

DOVE-CHARITY HOME BIRTH SERVICES



Welcome to my Home Birth service!

I am writing this brochure to acquaint you with my style of midwifery care. I have attempted to anticipate expectations you may have of your midwife and to clarify for you my values, routines, expectations I have of you, and my personal approach. I prefer to meet with you in person and speak about these things in person, but I hope that this paper will be a useful tool in developing good communication and a trusting relationship between us.

If this is your first baby, you may not know to ask me about some of the concerns I discuss here, If you have worked with another midwife in the past, you may not be aware of the differences in styles of practice even among home birth midwives. I intend to facilitate informed choices on your part, all through our relationship together.

In choosing to have your baby at home, you are accepting responsibility for your birth. I see my role as one of support and guidance, providing individualized care throughout your pregnancy, birth, and postpartum, in partnership with you.

Birth is an intimate and sacred time for a family. I promise to honor your family your beliefs and culture and to always do my best for all of you.

Type of Midwifery Care Provided

I am a Certified Professional Midwife (CPM) certified by North American Registry of Midwives(NARM). I was a lay Midwife also called a DEM (Direct Entry Midwife) or TBA (Traditional Birth Attendant). In Pennsylvania These are not recognized as Midwives and though there are no laws restricting the practice of Home Birth, there is no state-mandated licensing of certification procedures for Midwives that are not CNMs (Certified Nurse Midwives). There is a voluntary certification process developed by the Midwives Alliance of North America (MANA), whose goal is to establish a nationally-recognized certification procedure and to legalize midwifery in all fifty states. This is the accepted processes or test in the process of regulated midwives in most states. (Several states, including Ohio and Indiana, make the practice of lay midwifery illegal). We hope to keep home birth an option for families in PA. There is a court case right now being decided in Pittsburg that may affect Midwifery and the freedom of women to choose safe home birth here in PA. Let us pray that this option is respected.

I oppose any attempts to restrict the practice of midwifery. I have been studying midwifery for the past 18 years. You validate the service I provide by hiring me as your care giver because you want the style of care that I offer. In every state (and throughout Canada) where government-mandated certification of licensing is in place, midwives are answerable to the medical profession and insurance companies. They are forced to accept a medicalized, fear-based model of childbirth. Regulating childbirth, compromises women's rights to birth in the setting and with the attendant of their choice. I believe that we can, offer families a true, safe

and reasonable alternative to the system.

I am always happy to provide references and encourage you to question me as fully as you feel necessary to determine your comfort with my skill level and professionalism.

Stats about my training

Years of training and experience.....	18
Total Birth involvement.....	180
Birth as primary.....	80
Percent of Lacerations requiring repair.....	10%
Percent of Transfer.....	>3%
Largest Baby.....	11lbs
Smallest Baby.....	4.0
Oldest Mother.....	45
Youngest Mother.....	17

Interventions

I specialize in normal pregnancy and birth and I am watchful to see that you and your baby are staying within the realm of healthy and normal. If problems arise, I can suggest corrective measures and intervene if required. Some complications can be handled safely at home. Rarely, problems develop for either the mom or baby which require medical help, I am not opposed to seeking help in such instances and will recommend transport to a hospital if we cannot safely resolve a situation at home. By taking responsibility and making healthy choices, you can minimize risks associated with birthing, especially in the areas of nutrition, exercise, and refraining from ingesting harmful substances.

I do not generally support the use of drugs for pregnant women during my services. By drugs I mean over-the-counter preparations, alcohol, and street drugs, and all prescription drugs. Please don't interpret this as a judgement on you if you do take any medications. It has to do with my own margin of safety for your birth. I believe that drugs create risks for home birth, including a compromised immune system and possible adverse effects on the baby. On the other hand I do believe that there are some cases and situations that warrant the use of drugs. I do not oppose their rare and intelligent use, rather I support it under the advice of your physician. However this should be the exception not the rule.

I will work compassionately with women who want to reduce their dependence on drugs, cigarettes, coffee, and sugar during pregnancy. There are many natural remedies, herbs and homeopathic preparation that can alleviate difficulties such as cravings, fever, allergy, urinary tract infections, bronchitis, vaginitis, flu, and more. I believe that the abuse of antibiotics is dangerous and should be avoided. I need to know anytime that you need to take any drug.

For difficulties that may arise during labor birth, or postpartum, I also rely on herbs, water therapy, and homeopathic remedies. Their uses range from initiation of labor, to controlling excessive bleeding at the birth, to stabilizing babies who are slow to start breathing, and more. In addition to using the remedies, standard first aid measures such as CPR, Neonate Resuscitation, use of O², or uterine massage will be employed if necessary. When Herbs have failed to resolve a problem I have used drugs such as IM Pitocin to stop hemorrhage, under the advice of a physician.

If you like the idea of a holistic approach to problems but are not acquainted with the remedies, please see the articles on homeopathy that are included in the information packet which I provide all my clients. I also have a lending library available that includes many books on homeopathy, herbs, hydrotherapy, nutrition, exercise, and natural child birth.

Availability

When you hire me to be your midwife, I will serve as your primary midwife. This means that I will see you regularly for prenatal care, and plan to be at your birth and postpartum visits. You can call me for any concerns or questions you may have during the pregnancy and postpartum.

During the course of prenatal care, I would also like you to meet with my assistant. I try to support the growth of the Midwifery community and the natural apprentice mode of education. I think it is the best training on the job. Some of the apprentices may be very young but they are in training to be responsible, caring and helpful. Having an assistant frees me to give you better hands on care and frees your other family members to be with you and run for my bidding when my hands are busy helping you. My Assistant though not a trained midwife will be certified in CPR and Neonatal Resuscitation.

I ask that you understand that I am committed to being with you at your birth. In the rare case that I have two women in labor at once, **This situation has never really happened** but I have to think in case it does happen. I would like to meet at my home office, the first client's house that I am at to proceed with the labor or a back up midwife will come to attend you.

Prenatal Care

The goal of prenatal care is to optimize your health and well-being during the pregnancy and to help you prepare for the birth of your baby.

The physical exam part of a routine prenatal visit includes; checking blood pressure, screening your urine for the presence of glucose and protein, measuring uterine growth, checking for weight gain and the presence of edema (swollen ankles, fingers, or face), checking blood hemoglobin, palpating the uterus externally to feel the size and position of the baby, and listening to the baby's heart tones with a fetoscope or Doppler. There will also be a few vaginal exams prenatally and blood work and smears may also be done at least once during the prenatal period or postpartum period.

We do not provide nor do we recommend the routine use of ultrasounds, glucose tolerance testing; prenatal RhoGAM for Rh- women; and genetic screening such as Alpha Fetoprotein testing, Chorionic Villi Sampling, or Amniocentesis. I do have some written material on these tests/procedures in our library and files so that parents can make informed choices. Many of these procedures have known or suspected risks involved in their use. It is important to make sure that the benefits to you and your baby outweigh any possible risks.

If you choose to have testing done, you must set it up for yourself. You will need to pay for an office visit with a nurse practitioner or physician who will then order the test for you. I do have an OB/GYN that I recommend. Just ask for my list of doctors, if you don't have a back up doctor.

Prenatal visits are scheduled every four weeks until the 30th week of pregnancy, every two weeks until the 36th week and then weekly until your baby is born. Each prenatal visit lasts about an hour. Only 10 to 15 minutes is spent on the physical exam. The rest of the time is available to discuss any concerns or questions you may have regarding your pregnancy and upcoming birth. I do nutritional counseling with you and work with the herbs and homeopathic remedies to address physical complaints, acute illnesses, fears, symptoms of disease, and so on. **I am not a Doctor and I do not diagnose any illness or disease. You should educate yourself on any treatment you choose to engage in and it should first be discussed with your own family practitioner.**

Prenatal visits will be done at my home office. Please check with me regarding my current office hours as the schedule changes from time to time. I will do one home prenatal visit at 36 weeks. You are welcome to bring family members and friends to your prenatal visits if you like. It's your time.

Labor and Birth Care

Signs of labor before 37 weeks are treated as premature and I will make a few suggestions for stopping the labor. If labor is emanate then I recommend transport to the hospital as I do not deliver premature babies. At the first sign of labor let me know so I can be prepared to cancel other appointments. I will actually come to your home as soon as you need me to. I will begin as if we were in a prenatal, Charting all vitals and doing a vaginal exam.

Read carefully over the indications for *Consult and Referral* to learn in what situations I transport or in what situations you may need to waiver, ie age over 40years, VBAC, unusual presentation, sutures etc.

Labor support

I generally work together with you as a team. My job is to guide you, encourage you, and assess for safety in your birth.

I am not a doula. In addition to your partner, you may want to consider having another woman available to help at your birth. The roles of labor support and midwife are two different jobs and I believe that I should not exhaust myself on labor support. You need my skills most during the actual birth and immediately afterwards. During the labor, I see my role more in terms of a watchful and encouraging companion, supporting you in your strengths and in your choice to birth at home.

If you are in and out of labor over a period of days, or are simply experiencing a very long labor with slow progress, you should expect that I will not be with you the entire time. I may come and go, checking in on you and giving recommendations for support, or I may sleep at your house.

If you have other children who will be present at the birth, you should have someone available, other than your partner, who will see to their needs when you are in labor and afterwards.

There are a number of women seeking midwifery training who will provide labor support and possibly even some postpartum house hold help in exchange for being welcomed to your birth.

A final word about whom you invite to your birth: you should surround yourself at this time with people who believe in you and support your choice to birth at home. If a mother, sister, of friend is particularly fearful they will bring their fear to your birth and it will affect you. Only those with a positive and joyful attitude should be present.

Prenatal Routines

I am willing to discuss routines with you. Some are important for the safety of your birth, others are negotiable. I really believe that I am here to support your choices. There are few absolute routine procedures.

As to positions for birthing your baby, we will work around you. We will make suggestions to change position if we think that the one you are adopting spontaneously is impeding progress, or if it seems as though your tissues will tear from too much or unequal pressure on the perineum.

Episiotomies are only performed if the life of the baby is in danger as in shoulder dystocia. I do my best to assist you in birthing your baby slowly over an intact perineum. Approximately one out of four women sustain a small tear that goes into the muscle (never as extensive as an episiotomy would be), and most of these heal well without sutures. I am trained in the repair of tears 1-3 degree. If a fourth degree tear is sustained I would recommend transport to a physician.

As to heart tones in labor, I usually listen about once every hour with a Doppler during the latent stage of labor and more often during the active first stage. During pushing or second stage I will check between every push or contraction if possible.

I do not do frequent vaginal exams. I will do them as frequently as you request unless there is a questionable sign that needs to be confirmed.

I want to honor your preferences. Please let me know what they are. I will see if they fit in to the type of service I provide .

Postpartum Care

Routines

I never separate you and your baby and promise to interfere as little as possible with your bonding time. For example I prefer to support the baby's own effort to clear fluid out by coughing it out. If he/she needs a little help with this, I can give it.

The cord is left attached at least until it stops pulsating and sometimes until after the placenta delivers. Procedures such as weighting your baby can be accomplished as you are getting into your bath, when the baby will be momentarily disturbed anyway.

After your birth, I will stay until both you and the baby are settled into a clean bed, following a soothing herbal bath, a meal and your baby is nursing happily. Dirty dishes, linens and disposables used during the birth will be taken care of. This typically takes from two to three hours. If there are any concerns about yourself or the baby, I will stay until we feel confident that you will both be well.

I'll do a return visit about 24 hours later and again 2 weeks postpartum I may call you on the 3rd or 5th day, if needed or desired. I am available to you for up to six weeks postpartum. Call anytime you have a question or concern. At six weeks postpartum, I invite the family to come back to the office for a final visit.

Lining up Postpartum Help

Mom should be freed of all household responsibilities for a period of at least five days after the birth. She should not be left alone with the baby for at least 24 hours, even longer if the birth has been difficult. So, if you have other children, help must be available to care for their needs. Extra help for a week or two is highly recommended. Try to have some meals brought in and delegate other responsibilities. Many church communities will organize meal deliveries for a couple of weeks.

Medical Procedures on the Newborn: How Homebirth differs from Hospital Birth

Vitamin K

In a hospital setting, Vitamin K is given by injection on the first day of life to help the baby's blood clot. The normal physiological mechanism is what I rely on at home. Vitamin K is manufactured from bacteria in the intestines. At birth, there are no bacteria in the intestines and the levels build slowly over the first few days of life. By about the fifth day, the baby has developed blood-clotting factors. Since, at home I am not performing blood-letting procedures on the baby (such as circumcision, numerous heel pokes for blood sugar values, and so on), nor taking the baby anywhere, we do not believe that Vitamin K injection is desirable or necessary. I would recommend it if there had been any birth related injury to the infant.

I encourage you to educate yourself and consider this issue. If you think it is reasonable to administer Vitamin K, you should arrange to have some on hand and give it to your baby. There is an oral form of it, so you don't have to poke the baby. There are also herbal Vit. K Drops.

Another alternative is homeopathic Arnica, which can help heal many traumas which may have occurred during the birth process. Arnica, reduces swelling and helps absorb blood which has extravasated into the tissues. All babies can be given Arnica 30C every three to four hours (along with mom) for the first day, and for longer if swelling or bruising is present.

Antibiotic Eye Ointment

Pennsylvania State law requires that antibiotic ointment be placed in the newborn's eyes within forty-eight hours of birth. The reasoning here is that if the mother has undetected venereal disease, the baby's eyes may become infected during the birth. Gonorrhea is known to cause blindness in affected babies.

Now, if you know for certain that you are in a monogamous relationship and that you are disease free, this treatment is not necessary. If you think there is any doubt that you or the baby's father might be infected and you feel it is reasonable to treat the baby's eyes prophylactically, I do carry Erythromycin ointment provided by my supporting physician.

Some newborns develop a yellow discharge from their eyes in the first week or so of life. This is usually because the tear ducts aren't open. The ducts allow tears to drain away from the

eye. When they are blocked, they can't drain and thus provide a good medium for bacteria to multiply. The infection is secondary to the plugged ducts and is not serious. I can show you some gentle interventions (steam baths, hot compresses, massage) to clear this up. In the meantime, squirt a little of your sterile, wonderful breast milk into your baby's eyes and wipe from the bridge of the nose outward (away from the other eye) with a cotton diaper or tissue, a few times a day. Homeopathic Pulsatilla 30C can be given to the baby three times per day for three days, and usually this is all that is required.

This problem is not avoided by giving antibiotic ointment during the first two days of life. If you refuse to treat your baby's eyes you must **sign a waiver** with me.

Newborn Screening

Newborn Screening is another state-mandated procedure that we provide for our clients. It invokes poking your baby's heel with a lancet and filling up six dime-sized circles on a test blotting card with the baby's blood. This card is then mailed into the State Department of Health where it is tested for various genetic diseases that the baby could have. Please refer to the Health Department's description of the diseases they are testing for in your Information Packet.

The test is done twice at 24 hours and sometimes 5 days.

If you choose not to have the test done, please make sure that you have read the materials and that you are making an informed choice on the issue. You must **sign a waiver** with me.

Vaccines

Hospitals are now giving babies vaccines on the first day of life. These include the Hepatitis B vaccine and sometimes the HIB vaccine. This practice is very experimental. The safety and effectiveness of such early vaccination has not been established. It is recommended primarily because vaccine non-compliance on the part of many parents is high (whether due to informed refusal to vaccinate or simple neglect). So the reasoning is, while they're on our turf, let's do it. I think that this is a very dangerous practice, as vaccines are known to carry many risks. Injecting foreign proteins and toxins into the bloodstream seems to be a stress that the newborn could do without.

This is an issue which parents should thoroughly research due to the risks involved. We have many materials in our library which you can access.

Adapted from Patty Brennan's Partners In Care