



## **Born in the U.S.A. Community Action Guide**

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## Born in the U.S.A.



Produced by Marcia Jarmel and Ken Schneider  
in association with the  
Independent Television Service (ITVS)



### Things You Can Do

*To build a community dialogue about birth and women's health...*

- Encourage your public television station to broadcast BORN IN THE U.S.A.
- Watch BORN IN THE U.S.A. with neighbors, co-workers, family, or friends, and talk about what you have seen.
- Visit our web site for resources to support community work using this film ([www.itvs.org/bornintheusa](http://www.itvs.org/bornintheusa)).\*
- Set up a screening of BORN IN THE U.S.A. at your local community center, clinic, library, place of worship, or at your workplace to celebrate woman-centered birth practices and educate the public about informed choice. Collaborate with others who share an interest in childbirth or women's health. Call, write, or email us for a discussion guide and other materials that can create dialogue about the issues.
- Initiate local awareness in your community newspaper(s) and on local talk radio about birthing options and optimal mother/baby health. Write a letter to the editor about local issues. Send us clips of stories that result.\*
- Invite midwives or childbirth educators to speak to your group.
- Find out how you can help make mother-friendly birth choices a reality in your community\*. Contact the Coalition to Improve Maternity Services\* about rating birth services in your area.
- Volunteer\* to staff a table at community health fairs, state fairs, or other events where women learn about issues that affect them.
- Contact local hospitals and encourage them to hire midwives to teach and to deliver babies.
- Use BORN IN THE U.S.A. to educate legislators and their aides on issues surrounding maternal health and childbirth.
- Thank your local PBS station for airing BORN IN THE U.S.A. Let them know that there is an audience for programs about childbirth and women's health issues, and that you appreciate their effort to show diverse viewpoints.

\* The areas marked with an asterisk may be supported by our extensive resource list, available on ITVS's web site at [www.itvs.org/bornintheusa](http://www.itvs.org/bornintheusa). If you do not have web access, you can call or write PatchWorks Productions, (415) 626-9902, for more information.

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## Working with Public Television

American public television is a network of autonomous local stations which make independent programming decisions based in part on their community, the national schedule available from PBS, local and national events (such as “pledge” and “sweeps week”), and other factors.

Some reasons to contact your station might include encouraging the station to air the program, to encourage them to partner with community organizations to build audience for a broadcast, and to let them know that there is an audience in their community who is interested in these topics.

To reach the station, you generally can find them on the web or you can call them. If you don't know how to reach your station, visit ITVS's web site at [www.itvs.org/pbssearch](http://www.itvs.org/pbssearch). You can also do a search at the bottom of this page using the word “Born” and then clicking “Broadcast” to see if your station's broadcast may already be listed.

Before you call or write your station, think about why this program is important to you and/or your community. Stations are not interested in hearing about nationally coordinated “campaigns” to get a show on the air. They are interested in serving their communities. Think personal and local. Think about how you might help them get the word out about broadcast to people who care. These are the reasons to relate to your station, and will help them make an informed decision about programming which will actually serve your community.

Different personnel at different stations handle public information such as this. Ask to speak with whomever has information about the upcoming broadcast schedule.

If BORN IN THE U.S.A. is scheduled, thank your station. Provide them with information about reaching your community on these issues. Offer to help, if possible.

If BORN IN THE U.S.A. is not scheduled, thank your station anyway. Provide them with information about reaching your community on these issues. Offer to help, if possible. By remaining responsive, helpful, and interested, you'll be building bridges that will last beyond this broadcast.

Unfortunately, the reality may be that your station will not broadcast this program. Not all stations put every show on the air, for a variety of reasons. Try not to take it personally. Look into ways in which you could better inform station personnel about how these issues affect your community. Organize a screening for your local public, and then invite the station to come. Accentuate the positive, and work at building better relations. Most importantly, do not attack the station with a letter-writing campaign or negative editorials in the paper, etc. They are people too, trying to do their job, and can benefit—like all of us—from outreach, education, and inclusion. Future efforts to program this kind of work will benefit from your patience and your courtesy.

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### Suggestions for Organizing Screenings

BORN IN THE U.S.A. is the first national broadcast on the topic of midwifery and mother-friendly birthing. We hope you can use it to support your own goals, and also to bring public attention to the goals we share.

Dialogue in your community about birth, women's health, and "mother-friendly" care can be supported by a screening of BORN IN THE U.S.A., on TV or in a small-group setting. We encourage you to organize a screening, and let us know if you need help.

Your event can be whatever you want it to be. Sometimes, creating a special opportunity can call more attention to your event. Some ideas for special events in conjunction with your screening include: fundraisers; grand openings; commemoration of special dates, like Mother's Day, International Midwifery Day, Women's Health Month, etc.; conferring of special awards for public officials, administrators, activists, or others; reunions of people (parents, mothers, babies) served by a specific organization; cultural celebrations of traditions in healing and health; dedication ceremonies for new sites, new programs, or revamped services; family, child, or women's health information fairs.

#### Outreach

Identify groups that could be co-sponsors. Use this as an opportunity to build alliances in your community. Target groups who would find it useful to talk with others about the issues raised in the program—as well as people who can link these conversations to concrete changes in your community. Some suggested participants include: midwives, obstetricians, insurers, hospital medical directors, state health departments, childbirth educators, labor and delivery nurses. Many physicians have not yet participated in these discussions and many midwives do not have access to medical officials. Use the film to bring people together who might not have other opportunities to do so. And include your own constituencies as well.

Personal invitations always work best. Fax, mail or hand out directly, and follow-up with phone calls. Other means to reach people include newsletters, community bulletin boards, and e-mail.

You might ask people in their RSVP to identify any special needs they may have (e.g., a need for a sign language interpreter, or other accommodations). It's best to prepare for these arrangements up front than to scramble to accommodate a valuable participant later.

#### Location

Pick a screening site where a diverse group will feel comfortable. Pay attention to site accessibility—is it easily reachable by wheelchairs? Does it have ramps? elevators? Is accessible seating available? Give good directions by writing down routes from major transportation centers. Make everyone feel welcome: signs, lighting, easy parking, etc. It's always nice to have refreshments, maybe even a potluck.

#### Equipment

Unless you have access to a video projection screen, you will likely be using TV monitors and a VCR. Try to get a large screen TV and place it high enough that an audience of fifty people can see and hear it. More than fifty audience members probably means you'll need more than one monitor and the technical expertise to link them to the same VCR.

It's probably not necessary to amplify the sound if the room is not too large, but remember: bodies absorb sound, so a screening or a discussion needs to be louder in a full room. Do a test run of all equipment before people arrive and cue up the tape to the appropriate starting point. A word to the wise: carry an extra tape, if possible, to ensure that technical problems on one do not compromise all your hard work!

## Places to post fliers

Community health fairs  
Women's events  
Parent workshops  
Community centers  
Civic organizations  
Clinics  
School information boards  
Local baby stores  
Places where people wait  
(salons, hospitals, laundries,  
clinics)  
Maternity clothing stores  
Chiropractor's offices  
Health food markets  
Libraries  
Churches  
Kid-oriented restaurants  
Toy stores  
Kids' book stores  
Video stores  
Local colleges (women's stud-  
ies, health, medicine)  
Local area newspapers  
Ethnic and religious  
newspapers  
Parent papers  
Organization newsletters  
Pizza boxes

## **Discussion**

When you welcome everyone, start with a description of the program and introduce yourself, and why you've organized the screening. Let guests know how your screening fits into the national effort, and identify the major partners in the room. If it's a small group, people should introduce themselves and their local work. Sometimes, a special guest can be a good person to introduce, and then allow them to introduce the program and contextualize the gathering.

A discussion moderator/facilitator can be helpful to kick off/focus the discussion, set some ground-rules for participation, keep people on target, and set an end time early on. Skilled facilitators will allow for people to talk about their perspectives, regardless of what they may be, and provide the audience/public an opportunity to respond.

Another idea is to invite a panel of experts (perhaps representing the different kinds of providers depicted in the program) who can host a Q&A with the audience.

Discussions can be more productive when participant's children are well-entertained. Consider arranging for childcare nearby (but out of the room), if you can afford or arrange it with volunteers.

You can also remind your audiences that a discussion is happening online: encourage them to log on to [www.itvs.org/bornintheusa](http://www.itvs.org/bornintheusa) to let us know what they think and for a chance to engage with the filmmakers.

## **Documentation**

Let us know where and when your screening will be held. If it is a public event, we can list it on our web site.

Please document your discussion: It helps us to know how we are doing our job. Audio tape recording is a good choice—it's easy to do and easy to transcribe. Video is another possibility; invite a community television producer to handle this aspect. At minimum, someone should take notes and write it up—for your local use and as part of the nationwide dialogue. All participants should be apprised that the conversation will be recorded in some way, and provided the opportunity to omit their comments, if need be. Out of all this, we hope to pull together excerpts from around the country to demonstrate how people can use TV to communicate with each other around critical issues—history, equal rights, activism, legal issues, community support.

## **Press**

This is a great opportunity for the press to see local people using public television—as part of a nationwide effort—on a personal and community-wide issue. It is also an opportunity for press to “get” your local issues, be they legislative, public awareness-oriented, or administrative. Get in touch with local reporters—print and radio. Some media outlets have womens' desks, or health pages, or a local issues/metro section. Others might be interested in the topic as an arts or television matter. If you need technical assistance, let us know what you're doing and we'll help. And since we're also in touch with the press, please let us know if you are planning to reach them, and we won't trip over one another.

## **Public Television**

BORN IN THE U.S.A. was produced in large part with funds from the Corporation for Public Broadcasting and is intended for broadcast. Whether or not your station has the program on their schedule, invite local public television personnel. Whether their schedule permits them to come or not, this is an excellent opportunity to begin to create relationships and collaborations.

## Screening Checklist

Contact your local public television station to determine whether they have a scheduled broadcast date/time. It can be useful to schedule your event just before or just after broadcast to focus public attention on the issue.

### OUTREACH:

- Find co-sponsors
- Special invitations to notable attendees, personalized
- Fliers for public dissemination
- Email announcement for online groups
- Follow-up phone calls
- Volunteer assistance
- Moderator/announcer/introducer

### LOCATION:

- Accessible
- Written directions and/or visual map for fliers
- Parking
- Refreshments
- Signage directing attendees to appropriate on-site location

### EQUIPMENT ( Test all equipment well in advance!)

- Lighting
- Program tape
- Air for comfort (fans, a/c, etc.)
- TV monitor
- VCR
- Cables
- Extension cords

### PRESS:

- Contact local reporters
- Contact public TV station

### HANDOUTS:

- One-sheets, viewers guides, information about future broadcast dates  
(Contact us if you need materials to distribute)

### DOCUMENTATION:

- Tape deck (batteries, blank tapes)
- Video camera/tape/tripod/power source
- Notetaker
- Sign-in sheet, with space for contact info, including email addresses

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## PRESS RELEASE

ITVS PRESENTS *BORN IN THE U.S.A.*  
A PROVOCATIVE LOOK AT HAVING BABIES IN AMERICA

*"This is the best film on birth in America that I have seen, showing all sides, achieving true balance and empowering women and families."* —Marsden Wagner, former director of maternal and child health, World Health Organization

(San Francisco, CA) — Each year, approximately four million babies are born in the United States, the vast majority in a hospital with a physician in attendance. Three out of every four Americans becomes a parent, yet most of us know very little about the actual process of giving birth until we actually experience it. Until then, most of what we know is based on hearsay, misconception and TV sitcoms *BORN IN THE U.S.A.*, produced and directed by filmmakers (and parents) Marcia Jarmel and Ken Schneider, explores the current state of birthing in America—one that is far more medically-based than many experts think necessary.

The state of birthing in the U.S. is complex and controversial. While we now routinely use technology that saves countless lives that might have been lost just ten years ago, we also have one of the highest C-section rates in the world: one in five—and more than half of all births involve some type of surgical or operative procedure.

Are all these procedures necessary? How much technology is appropriate for the average, low-risk woman? Can this technology actually create complications? How does the business of health care and the threat of malpractice impact what choices are available? If we as a nation spend more per birth than any other country, why do we still have one of the highest rates of infant mortality in the industrialized world? Are the full range of safe options—including midwife-assisted births at home and in birthing centers—available to all women?

*BORN IN THE U.S.A.* is the first public television documentary to provide an in-depth look at childbirth in America. It offers a fascinating overview of birthing, beginning with the early days of our country when almost everyone knew of mothers or babies who died in childbirth. As medicine advanced, maternal and infant mortality rates dropped radically. Hospitals were soon promoted as the safe, modern way to have a baby. By the 1950's, women were giving birth while completely knocked out, while doctors delivered their babies with forceps. With the '60s and the rise of the women's movement, women began to question this practice. Today, many traditional hospitals and physicians are rethinking their policies, midwives are making a slow but steady comeback, birthing centers are opening and people are finding out that there is more than one way to give birth in America.

The film profiles three caregivers: Joanne Armstrong, MPH, MD, was an Assistant Clinical Professor at Jefferson Medical College and Thomas Jefferson University in Philadelphia, Pennsylvania at the time the program was made. She taught residents and medical students, and directed both the Obstetrical Quality Assurance program and the Family Center, a program for drug-addicted pregnant women. She is currently Regional Medical Director for Women's Health, Aetna USHealthcare as well as an Assistant Professor of Obstetrics and Gynecology at the Baylor College of Medicine, Houston, TX. She has a Master's in Public Health from the University of Michigan, a medical degree from the University of Medicine and Dentistry of N.J./N.J. Medical School, and she completed her residency at the Women and Infant's Hospital at Brown University. During medical school she spent time in a midwife-run clinic in Tel Aviv, Israel, and delivered babies in rural western Kenya. She has been in practice for 11 years and has helped to deliver 2,000 babies.;

over

Heike Doyle, LM, CPM, a licensed midwife attending home births in Seattle, who has been a practicing midwife for eleven years. Born in Germany and trained in the United States, she is a graduate of the Seattle Midwifery School and has attended over 500 births. A mother of three, Heike maintains a private practice called Eastside Midwives in Woodenville, Washington, where she catches babies both in client's homes and at the Puget Sound Birthing Center. Heike is an active member of the Midwives' Alliance of North America, has been on the board of the Midwives Association of Washington State, and is a member of the Clinician Workgroup to Integrate Complementary and Alternative Practitioners, a task force mandated by the state of Washington to ensure cooperation among diverse groups of health care providers.; and

Jennifer Dorhn, CNM, Director of Midwifery Services at the Childbearing Center of Morris Heights (the first birthing center in the United States to serve inner-city women of diverse backgrounds). Jennifer also directs the midwifery education program at Columbia University School of Nursing, and works internationally, particularly in South Africa, to develop health care options for women. She is also the mother of three wonderful children.

Immediate and intimate, BORN IN THE U.S.A. captures the candid reflections of a variety of mothers, doctors and midwives, providing viewers with a fascinating inside look into the world of birthing in America.

\* \* \*

#### About the Filmmakers

Marcia Jarmel's (Director, Producer, Writer) recent film, "The Return of Sarah's Daughters," has screened at the American Cinematheque, The International Documentary Film Festival, Women in the Director's Chair and festivals around the U.S., Canada, and Australia. It won a CINE Golden Eagle, a National Educational Media Network Gold Apple and First Place in the Jewish Video Competition. She was co-editor and associate producer of the Academy Award nominee "For Better or For Worse," and assistant producer of "Berkeley in the Sixties" and "Freedom On My Mind." She is the mother of two boys, 4-year-old Mica and his new brother, Jaden.

Ken Schneider (Producer, Editor) has edited numerous PBS documentaries, including Academy Award®-nominated "Regret To Inform," "Ancestors in America, Part 2: Chinese in the Frontier West," "Making Peace: Rebuilding Our Communities," and "In Good Conscience: World War II War Resisters." He was first editor of Frontline's Columbia-duPont winning "School Colors" and co-edited Jarmel's "The Return of Sarah's Daughters." He has taught video production and editing at the City College of San Francisco. He was sound and assistant picture editor for the national Emmy-winning "Last Images of War" and is Dad to the aforementioned sons, Mica and Jaden.

#### About ITVS

Unique in American public television, the Independent Television Service (ITVS) was established by Congress to fund and present programs that "involve creative risks and address the needs of underserved audiences, especially children and minorities," while granting artistic control to independent producers. ITVS has funded more than 375 programs for public television since its inception in 1991. Critically-acclaimed ITVS programs include THE FARMER'S WIFE, AN AMERICAN LOVE STORY, FORGOTTEN FIRES, Emmy Award winners GIRLS LIKE US and NOBODY'S BUSINESS, the Peabody Award-winning documentaries TRAVIS, A HEALTHY BABY GIRL and THE GATE OF HEAVENLY PEACE, and duPont Award winners TAKEN IN: THE LIVES OF America's FOSTER CHILDREN and STRUGGLES IN STEEL: A STORY OF AFRICAN-AMERICAN STEELWORKERS. For information contact ITVS at 51 Federal St., First Floor, San Francisco, CA 94107; [itvs@itvs.org](mailto:itvs@itvs.org) or visit ITVS on the web at [www.itvs.org](http://www.itvs.org)

To purchase a copy of BORN IN THE U.S.A. for educators, practitioners, and institutions, contact Fanlight Productions, 800-937-4113, fax: 617-524-8838, [fanlight@fanlight.com](mailto:fanlight@fanlight.com)

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### FACTS ABOUT CHILDBIRTH IN THE U.S.

- Three out of every four Americans becomes a parent.
- Childbirth comprises 1/5th of all health care expenditures in the U.S.
- The U.S. spends more per birth than any other country, yet has one of the highest rates of infant mortality in the industrialized world.
- African American babies are two to three times more likely to die in childbirth than their white counterparts. The mortality rate for African American mothers is four times higher than for whites.
- Today more than one out of every five U.S. babies (22%) is born by cesarean section, despite the 15% benchmark set by the Center for Disease Control (CDC) in 1990. Well over half of all American births involve some type of surgical or operative procedure such as cesarean section, episiotomy, vacuum extraction, and forceps.
- A variety of technologies have become standard procedure in American births without being studied conclusively for efficacy or risk. For example: electronic fetal monitoring is used in nearly all births, even though medical trials have shown it increases the likelihood of a cesarean section and does not improve fetal outcomes in low-risk women. Doctors cite custom and the threat of lawsuits as reasons.
- A 1998 CDC study concluded that midwives cost less than physicians and have at least as good, if not better, outcomes for low-risk women. In Western countries with better infant outcomes, midwives catch over 70% of babies. Here in the U.S., midwives attend only 7% of all births.
- Experts suggest that between \$13 and \$20 billion a year could be saved in health care costs by developing midwifery care, demedicalizing childbirth, and encouraging breastfeeding.
- In 1999, the National Organization for Women (NOW) voted for the first time to expand its definition of reproductive rights to include choice of birth attendant and setting.