KAYDEE WELCHONS MIDWIFERY

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THE EXPERIENCE COUNTS

I often hear, "as long as mom and baby are fine, that is all that counts." But is that really all that counts?

Of course, safety matters. It is of the highest importance, but it is only the beginning.

It's not uncommon to hear a couple have paid $10,000 for a wedding without blinking an eye, custom tailored to their wants and needs, and why not? It's arguably one of the most important days of their lives! Then again, so is delivering a baby, but because insurance will not pay for a better birth experience, women are pressured to accept one-size-fits-all treatment, dictated by hospital policy. Considering the proven likelihood of needleless or risky interventions in hospital births, which are well documented, it's understandable why so many women are keen to invest in a birth better suited to them as individuals. There are of course rare emergencies, but should the chance of one dictate the whole course of care? Is it wise to trade all options away, possibly to end up with a very dissatisfactory birth experience?

Women will talk about their birth stories for the rest of their lives. It is a rite of passage. It is the hardest physical and emotional event a woman is likely to experience in her lifetime, and each birth, even if not the first, is in its own way shrouded by the unknown--especially when some of the mother's choices are pressured or unsupported by hospital staff.

Furthermore, fathers are a vital part of every family and are a part of each decision. Dads: your voice matters. As partners, you will be bringing this baby into the world. Empowering a woman to trust her intuition regarding how to best protect her offspring and herself is very important; her emotions are valid, as is a balanced weighing of risk factors. If you are a father-to-be, desiring to support your partner, but are not sure about an out-of-hospital birth, I am hoping the provided information will help you both come together to make an informed decision based upon both supporting the mother's guiding intuitions, as well as an analytical look at the facts, statistics, and evidence available.

Ultimately the birth style, including the safety and risk factors inherent in every option, is a matter all parents must consider for themselves. In the end, we are all responsible for our own decisions and how we walk out life, and what is right for one person or couple is not always what is right for another.

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WHAT A MIDWIFE DOES

t is important that you feel comfortable with and understand what it is that a midwife really does.

Many fathers express concerns about the setting of a home birth. First-time parents may be especially apprehensive about home birth, and birth in general. Midwives are well equipped to help you feel comfortable in an unfamiliar situation.

Midwives can order all the same testing that an obstetrician can, including anatomical ultrasounds, labs, NIP testing, referral to a perinatologist or other specialist, and a majority do lab draws in their office to limit additional appointments for mothers and also offer all the required newborn testing and medication. Midwives also bring equipment specifically to address unexpected complications. Midwives operate from the standpoint that birth is a normal physiological event in the female body, not a disease process that must be "managed." The National Institute for Health states, "For most women, early and regular prenatal care promotes a healthy pregnancy and delivery without complications."

However, a midwife's duties go far beyond managing risks or complications associated with child birth. Good birth outcomes start with good, thorough prenatal care. Midwives provide you with:

Personalized Attention
Each pregnancy presents its own unique set of circumstances; midwives strive to provide care tailored to the specific needs of each woman. Management plans are created early in care, quickly addressing possible issues before they arise as a complication.

· The first visit is 1 ½ hours, to ensure a thorough assessment of health and risk factors that may be present. Every mother-to-be should have unrushed time to really express herself and get to know her care provider.

We typically spend 45 minutes for follow up appointments, and we highly encourage fathers and other family members to be present at appointments. All questions are welcome. By contrast, OBs spend on average less than 15 minutes with their clients at each prenatal appointment.

· Wait time is usually less than 10 minutes before being seen.

More Pregnancy Education
Beyond just making sure that baby and mother are safe and healthy, midwives want to familiarize you with the ins-and-outs of pregnancy and childbirth. This education will empower you to take control of an otherwise unfamiliar process.

· Midwives proactively provide education, so that clients do not have to know the "right" questions to ask, focusing on educating parents rather than pushing them through a pipeline of care.

- Fathers are welcomed to participate at the degree they wish, given information, supported and encouraged. We are "your" team too, supporting you as the father, doing our best to make Mom's ideal birth come true alongside you.

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· Relevant handouts are given addressing pregnancy questions and concerns at appropriate times during care for at home reading. Any required procedures will be thoroughly explained and discussed prior to being ordered.

· Tests and screenings are customized based on well-explained client needs, rather than routine one-size-fits-all care.

For additional information, couples are given The Mama Natural Week- by -Week Guide to Pregnancy and Birth by Genevieve Howland. This book will guide you through the changing weeks of pregnancy and be an extra source of information.

Continuity of Care

The continuity of care provided by midwives differentiates midwifery from the traditional hospital experience. The same person who has seen your wife or partner week after week, ordered her testing, done the lab draws, listened to her desires of how she wants to give birth, and invested hours of time into education, will coach her through the birth.

· Throughout pregnancy and during the most vulnerable time of labor and birth. You will have the same care provider without the disturbance of shift change, or an unknown obstetrician coming in.

· One care provider will be responsible for the entirety of the mother's chart and care—avoiding unnecessary communication errors.

· The mother and baby will continue to receive supportive care and be treated together for 6-8 weeks after the birth.

Dedicated Postpartum (after baby comes) Care

With all the exhaustion, emotions, and challenges of caring for a new child in the early days of recovery, it is certainly not the time to have pressing questions and concerns that you cannot get answered in a timely fashion by a healthcare professional. Smooth recovery and bonding make for a happy mamma and baby.

· Emotional support is critical those first weeks. The first days with a new born are difficult, everything is new, you and your spouse are sleep deprived, your baby is crying and you don't know why.

· Breastfeeding instruction and continued oversight; 97.7% of moms are still breastfeeding at 6 weeks after birth with a midwife's care compared with 81.1% of moms who ever breastfed in 2016.

· Prepared educational material, and on the spot instruction for the newborns who don't come with an instruction manual.

- Available 24 hour a day to answer questions. For all those 2 am urgent issues, that will come up even if you aren't a first-time parent.

· 4-5 appointments after the birth (2 in home, 2-3 in office) to check mom and the baby

"The first pregnancy is when you need a midwife the most, it is when you need the most support and education. "

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HOSPITAL BIRTH

Hospitals are institutions and big business in the United States. According to the International Federation of Health Plans, the average cost of an uncomplicated vaginal delivery is $10,000, and an uncomplicated cesarean is greater than $15,000. (For a home birth with a midwife here in the southern coastal region of California, you can expect to pay $4500-$5200 for all your prenatal, birth and postpartum care).

Time spent with Doctor

Doctors are trained in western medicine, they have been indoctrinated into a system we know as the "The Medical Model of Care" described as, "the traditional approach to the diagnosis and treatment of illness as practiced by physicians in the Western world; focuses on the defect or dysfunction." (Medical Dictionary for the Health Professions and Nursing © Farlex 2012)

This model leaves very little room for preventive care and focuses on reactive care.

During pregnancy, face to face time with your doctor is about 15 minutes or less. Because of the medical model, everyone is expected to have all the routine lab work and diagnostic testing done, and there is very little education as to what is being required and why, or customization of care.

Medical Model of Care:

- Focus on managing problems and complications.
- View labor/birth as dependent on technology.
- Use interventions at higher rates, including routinely.
- Emphasize that "doctor delivers baby.
- Provide similar care for everyone.
  - Childbirth Connection

Most OB/GYNs practice in a group, which means that you may see one doctor for most of your prenatal visits (or the PA), but the odds of having that same doctor for your labor and delivery are slim unless you have chosen a private practitioner—very few of those exist. If you have a private doctor you will see him/her at most 15 -30 minutes during your labor, and only a few minutes before the delivery.
After the birth, your doctor will check in with you before you go home, and then you will not see him or her until a six-week appointment in their office.

Interventions/ Clinical Management

In a normal pregnancy under the medical model, the mother will start being asked about being induced at about 40 weeks of pregnancy (read Due Dates by EBB).

·The CDC states "The rate of induction of labor more than doubled from 1990 through 2010, from 9.6% to 23.8%. Induction rates were at least twice as high in 2010 as in 1990 for all gestational age groups except postterm births, which rose 90%." The rate has dropped slightly to 23.3% in 2012, the latest data available.

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If your wife/ partner is induced she has a greater risk of a "failed induction" or " failure to progress" leading to a cesarean, especially if this is her first birth. In a practice where inductions are not pushed we see on average first-time moms go about 10 days past their due date which is normal.

According to a recent study by Harvard T.H. Chan School of Public Health an increased tenacity toward interventions in low-risk patients has been linked with an increased risk of primary cesarean birth, postpartum hemorrhaging, blood transfusions and extended hospital stays

The national average is 32% of births will end in a cesarean, that is 1 in every 3 births. In San Diego 3 large hospitals average 35-38% cesarean rate, in contrast, nationally, out-of-hospital midwives have 05.2% cesarean rate. The World Health Organization states that the cesarean rate should be at 10-15% or below.
A cesarean, while sometimes medically necessary, is a major abdominal surgery increasing possible present complications as well as the likelihood for complications in future pregnancies, especially placenta accrete—a potentially life threatening condition.

Start with the lowest intervention then move up as needed. Hospitals are not designed for natural birth. Interventions are often used because of routines and for the comfort of the care giver, not because the intervention is backed by science. There is evidence to support that continuous fetal monitoring, IV or saline lock, clear fluids only, or requiring a mother to push and birth lying on her back, are not always in the mother's best interest and can cause a cascade of other interventions.

In the Hospital
When you arrive at the hospital in labor, there will be paperwork, vitals, a lab draw, an IV started, vaginal exam and assessing fetal heart tones and contractions on a continuous monitor.

Your wife will be treated as a patient with a pressing medical condition rather than a woman undergoing a normal physiological process, in this the father is often relegated to the role of an onlooker amidst the delivery team, and your ability to help your wife through the difficult process may be limited.

Nurses have a lot of responsibility, detailed charting, and other paperwork, communicating with other staff, plus scheduled breaks, shifts change, and are possibly overworked trying to keep up. They are not continuous labor support, but a nurse will make or break a hospital experience-- always make friends with your nurse!
Care is dictated by hospital policy and not necessarily evidenced based care. Some hospitals in southern California are making a switch to more mother / baby friendly principles, believing in skin to skin contact and breastfeeding, etc. This is not the case in all parts of the country.

Hospital births are not private and intimate. While mothers usually do not care at the actual time of birth, looking back it can be a disappointment to have lost such a moment. One major complaint of a hospital delivery is getting rest after the birth. After a few hours of the birth, sleep is a priority, but hard to get, when nurses are required to get vitals so often, have paper work that needs completing or new born procedures to do-- even if it is 2am.

If a vaginal, unmedicated birth is your wife or partner's goal, we recommend picking the best location for your desired experience.

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MIDWIVES AND OUT- OF- HOSPITAL BIRTH

In the out-of-hospital setting, emergency transport rate is less than 0.5%.

Some conditions may occur that make home birth unadvisable, but midwives are trained to spot risk factors early in prenatal care. Licensed midwives specialize in LOW-RISK pregnancies; most women fall into this category, though all births, no matter where and how they take place, present risks. Midwives are equipped to handle a wide range of complications that may arise during low-risk pregnancies.

The most likely reason for a non-emergency transfer to the hospital is for help progressing or a desire for pain relief--if we need it, then we will go! Our goal isn't to stay home at all cost, it is for the best experience safely possible.

The Midwife Model of Care and homebirth have similar good results as obstetrician/gynecologist directed birth in the hospital, with fewer interventions and lower cesarean rate and considerably greater satisfaction. The statistics cited below come from the largest prospective out-of-hospital-birth study in the U.S. to date. The study included nearly 17,000 planned out-of-hospital births with midwives, which you can view here.

- 89.1% of first time and subsequent births combined stay at home
- 93.6% of both first time and subsequent births have a spontaneous vaginal delivery (this % includes transfers)
- 87.0% Successful vaginal birth after a cesarean (VBAC)
- 05.2 % Cesarean births

ANOTHER OPTION

Making the decision to birth at home or in a free-standing birth center is a big one.

For some, this just isn't the right direction, for whatever reason -- living arrangements, finances, comfort level, or pregnancy complications.

If, after weighing the facts and circumstances a hospital birth is what is best for this birth, what about hiring a doula/ monitrice? Getting the support of a trained professional who can monitor mother and baby vitals during labor, helping you stay out of an intervention-high hospital till absolutely necessary, provide physical support, be a wealth of knowledge and information, and continue to provide support after you return home, can potentially impact the entire experience, top to bottom. Check out the evidence for hiring professional support and advocate to walk with you through labor and birth..

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