active involvement of significant others with respect for cultural values and personal preferences. Midwives listen to women, and always provide the information needed to make informed and educated decisions about one's health care.

Certified Nurse-Midwives (CNMs) are licensed health care practitioners, and educated in the two disciplines of nursing and midwifery. They are compassionate, supportive, well-informed and well-versed in educating women about health topics and options. You do not need to have ever had a baby to see a midwife for your gynecologic care. (To learn more about midwifery in general go to <http://www.mymidwife.org/about.cfm>).

The practice of midwifery has its roots in tradition and draws on the most sound advice from the American College of Nurse-Midwives (ACNM), as well as the American College of Obstetricians and Gynecologists (ACOG). Midwives provide such a wide variety of services for women's health care that it is impossible to make a complete list. However, here are a few examples of the reasons you might want to see a TBC midwife:

The following is a list of possible reasons to see a midwife:

1. You need an annual gynecologic exam.
2. You have heavy, painful menstrual bleeding.
3. You have bleeding between your periods.
4. You want to have preconception counseling and referrals for genetic counseling/screening.
5. You want to explore options for family planning.
6. You would like an IUD placed.
7. You need a mammogram.
8. You need testing or treatment for a sexually transmitted disease.
9. You need a pap smear.
10. You need advice on routine age related, screening recommendations including: mammography, bone density scan, colonoscopy, and cholesterol.
11. You think you might be depressed or are anxious.
12. You would like assistance managing your weight.
13. You would like advice regarding diet or exercise.
14. You want help getting out of an abusive relationship.
15. You think your child might be sexually active and would like her to speak to a trusted health care provider.
16. You are pregnant and seeking prenatal care.

This is by no means a complete list; however, it provides a glimpse into the diversity and completeness of the services available with TBC CNMs.

**The Birth Center offers a wide array of education and support services. For more information go to [www.thebirthcenter.org/classes\\_des.html](http://www.thebirthcenter.org/classes_des.html), call Nancy Mower at 610-525-6086 x127, or ask at your next appointment.**

Preparation for Childbirth Class  
Focus on Breastfeeding Class  
Childbirth Preparation Supplement Class  
Childbirth Refresher Class  
Sibling Preparation Class  
Prenatal Yoga

TBC Breast Feeding Support Groups (2 locations)  
Fourth Trimester Moms  
Infant Massage  
Postpartum Pilates Mat Class  
Pregnancy Loss Counseling  
Lactation Consultation



## From the Executive Director

Dear Friends:

We can probably all agree that at the moment, the times we live in are unsettling. News about the

economy, the environment, world events and so forth impact each of us, to a greater or lesser degree, but impact us nevertheless.

When the world feels disconcerting, it is even more important to reaffirm the basic principles that guide us in our lives, in our relationships, and in our work. Here at TBC we have done just that.

Please take a moment to read through the accompanying *Core Values Statements*.

These are the ideals that inspire us, that guide us in our decision-making, and that shape our relationships – with our clients and with one another.

These values are enduring, and infuse the unity of purpose that makes TBC the wonderful and unique organization that it is. In challenging times, we need to make sure that we hold true to these principles and standards that have guided TBC since its founding. And we will.

Regards,

Nancy Feldman Kirsh  
Executive Director

## Core Values

The values stated below reflect the core beliefs and principles guiding behavior at The Birth Center. They reflect what is truly important to us as an organization, and are the underpinning of our organizational culture. Employees, clients, volunteers, and visitors sense that The Birth Center is a very special place. This feeling is in large part due to these enduring values, and the fact that they are embraced by everyone associated with TBC.

### ***Respect and acceptance***

We believe that people should always be treated with respect. We appreciate diverse views and accept each individual's right to their opinion.

### ***Integrity: trustworthiness and honesty***

We treat one another with honesty and forthrightness. We adhere to sound moral and ethical principles, ensuring that clients and co-workers alike will find us worthy of their trust.

### ***Excellent, evidence-based care***

We have high standards, and strive to provide the highest quality of care, based on the best available research and evidence.

### ***Empowerment: trust in yourself and your body, education, and communication***

We believe that with appropriate education and information, women will make the healthcare decisions that are right for them. We encourage our clients to learn, to ask questions, to trust in themselves, and to listen to their bodies.

### ***Family orientation***

We strive to provide experiences at TBC that strengthen each family, enhance the family unit, and better prepare them for life transitions. Our clients may include whoever is important to them during their care at TBC.

### ***Nurturing and compassion***

By appreciating and understanding each client as an individual, we provide an environment that is safe and secure, both physically and emotionally, and conducive to her personal growth.

### ***Delight in birth***

We are passionate about birth, and understand the transformative experience it can be for everyone involved. We help women and their families delight in the significance of their birth and carry those feelings forward as they nurture their babies.

### ***Engagement of the wider community: advocacy, professional education, support groups***

The Birth Center serves as a resource to the wider community of women, offering support groups, monitoring legislation impacting women and babies and assisting in other, relevant locally identified needs. We mentor student midwives and nurses, investing in the future of our community's health.

### ***Positive atmosphere for employees***

Our success is dependent upon the collective energy, enthusiasm, and commitment of each and every employee. We strive to create an atmosphere conducive to deep work satisfaction and celebrate the unique contribution of each employee.

## The Birth Center

### Board of Directors

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### Mission Statement

*The Birth Center, an independent nonprofit organization, is the premier community resource whose midwives and nurses provide women's health, birthing, and related services in a nurturing, home-like, family oriented setting. Our preeminent services and educational programs strengthen women of all ages and their families, empowering them to be active participants in healthcare decision making throughout their lives. We welcome all women who desire our model of care regardless of their ability to pay.*

TBC is a non-profit corp. registered with the PA Bureau of Charitable Orgs  
800-732-0999

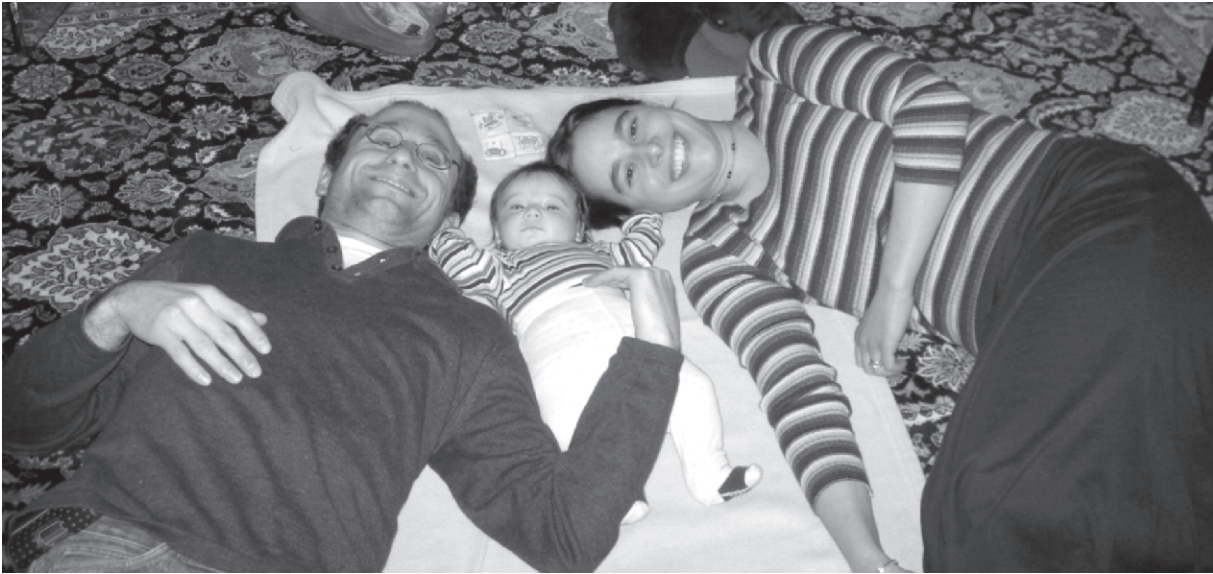
Phone: 610-525-6086

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[www.thebirthcenter.org](http://www.thebirthcenter.org)

## Looking for Additional Support During Birth? A Doula May be Right for You

by: Dorilona Rose



When we chose to birth at TBC, we made the decision to have as smooth and natural a birth experience as possible. The midwives and nurses understood our hopes and dreams for our birth, but we couldn't plan for every possible situation, nor could they promise to always be with us every minute from beginning to end.

I decided to find out more about birth doulas. I realized that, even with a supportive partner, having another person there to act as a guide through labor and birth, focused solely on me and my needs, would be comforting and helpful.

It turns out I was right. A few months later, at 4 AM, we were nine hours into a scheduled induction at Bryn Mawr Hospital and none of the coping methods we had learned in birth class were able to make me comfortable through the jagged contractions. We called our doula, Ellen Felley, and she arrived an hour later. Like Mary Poppins, she pulled out her bag of tricks and instantly found ways to make me feel comfortable and supported.

At 8:12 PM, 25 hours after starting the induction, I gave birth to a healthy baby girl vaginally without pain medications or any other interventions. Our midwives were wonderful, but they were also assisting other TBC clients that day. Ellen was with me exclusively and able to suggest positions, sounds, and other techniques to work with me through the contractions and to give my husband the confidence and tools to support me.

Although not every labor may call for one, I am glad we chose to hire a doula. Even though I had to be induced and give birth in the hospital instead of TBC, having Ellen, in addition to our midwives, allowed me to have as close to my ideal birth experience as possible.

*Editor's Note: TBC welcomes the support of doulas, should the client wish to hire one. If you are interested in learning more about doulas, ask your midwife at your next appointment or go to [www.dona.org](http://www.dona.org).*

### Board Members Sought . . .

TBC is seeking enthusiastic, talented individuals to join the Board of Directors. This body governs and supports TBC, ensuring that it effectively carries out its mission.

We are specifically looking for individuals with expertise in strategic planning, business development, women's health, public relations/media and alternative medicine; however, other skills may be considered. We also seek volunteers to serve on various Board committees.

If you would like to know more – please send a letter of interest and your resume to [nancy@thebirthcenter.org](mailto:nancy@thebirthcenter.org).

### TBC Welcomes New Staff

Since the last newsletter we are pleased to announce the arrival of new staff members:

Emily Friesen Burkholder, CRNP  
Trina Haywood, CNM  
Gazelle Lange, CNM

by Holly Christensen, CRNP



How many times have you wondered whether the vaginal discomfort you felt was “normal” or required treatment? Figuring out the problem is often a daunting task. All one needs to do is walk into the feminine hygiene section of your local drug store to truly understand the magnitude and breadth of products available to women to maintain the health of one's female parts.

### What is vulvovaginitis (VV)?

Vulvovaginitis is a generic term to describe a wide variety of conditions

involving the vulva (the external part of the female anatomy) the vagina, and the perineum (the stretch of skin between the opening of the vagina extending back to the anus). There are a variety of symptoms that can be used to describe vulvovaginitis: discharge, itching, soreness, burning, redness, swelling, and excoriation or raw areas. Women may also experience painful intercourse as a result of decreased lubrication and inflammation, or painful urination as the urine passes over inflamed tissue. Each woman has a unique way of feeling and describing these signs and symptoms and may only experience one or two.

### What can cause Vulvovaginitis?

- **Trichomonas**

A small microorganism, trichomonas is sexually transmitted and can live in the reproductive tract of both men and women. It may cause a bad smelling discharge and itching. There may also be an increase in the quantity of discharge. Discharge may be thin and copious and yellow or greenish in color.

- **Chlamydia and gonorrhea**

It is possible to have one of these infections and not be aware of its presence. Some people describe only an increase in the amount of vaginal discharge. These organisms are particularly problematic as they can lead to infections of the cervix, uterus and fallopian tubes. If they ascent into the uterus and tubes, they can cause pelvic inflammatory disease which can lead to a decrease in fertility and other serious medical complications.

- **Genital herpes**

A virus similar to the one that causes the chicken pox, it is most often characterized by pain. Some people describe a burning or sharp pain first, followed by tiny raised bumps that turn into blisters or ulcers. After one infection, some people say that the intensity of subsequent infections is not quite as painful.

- **Bacterial Vaginosis**

Bacterial vaginosis is an imbalance between helpful and harmful bacteria in the vagina. It is characterized by an increase in vaginal discharge and distinctly fishy odor. Bacterial vaginosis is not sexually transmitted but is widely considered an imbalance of vaginal bacteria. In the case of BV, lactobacillus (the good bacteria) seem to become overwhelmed by one of the more problematic bacteria. The exact cause of the imbalance is not certain. It is thought that anything that makes the pH of the vagina more basic may contribute to the imbalance. This may include douching with chemical douche, semen, or frequent use of spermicide.

- **Chemicals**

Chemically induced vaginitis can be caused by bubble bath, deodorant soaps, deodorant sprays, hot tub water that is not well maintained, laundry detergent (especially cold water formulas) perfumes, perfume treated toilet paper, spermicides, swimming pool water that is not properly maintained (Casey, Ramin & Cox, 2000), sanitary napkins with and without perfume added, and tampons with deodorant added.

- **Low levels of circulating estrogen**

Called Atrophic Vaginitis, lactating women and women with low levels of circulating estrogen (e.g. postmenopausal women) may suffer from this type of VV. It is generally characterized by an extreme dryness of the vaginal tissue. Symptoms include vaginal itching or burning and pain, or pain with intercourse. The conventional treatment for this is a locally acting estrogen medication.

- **Fungal infections**

Fungal infections, also called monolial, candida or yeast infections, are one of the most commonly diagnosed types of VV. They usually cause irritation and itching, either internally, externally or both. Vaginal discharge may look white and clumpy. It may also burn externally when urinating (Casey, Ramin & Cox, 2000).

### When should you see your midwife, nurse practitioner or medical doctor?

Women should see a health care provider if:

1. The symptoms are new or if you have not seen a healthcare provider in the past for the symptoms.
2. If you are pregnant, or possibly pregnant.
3. The symptoms are persisting or worsening.
4. If you have greater than 6 in a 12 month period.
5. If you have pelvic pain or cramping.
6. If you have irregular vaginal bleeding, or spotting between your menses.
7. If you have any visual changes of the skin on or around your groin, vulva or vagina.
8. If you suspect you could have a sexually transmitted infection.

Remember your medical provider is a specialist in this realm. They want to help you to remedy these problems. If your provider shames you or makes you feel foolish or stupid, you should find another provider.

### Only VV caused by Fungal Infections can be treated by Over-the-Counter (OTC) medication

While some practitioners believe that a woman should always contact her provider before using any type of medication for a vaginitis, the FDA recommends OTC treatment, if a woman has had fewer than 6 recurrences in the past 12 months, has seen a provider for *these symptoms* in the past, and is not pregnant. Pregnant women should discuss their vaginal symptoms with her healthcare provider before initiating treatment.

### What you should know about OTC treatments

There are a wide variety of OTC treatment options for the treatment of VV -- including external and internal creams to stop itching, home remedies and oral pills. The newly marketed pH testing kits are designed to tell the user whether or not they have a VV that could be treated with an OTC medication (these products do have a disclaimer instructing women to see their healthcare provider if the symptoms are new). If you

are receiving annual gynecologic care, you may treat the symptoms of VV caused by yeast infection with an OTC yeast medication as long as you have seen your health care provider before for the *same* symptoms, you are not pregnant and you haven't had recurrent infections frequently.

The OTC treatment of yeast infection is a multimillion dollar industry. From 1993 to 1997, the sales of feminine hygiene products rose from \$90 million to \$250 million annually (Snyder, 1997). One study postulates that even if women correctly diagnose themselves with VV from yeast infection, fifty percent of the time, they would collectively waste approximately \$135 million on ineffective treatments (Theroux, 2005). Of course for women who correctly treat themselves, the estimated savings in healthcare visits is significant.

Be aware that it is possible to miss the diagnosis of an easily curable sexually transmitted disease, by treating with an OTC treatment without seeing your healthcare provider. By doing this, you place yourself at higher risk for pelvic infection. Women may also damage the tissue of their vaginas, as well disrupt the normal vaginal flora, with prolonged or inappropriate use of OTC treatments.

### What you can do to prevent vulvovaginitis

The skin of the body as well as the specialized lining of the vagina are usually colonized by a variety of bacteria or flora in healthy normal people. When there is an imbalance of that healthy, normal flora, opportunistic organisms can take hold and flourish. There are a few proactive things that may minimize VV from any cause.

#### Don'ts

- Don't use perfumed pads or tampons
- Don't wash undergarments with perfumed detergents
- Don't use vaginal douches
- Don't use vaginal sprays or powders
- Don't wear tight fitting synthetic garments (including prolonged use of wet bathing suits, workout clothes or underwear.)
- Don't wash the vulva, vagina, or perineum with a sponge or cloth

#### Dos

- Do wear 100% cotton undergarments
- Do wash daily with water and if using soap make sure it is a mild soap such as unscented Dove
- Do change undergarments regularly. If you are prone to perspire or if you have a physiologic condition that increases vaginal discharge such as in pregnancy change them more than once per day.

- Do change sanitary pads regularly. If you are sensitive to the plastic lined type, try one of the older brands that are bulkier, but have fewer chemicals and products added. You may also try reusable cloth pads (there are multiple types and shapes and thicknesses), which can be handmade or purchased in a variety of on-line locations.

### And finally, a word about probiotics:

Probiotics are usually ingested in pill form or eaten in certain foods, most notably yogurt. While there may be numerous other benefits of ingesting yogurt and other probiotic preparations, currently there is inadequate evidence for the use of probiotics for the prevention of VVC after the use of antibiotics (Pirota et al., 2004).

#### Bibliography

- Casey, B.M., Ramin, S.M., Cox, S., *Lower Genital Tract Infections*. From *Textbook of Gynecology*. Ed. Copeland. 2000. 769-780.
- Theroux R. Factors Effecting Women's Decision to Self Treat Vaginal Symptoms. *Journal of the American Academy of Nurse Practitioners*. 2005; 156-162.
- Snyder, K., *Feminine needs: Experts believe some women are misusing vaginal OTCs*. *Drug Topics*. 1997; 60-65.
- Lipsky, M., Waters, I. & Shrap, L. Impact of vaginal antifungal products on the utilization of health care services: Evidence from physician visits. *Journal of American Board of Family Practice*. 2000. 178-182.
- Pirota M, Gunn J, Chondros P, Grover S, O'Malley P, Hurley S, Garland S. Effect of lactobacillus in preventing post-antibiotic vulvovaginal candidiasis: a randomised controlled trial. *British Medical Journal*. 2004; 548.

## The Birth Center Friends

For 30 years, women and their families have turned to TBC to find a home-like setting for birth and exceptional gynecologic care. Nearly 5,000 women have given birth at TBC, and countless others have come for gynecologic care. As TBC closes in on 7,000 babies, our reach in the community expands exponentially. As our community grows, we want to ensure that people are still personally connected to The Birth Center, even if they are no longer clients.

As clients and family members of clients, you know how important The Birth Center is. The core values of TBC resonant and make TBC relevant in one's life even after one's baby is grown, one has moved away, or goes elsewhere for care. TBC friends share a like-mindedness that translates from choices in healthcare to choices in lifestyle, parenting and other areas of one's life. These commonalities are an excellent foundation for a supportive community.

**To help encourage connection among members of our community ---facilitating fun, informative, and supportive interaction with each other ---TBC is pleased to announce the creation of TBC Friends.**

Stephanie Vincent and Nicole Johns have graciously volunteered to be the co-chairs of TBC Friends and are excited about all the possibilities! They are looking for interested individuals to join the Steering Committee. Would you like to be part of this exciting new group from the beginning and lay the foundation for a thriving community? Are you looking for a way to give back to your community? Would you like to use your skills and talents in a new way? If so, contact Stephanie and Nicole at [friends@thebirthcenter.org](mailto:friends@thebirthcenter.org) for more information. The Steering Committee will be meeting soon to discuss future projects.

Don't have the time to be part of the steering committee, but still want to be involved? Join the TBC Friends mailing list and the Steering Committee will update you on events and opportunities as they are planned: email [friends@thebirthcenter.org](mailto:friends@thebirthcenter.org).

This community is just beginning and will become whatever the members make of it. We hope we can count on your support to grow **TBC Friends** into a vital and supportive network!

## Times of Transition: Adapting to Change

As clinical psychologist, yoga instructor and TBC Mom, Christine (Citrinī) Ware, Ph.D., RYT, offers the following thoughts on adapting to change.

It is impossible to eliminate stress from our lives. Crises, such as the loss of a job or the death of a loved one, certainly impact each of us, but positive events, such as marriage, the birth of a child, or a change in jobs, also involve stress. And stress impacts your health. The Social Readjustment Rating Scale by Drs. Holmes and Rahe (1967) found a correlation between the occurrence of 41 stressful life events in people's lives and the likelihood of becoming ill. It estimates a person's stress level and its impact on health by tallying the number of "Life Change Units" (LCUs) based on the occurrence of certain events in the person's life. For example, pregnancy involves 40 LCUs, gaining a new family member involves 39 LCUs, a major change in financial state involves 38 LCUs, major changes in working hours or conditions involves 20 LCUs, major changes in types and/or amounts of recreation involves 19 LCUs, and major changes in eating habits involves 15 LCUs.

By adding up the number of LCUs for each event one is facing a score is determined. If one scores 150 or less, one has a low chance of stress-induced health difficulties. If one scores between 150 and 300 points, the odds are about 50% that one will have a *major health problem* in the next couple of years. If one scores 300 points or more, one has an 80% chance of developing a *major health problem* in the next two years. This scale makes it clear that the occurrence and number of life changes, transitions, and stressors in one's life (even, pregnancy and the birth of a child) have a substantial and cumulative effect on health.

Thankfully, such research does not predict that one will become ill; it only suggests that one is at increased risk when facing multiple and considerable life changes. Becoming aware of the impact of such transitions, crises, and situations is a useful first step in learning to cope with inevitable stress.

*When transitions can be anticipated, preparing for them, minimizing other changes, and adopting stress management strategies may help to manage stress levels and preempt other difficulties. If possible, it may be wise to postpone other transitions (e.g., changing jobs) if one has experienced some of the highest scoring crises (e.g., death of a spouse, divorce).*

When stressed, it is often tempting to engage in unhealthy behaviors such as comfort eating, poor diet choices, excessive TV watching or sleeping, or even drug or excessive alcohol use. Unfortunately, such short-term stress management choices often exacerbate the effects of stress on physical health, not to mention the effects on psychological health and relationships. Since stress cannot be eliminated from one's life, seek to promote long-term health by adopting healthy behaviors and stress management strategies, such as

- exercising regularly
- eating healthy, balanced meals
- getting enough sleep
- practicing relaxation techniques (meditation, yoga, self-hypnosis, imagery)
- taking breaks
- simplifying; reducing how much you take on
- prioritizing (by delaying or declining less important tasks); delegating
- obtaining support and help from friends and family
- hiring professional help (e.g., cleaners, nannies, mother's helpers, psychotherapists, massage therapists, repair professionals)

Reduce stress by focusing on simple, sustainable changes and changing only one behavior at a time.

It's also helpful to be aware of how much change affects our feelings and thoughts. Reflect on your current experience, as well as how you generally deal with stress. *Learn to recognize how your thoughts, feelings, and behaviors change due to stress, as well as the*

*triggers for such changes. Learn how to identify distortions in your thinking, challenge negative or self-defeating attitudes, and accept what you cannot change. Put things in perspective.*

Consider that changes in roles and life situations can significantly impact one's sense of self and competency. Since such psychological effects are often complex, partially outside of awareness, or difficult to share with loved ones, psychotherapists can support you as you explore and become aware of them, learn to identify problematic thought patterns, process feelings that arise during these times of transition, problem-solve, work to change behaviors, and adapt to changing circumstances.

Christine (Citrinī) Ware, Ph.D., RYT-500 is a licensed clinical psychologist who works with adults, children, adolescents, families, and couples at Mind-Body Services in Havertown, PA. She is also a certified Kali Ray TriYoga® instructor and director of the TriYoga Center of Philadelphia. For more information, visit [www.mindbodyservices.com](http://www.mindbodyservices.com) or contact her at [citrini@mindbodyservices.com](mailto:citrini@mindbodyservices.com) or 610-664-6446.

Reference:  
Holmes T.H. & Rahe R.H. (1967). The Social Readjustment Rating Scale. *Journal of Psychosomatic Research* 11(2), 213–8.

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Facebook**

Look for The Birth Center  
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[friends@thebirthcenter.org](mailto:friends@thebirthcenter.org)  
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