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and



Present a film by Abby Epstein

Executive Produced by Ricki Lake

THE BUSINESS OF BEING BORN

PRESS NOTES

Running Time: 87 minutes

OPENS IN THEATRES IN SELECT CITIES JANUARY; AVAILABLE TO
PREGNANT WOMEN EVERYWHERE VIA NETFLIX IN FEBRUARY

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FILMMAKERS

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Executive Producer.....RICKI LAKE

Produced by.....ABBY EPSTEIN
AMY SLOTNICK
PAULO NETTO

Director of Photography.....PAULO NETTO

Editor.....MADELEINE GAVIN

Sound Recordist.....MATTHEW ISRAEL

THE BUSINESS OF BEING BORN

Birth is a miracle, a rite of passage, a natural part of life. But birth is also big business.

Compelled to explore the subject after the delivery of her first child, actress Ricki Lake recruits filmmaker Abby Epstein to question the way American women have babies.

Epstein gains access to several pregnant New York City women as they weigh their options. Some of these women are or will become clients of Cara Muhlhahn, a charismatic midwife who, between birth events, shares both memories and footage of her own birth experience.

Footage of women having babies punctuates **THE BUSINESS OF BEING BORN**. Each experience is unique; all are equally beautiful and equally surprising. Giving birth is clearly the most physically challenging event these women have ever gone through, but it is also the most emotionally rewarding.

Along the way, Epstein conducts interviews with a number of obstetricians, experts and advocates about the history, culture and economics of childbirth. The film's fundamental question: should most births be viewed as a natural life process, or should every delivery be treated as a potential medical emergency?

As Epstein uncovers some surprising answers, her own pregnancy adds a very personal dimension to **THE BUSINESS OF BEING BORN**, a must-see movie for anyone even thinking about having a baby.

DIRECTOR'S STATEMENT

When my friend Ricki Lake approached me about making this film, I admitted to her that I was afraid to even witness a woman giving birth, let alone film one. I had never pronounced the word “midwifery” (I learned it rhymes with “trickery”) and I thought Ricki insane, as she planned the birth of her second child, for passing up an epidural in a hospital delivery.

But as I did the research, I discovered that the business of being born is another infuriating way medical traditions and institutions – hospitals and insurance companies – actually discourage choice and even infringe on parents’ intimate rites, ultimately obstructing the powerful natural connection between mother and newborn child.

As I began to shoot the film, I saw that nowhere does the tension between technology and nature play out more dramatically than birth. The film became an unexpectedly personal journey when I hesitantly turned the camera on my own pregnancy and became my own subject. Initially making choices based on faith and intuition, I had to contend firsthand with all the issues and politics I had been exploring from a comfortable distance, until my choices were put to the ultimate test. The birth of my child and this film will remain forever intertwined, and both continue to surprise and thrill me every day.

– Abby Epstein
April 2007

What We Learn From THE BUSINESS OF BEING BORN

In 2001, Ricki Lake gave birth to her second child with the assistance of a midwife in her home bathtub. She made the choice for a home birth after she experienced unwanted medical interventions while delivering her first child at a hospital birthing center. Ricki succeeded in giving birth on her own terms and the experience was so unexpectedly empowering and life-changing that she felt every woman should know what they could be missing out on. Ricki approached filmmaker Abby Epstein (Director of Emmy-Award winning UNTIL THE VIOLENCE STOPS) to collaborate on a film that would examine birth culture in America.

To most people, the idea of giving birth outside of a hospital seems foolish and even dangerous: why would any parent limit their newborn's access to technology in the event of an emergency? Why would any couple put their child's life in the hands of a midwife instead of an obstetrician?

"Most obstetricians," we learn from obstetrician Dr. Michel Odent, "have no idea what a birth can be like."

Adds Susan Hodges, president of the organization called Citizens for Midwifery: "Very few doctors have ever observed a normal birth, either in medical school or in the hospital. It [normal birth] is almost an oxymoron."

Epstein's camera verifies this when she asks three female OB/GYN residents at NYU's Bellevue Hospital Center how often they get to see "a fully natural birth." "Rarely," one says. "Almost never," says another.

Indeed, Epstein's own obstetrician, Dr. Jacques Moritz of New York City's St. Luke's Roosevelt Hospital, tells her, "I always think that midwives do a better job at the normal deliveries than we do. For a normal, low-risk woman, it's overkill going to a doctor, it's almost too much. The doctor is not really excited about things when they're normal."

"An obstetrician is a trained surgeon," explains Carolyn Havens Neimann, a certified nurse-midwife.

"They should be doing childbirth surgery all day, every day, when needed," adds Elan Vital McAllister, president of New York's Choices In Childbirth. "They should not be doing normal births because they're not trained in it. They have no idea how to do it."

In America, midwives attend less than 8% of all births and less than 1% of those that occur outside a hospital. At the same time, the US has the second worst newborn death rate in the developed world.

So how did we get here?

In 1900, 95% of all births took place in the home. In 1938, half the births took place at home, and the trend continued to spiral downward.

According to Robbie Davis-Floyd, a PhD in medical anthropology, “In the early 1900s, physicians in the east but also in the deep south to some extent went on a very effective smear campaign against midwives.” Davis-Floyd cites one poster that invoked racist imagery, depicting “a black granny midwife in a very poor home.”

“It was sort of a cultural shift where midwives were portrayed as a vestige of the old country,” adds Tina Cassidy, author of the book Birth: The Surprising History of How We Are Born. “They were [portrayed as] dirty, they were ignorant, they were illiterate.” At the same time, “Hospitals were offered as this gleaming, wonderful place where you could go and have a baby that would be cleaner and safer. The reality of course was that giving birth with an obstetrician at that time was much more dangerous than giving birth with a midwife because as doctors were graduating from medical school, many had not witnessed a live birth before they went out to practice.”

As public health expert Nadine Goodman puts it, “All of sudden, the concept of ‘normal’ changed,” as hospitals specializing in obstetrics started springing up around the country, creating a demand for their services as well as some stigmatizing alternatives.

But as new drugs, technologies and techniques developed, did hospital childbirth get safer? Not really. Indeed, when it comes to obstetrics, mainstream medicine seems to feel its way – dangerously – in the dark.

THE BUSINESS OF BEING BORN touches on a number of past medical interventions that have gone terribly wrong. The film explores the use of the drug scopolamine in the 40s, 50s and 60s that put mothers into a kind of “twilight sleep” that didn’t stop pain, but merely eliminated the memory of pain by attacking the brain functions responsible for self-awareness and self-control, resulting in a kind of psychosis, followed by post-traumatic stress-like memories in thousands of new mothers. In the 30s doctors routinely took x-rays of the pelvis, resulting in babies with cancer. In the 70s, use of the drug thalidomide, used for morning sickness, caused birth defects, while in the 90s, the drug Cytotec was used to stimulate contractions in mothers who had undergone previous Cesarean section. This was later found to cause ruptured uteruses and high infant mortality.

“The point here,” observes Dr. Marsden Wagner, former director of Women’s and Children’s Health, World Health Organization, “is there’s not a good history in obstetric practice of careful study of the long term effects of all these

interventions. This is why, if you really want a humanized birth, the best thing to do is get the hell out of the hospital.”

The film points out that some of the most traditional practices of contemporary obstetrics have everything to do with the convenience of the physician, but can actually make delivery more difficult for the mother.

Every woman depicted giving birth on TV or at the movies is shown in the “lithotomy position,” on her back on a gurney, legs suspended in stirrups, the doctor standing between her legs and encouraging her to “push.”

“The lithotomy position is the most physiologically dysfunctional position ever invented,” says medical anthropologist Robbie Davis-Floyd, author of [Birth as an American Rite of Passage](#). “Putting the mother flat on her back literally makes the pelvis smaller, makes it much more difficult for the woman to use her stomach muscles to push, and therefore makes it much more likely for an episiotomy to be cut, or for forceps to be used, or for the vacuum extractor to be used.”

Obstetrician Dr. Ronaldo Cortes prefers the mother to squat during labor, explaining that while this position is easier for the mother and her baby, squatting is much more stressful on the doctor, whose job is to “catch” the baby.

It also seems like every conversation about an impending birth includes a mention of the coveted “epidural,” a lumbar injection that kills pain below the waist. But, as Ricki Lake observes, the introduction of one drug during her first delivery caused “a big snowball effect.” The epidural kills pain but it also retards natural contractions. To keep contractions active, a drug called pitocin is often administered. The pitocin makes contractions longer, stronger and closer together, causing more pain, and then consequently another epidural. This then requires more pitocin, which again causes longer and stronger contractions, and stress to the baby. Ultimately, this often triggers an emergency Cesarean section. The sum total of such interventions is ostensibly a shorter labor, benefiting the hospital, but certainly a more stressful one for the mother and baby.

Finally, statistics indicate that the use of Cesarean section, a major surgery, is being widely employed, more as a measure of convenience for both doctor and patient instead of a last resort in the event of an emergency.

Dr. Michael Brodman, Chief OB/GYN at New York’s Mount Sinai Hospital, cites a study that reveals the peak hours for Cesarean section procedures are 4:00pm and 10:00pm. Brodman interprets the data from the perspective of the hospital-based physician: “It’s obvious,” he says, “that four in the afternoon is ‘It’s late in the day, I don’t know what’s going on here, I want to get out of here and the ten o’clock at night is, ‘I don’t want to be up all night.’”

“Somebody clearly is going to have to step in and stop the trend” of high C-section rates, Brodman warns, “or else we’re going to get to 100%.”

After completing **THE BUSINESS OF BEING BORN**, Epstein and Lake have drawn the conclusion that many women unknowingly give up a potentially life-altering and empowering experience. A hospital environment is not conducive to the true needs of a laboring woman, making a birth without intervention almost impossible. As a result, the physician, instead of the mother, delivers the baby,

During a visit with Lake at her home in California, Epstein, who was pregnant at the time, asked about Lake’s contrasting birth experiences. It’s clear that Epstein was there as both a journalist and someone who was making some very personal decisions about the delivery of her own child.

“I wanted a home birth experience almost as much as I wanted a second child,” Lake offers. “I love pain medication, I love numbing myself. I don’t want to feel even a headache. I’m that person, too. But when it came to giving birth, it wasn’t an illness, it wasn’t something that needed to be numbed. It was something to be experienced.”

In a subsequent interview, Lake tries to explain the significance of the event: “That is just everything to me,” she says. “I could start sobbing right now. It was so empowering. This was what I was after. This is what I wanted for my child.”

Like most American women, Epstein always imagined herself giving birth in a hospital, and, due to the premature arrival of her child, this was indeed her path. But she remains convinced that **THE BUSINESS OF BEING BORN** makes a compelling argument for more humanistic approaches to birth, challenging the ideals of our technocratic society which places absolute faith in machines and technology.

“In a culture where all of our rituals have become standardized and commercialized, birth is the one rite of passage that can remain individualized and sacred if parents are exposed to the truth behind the medical myths,” Epstein said recently.

Epstein and Lake also hope audiences and policy makers will recognize the economic truth about birth outside of a hospital: it’s cheaper, something insurance companies should theoretically embrace.

Carol Leonard, a nurse-midwife and director of the New Hampshire Birth Center, cites that hospitals in her state charge \$13,000 for a normal vaginal birth, while she charges \$4,000 “for everything, including post-natal care.” Births that take place with multiple interventions and Cesarean section can cost as much as \$35,000.

However, as medical anthropologist Robbie Davis-Floyd points out, the medical-industrial complex – the relationship between hospitals, the powerful lobby group the American Medical Association, and the insurance companies – has a history of discouraging home births, and discouraging midwives who practice in a hospital setting. Indeed, Epstein’s camera captures one birth center associate struggling to get an insurance company to re-process a claim from a new mother who gave birth at their facility. While Mayra, one of the film’s expectant mothers who chose home birth, reports that her insurance company had a hard time understanding that there even was an alternative to hospital birth.

“The whole insurance thing has been kind of crazy,” Mayra tells Epstein. “Everyone was acting like I had a third eye. It’s cheaper to have a birth with a midwife; you’d think they would be all over it. So it kind of makes you wonder what the agenda is.”

“Why has the medical model of birth gone unchallenged for so long?” Epstein and Lake ask. “And why do less than 8% of Americans take advantage of the benefits of midwifery, which is statistically safer and cheaper than physician-attended birth?”

As the nation’s health care crisis continues to grow, the filmmakers hope **THE BUSINESS OF BEING BORN** will ultimately play a role in health-care reform and raise awareness of the options for parents of the future. They also hope to enlighten and inspire parents to advocate for themselves and to “own” their birth experience wherever it takes place.

THE DATA

Among 33 industrialized nations, the United States is tied with Hungary, Malta, Poland and Slovakia with a death rate of nearly 5 per 1,000 babies, according to a new report from Save the Children (April 2006). This is the second worst newborn death rate in the developed world.

The five countries with the lowest infant mortality rates in the March of Dimes report -- Japan, Singapore, Sweden, Finland and Norway – midwives were used as their main source of care for 70 percent of the birthing mothers.

Cesarean section is the most commonly performed surgery in the US, at a cost of \$14 billion per year.

Cesarean-delivery rates are now at an all time high in the United States, standing at 1.2 million, or 29.1 percent of live births in 2004. The increase represents a 40 percent increase in the past 10 years. (In 1970 the rate was 5.5%) In several New York City-area hospitals, the Cesarean-delivery rate is even higher – over 40%.

In one 1999 survey, 82% of physicians said they performed a C-section to avoid a negligence claim.

Overall, according to studies by Washington-based Public Citizen's health research group, the cesarean section rate for hospitals with nurse-midwifery services was about 13 percent lower than the average cesarean rate for all hospitals.

About half a million U.S. babies are born prematurely each year, data shows.

A new report by the World Health Organization, published in the international medical journal, *Lancet*, identifies complications from cesarean surgery and anesthesia as the leading causes of maternal death in developed countries, including the United States.

Another report by Lewis Mehl-Madrona, MD, PhD, coordinator of Integrative Psychiatry and Systems Medicine at the University of Arizona College of Medicine Program in Integrative Medicine, comparing 1,046 home births to 1,046 hospital births found negative outcomes consistently higher in hospital births. These included a fetal distress rate six times higher in hospitals, a respiratory distress rate 17 times higher in hospitals, babies requiring resuscitation 3.7 times higher in hospitals, maternal postpartum hemorrhage three times higher in hospitals and 30 birth injuries in the hospital compared with none occurring during the homebirths.

Who We Meet in THE BUSINESS OF BEING BORN

Mayra – Moves from Manhattan to New Jersey, gives birth at home with midwife Cara Muhlhahn.

Jen – Chose to have her baby at a birthing center. “You have that natural high that people describe. You feel so accomplished. Nothing compares.”

Dr. Michel Odent, OB/GYN – “We are completely lost and we have forgotten to raise the most simple questions. What are the basic needs of women in labor? The fact that midwives have disappeared is a symptom of the lack of understanding of the basic needs of women in labor.”

Susan Hodges, President, Citizens for Midwifery.

Dr. Jacques Moritz, OB/GYN at Saint Luke’s Roosevelt Hospital and Birthing Center, New York City – Abby Epstein’s obstetrician and supporter of midwives in normal pregnancies and deliveries.

Dr. Robbie Davis-Floyd, PhD in Medical Anthropology and author of Birth as an American Rite of Passage.

Carolyn Havens Neimann, Certified Nurse Midwife

Elan Vital McAllister, President, Choices In Childbirth – “It can be a beautiful, incredible, empowering, life-altering experience or it can be a devastating, traumatic, scarring, literally and figuratively, experience.”

Ina May Gaskin, Certified Professional Midwife and Executive Director of The Farm Birth Center – “We wanted the choices. We didn’t want somebody else making the rules that didn’t understand us, that thought we were machines instead of people with feelings. Because we knew that feelings affected birth.”

Dr. Marsden Wagner, Former Director of Women’s and Children’s Health, The World Health Organization – “The best thing to do is get the hell out of the hospital.”

Louann Brizendine, MD, author of The Female Brain

Eugene Declerq, PhD, Professor of Maternal and Child Health Boston University School of Public Health

Tina Cassidy, journalist and author of Birth: The Surprising History of How We Are Born – “They’ve told women, ‘Come to us. We’ll take care of everybody’s birth, it doesn’t matter what kind of birth you want, we’re open to anything.’ Then you get there and you realize the hospital system is really set up one way, to handle one kind of birth. And you get put through that system and it’s a fight to get out of it.”

Nadine Goodman, Public Health Specialist – “It’s like you switch on a light bulb and you go to the moon. It’s an otherworldly experience. So if you don’t have the reverence and respect for that where do you go from there?”

Anna Verwaal, Doula (labor support specialist) – “A woman, as long as she lives, will remember how she was made to feel at her birth.”

Ana Paula Markel, Childbirth Educator and Doula

Cara Muhlhahn, Certified Nurse Midwife – “A woman doesn’t really need to be rescued. It’s not the place for a knight in shining armor. It’s the place for her to face her darkest moment and lay claim to her victory, so that she can lay claim to her victory after she’s done it.”

Cathy Tanksley, Certified Nurse Midwife – “Women come to see me all the time that have had births in a traditional OB/GYN setting and it is a totally different experience, and they spread the word, but it’s not enough to turn this around for us.”

Lesley Cragen, Certified Nurse Midwife – “It really is the heart of midwifery to support a woman to do what a woman knows she can do. It isn’t that our view of her birth is what prevails.”

Patricia Burkhardt, Clinical Associate Professor, NYU Midwifery Program – “Hospitals are a business. They want those beds filled and emptied. They don’t want women hanging around the labor room.”

Dr. Ronaldo Cortes, OB/GYN – “The mother is active and that’s very important, she’s participating. As opposed to when she’s laying down, and the doctor is telling her ‘push!’ There’s no need for this. The vertical birth is on her own time and the baby will slide down on its own.”

Dr. Michael Brodman, Chief OB/GYN, Mount Sinai Hospital – “To me, delivering a baby at home for instance with a midwife or some other birth person is like me saying to you, ‘Oh, you don’t need to wear your seatbelt in my car because I’m a safe driver.’”

Dr. Abbe Wain, OB/GYN, Mount Sinai Hospital – “The risks of a vaginal delivery are much less than a C-section and what most people don’t know is a C-section is major surgery.”

Paulo Netto, Abby Epstein's boyfriend and cinematographer.

Carol Leonard, Midwife and Director of New Hampshire Birth Center

Sylvie Blaustein, Midwifery of Manhattan

Dr. Michael Silverstein, OB/GYN

Dr. Eden Fromberg, OB/GYN – “I would say in obstetrics you are numbed by the technology. Your ability to understand the more sacred and spiritual aspects of birthing is extremely numbed.”

Matteo – Born to Abby Epstein and Paulo Netto June 15, 2006

AN ARGUMENT IN FAVOR OF GLOBAL SUPPORT FOR MIDWIFERY COURTESY UNITED NATIONS POPULATION FUND

1. CDC estimates that from 1991-1999 the maternal mortality ratio was approximately 12 per 100,000 LB. A statistically significant increase in the ratio was seen from 10.3 in 1991 to 13.2 in 1999.

2. The Healthy People 2000 initiative aimed to reduce this number to 3.3, but the goal was not achieved and has been reset for 2010.

3. Since the 1940s, maternal mortality ratios among black women have been at least three to four times higher than for white women. Based on the 1991-1999 period data, for African American women, the ratio is 30 per 100,000 LB as compared to white women at 8.1.

(Source 1-3: MMWR, February 21, 2003 / 52 (SS02): 1-8)

3. A study in 2002 conducted by the CDC showed that African American women were more than twice as likely to delay or receive no prenatal care visits. The majority noted barriers such as lack of funds or insurance or difficulty obtaining an appointment.

(Closing the Gap, Maternal Health, January/February 2004, Office of Minority Health Resource Center, US Department of Health and Human Services)

4. Hispanic American women are 1.7 times more likely to die than white women. ("Health, United States, 1998, with socioeconomic status and health chart book". U.S. Department of Health and Human Services, National Center for Health Statistics, Hyattsville, MD, 1998.)

5. In a study conducted in North Carolina for the period of 1991 to 1995 which reviewed pregnancy-related deaths, 40% were discovered to be potentially preventable. For African Americans the percentage increased to 46%, while for white women it was lower at 33%. Quality of care was cited as the main reason these maternal deaths were not prevented. (Obstetrics & Gynecology 2005; 106: 1228-1234)

6. The above numbers may be underestimates as shown by research conducted in two US states and two European countries which found underreporting of maternal deaths ranging from 22% in France to 93% in Massachusetts based on international classification of disease. (Obstetrics & Gynecology 2005; 106: 684-692)

ABOUT THE FILMMAKERS

ABBY EPSTEIN -- Director, Producer

Abby Epstein made her film directing debut at the 2004 Sundance Film Festival with the award-winning documentary feature UNTIL THE VIOLENCE STOPS. The film, featuring playwright and activist Eve Ensler, explored how *The Vagina Monologues* grew into an international grassroots movement called V-Day to stop violence against women and girls. After premiering at Sundance, the film played at the Miami, Santa Barbara, Maui and Locarno Film Festivals and won the Golden Audience Award at the Amnesty International Film Festival in Vancouver. UNTIL THE VIOLENCE STOPS had its broadcast premiere on Lifetime Television in a commercial-free presentation and received a Gracie Allen and an Emmy Award.

Ms. Epstein began her career as a theater director in Chicago where she founded Roadworks Productions and premiered works by Eric Bogosian, Patrick Marber and Mike Leigh, earning over twenty Joseph Jefferson Awards. Returning to NYC in 1998, Ms. Epstein became Resident Director of the Broadway musical *RENT* and directed the *RENT* premieres in Mexico City, Barcelona and Madrid. As associate director of *The Vagina Monologues*, she directed over 100 celebrity actresses in the New York production and then directed the national tour, for which she received a National Broadway Theater Award Nomination. She also directed productions of *The Vagina Monologues* in Toronto and Mexico City, where it has been a sold-out hit since 2001.

Other stage credits include *Hedwig and the Angry Inch* for the 2004 Fòrum Universal de les Cultures in Barcelona, the NY premiere of Jessica Goldberg's *Stuck* and the LA premiere of Mike Leigh's *Ecstasy*, which received an LA Weekly Award and ran for six months at the Odyssey Theater. Also in Los Angeles, Ms. Epstein collaborated with actress/writer Darlene Hunt to develop and direct the stage comedy *Platonically Incorrect*, featuring "Will & Grace" star Sean Hayes. *Platonically Incorrect* went on to become a pilot for ABC Television.

RICKI LAKE – Executive Producer

Born in Hastings-on-Hudson, New York, Ricki Pamela Lake developed an early interest in performing. After studying at New York's Professional Children's School in her teens, and a year spent at Ithaca College in New York, she decided to pursue acting fulltime. Soon after leaving college, Lake received a call to audition for writer-director John Waters' musical comedy HAIRSPRAY.

Lake's performance as the film's *zaffig* heroine, Tracy Turnblad, won over audiences and critics, earning her a 1988 Independent Spirit Award nomination for best actress and roles in films such as John Waters' CRY-BABY and

COOKIE, the top-grossing comedy WORKING GIRL, the acclaimed drama LAST EXIT TO BROOKLYN, WHERE THE DAY TAKES YOU and INSIDE MONKEY ZETTERLAND, as well as a season on TV's "China Beach."

In 1992 Ricki appeared in a pilot for a new daytime talk show and by the following year she had moved to New York and begun taping "The Ricki Lake Show" for Sony Pictures Television.

Even as her talk show became a phenomenon, Lake continued to pursue acting roles, appearing in the romantic comedy MRS. WINTERBOURNE, John Waters' SERIAL MOM and CECIL B. DEMENTED and in a recurring role as Stephanie Heffernan on the hit sitcom "King of Queens." 2002 saw her onstage at Madison Square Garden in a celebrity-studded performance of "The Vagina Monologues."

Since the wrap of "The Ricki Lake Show" in August 2004, Lake has continued to act in various film and TV projects. This year she shared her love for games with millions as the host of the CBS hit, "Gameshow Marathon" and she recently completed Kurt Voelker's independent film, PARK, opposite William Baldwin and Cheri Oteri.

PAULO NETTO – Director of Photography, Producer

Paulo Netto is a filmmaker and photographer originally from Brazil. He was a producer and director of photography on the Emmy award-winning feature documentary UNTIL THE VIOLENCE STOPS that premiered at Sundance 2004. Mr. Netto has an extensive background as a portraiture and fashion photographer and began his career as a first assistant to Annie Leibowitz, in New York. Since then, his work has been featured in magazines such as Vogue, Elle, Allure, Interview, Stuff and Trip Magazines, amongst others. He also directs video shoots for various commercial clients such as Vincent Longo Make-Up and Spike TV. Mr. Netto produced, directed and filmed his first feature documentary entitled FAITH, THE REALITY OF NONVIOLENCE on location in the Indian Himalayas, examining the plight of the Tibetan community in exile. In 2003, Mr. Netto produced and filmed a short documentary for PBS entitled, BROKEN PROMISES in Afghanistan and Pakistan. He is based in New York City since 1989.

AMY SLOTNICK -- Producer

Prior to producing THE BUSINESS OF BEING BORN, Amy Slotnick worked for nine years as a production executive at Miramax Films. While there, she was executive producer on award-winning and critically acclaimed feature films such as FRIDA and MUSIC OF THE HEART, both of which were nominated for Academy Awards and Golden Globe Awards. In addition, Amy executive produced box office successes such as SERENDIPITY and IN TOO DEEP, as well as the 2000 Sundance Film COMMITTED. Amy recently produced the narrative feature film ON THE ROAD WITH JUDAS, which premiered at the 2007 Sundance Film Festival.

MADELEINE GAVIN - Editor

Madeleine Gavin recently edited Alejandro Springall's MY MEXICAN SHIVAH, which was produced by John Sayles and has been selected as the opening night film at the 2007 New York Jewish Film Festival at Lincoln Center. Other credits include MEAN CREEK (Sundance Humanitas Award, John Cassavetes Award), SIGNS AND WONDERS, MANIC, WHAT I WANT MY WORDS TO DO TO YOU (Freedom of Expression Award, Sundance Film Festival), INSIDE OUT (Discovery Award) and SUNDAY (Sundance Grand Jury Award winner). Madeleine's work can be seen on PBS, Bravo, A&E, Discovery, Lifetime and MTV. She has written for Bravo and Court TV and received a development grant from CPB for her feature screenplay (with Alex Vargas) NO TRAIN STOPS HERE. Madeleine received her B.A. from UC Berkeley and her M.F.A. from New York University, where she taught in the writing program for three years.