

# Marin Family Birth Center

## Frequently Asked Questions



### ***What is a Midwife?***

A Midwife is a trained birth professional who provides comprehensive care during the prenatal, birth and postpartum periods. Midwives are experts in normal natural childbirth. See below for education and training requirements, including traditional apprenticeship, nurse-midwifery training, national or state certification and state licensure.

### ***What is a Doula?***

A doula provides important physical and emotional support as well as advocacy for laboring women in all birth settings. They are a voice for the birthing mother and the guardian of her birth plan. The skill of a midwife and continuous support of a doula is a powerful collaboration that all women deserve.

### ***How does Midwifery Care differ from conventional Obstetric Care?***

Conventional approaches to obstetric care treat all births like a medical emergency that requires management. Choosing a midwife means a desire for a holistic and natural approach to birth – every woman should meet with at least once with a midwife during her pregnancy, even if she chooses to use an OB. All recommended testing would be the same – e.g., an ultrasound would be done at an outpatient referral site, just as with an OB. The needs and desires of the pregnant and laboring woman are the dominant focus in midwifery care. The normalcy of birth is respected and interventions are avoided.

- *Pre-natal visits with midwives focus on providing information and answering questions that a woman may have about pregnancy, childbirth and parenting.* Each midwife-mother relationship is completely individual and tailored to the new mother's needs.
- *Midwives provide active and consistent post-natal care.* A midwife will talk with a new mother 24 hours after childbirth, then at 2 days, 10 days, 3 weeks, 6 weeks. This is a more frequent follow up schedule than with most pediatricians or OBs.
- *Experience childbirth in a home-like setting.* Many women do not feel comfortable giving birth at home, or amid the noise and technology of an institutional setting, like a hospital.

### ***How much does it Cost?***

A delivery at the Marin Family Birth Center costs less than a vaginal delivery at a hospital, which can range from \$9,000 to \$12,000 on average. A cesarean delivery in a hospital can cost \$15,000 to \$25,000 on average. While a birth center cannot do a cesarean delivery, 90% of women do not need C-sections. Two-thirds of C-sections in the U.S. are for first time mothers, generally the lowest risk group.

### ***Do I stay overnight after I deliver?***

Women usually want to go home after 4 hours. By then the baby has had a well-child exam and the mom has had lactation support, so the baby is healthy, eating and ready to sleep. The birth experience can feel much more natural and recovery quicker. Our midwives do 48- and 72-hour checkups with new moms, and can often see early signs of trouble nursing or post-partum depression.

## ***Is a Birth Center safe?***

Yes. Birth centers decrease the risk of cesarean section, episiotomies, infection and babies requiring resuscitation. Childbirth is a natural experience and midwives are trained to do everything possible for the safety of mother and baby. Specifically:

- *Only women with low-risk pregnancies are eligible to give birth at the Marin Family Birth Center.* Your midwife will review your health and any risks in her first meeting with you. (Risk factors can include high blood pressure or vaginal delivery after cesarean.)
- *Many adjustments during childbirth are normal and can be managed without medical intervention.* For example, one in six births involved the umbilical cord wrapped around the baby in some way. A midwife would gently remove it before it creates any danger.
- *If something caused a concern, we would transport immediately to the nearest hospital facility.* Often this can be done by car (which is more comfortable to the mother), but would be done in an ambulance if necessary. Marin General Hospital is the only county hospital with labor and delivery, and we have a transport agreement with them. Reasons to transport might include a drop or increase in the mother's blood pressure, or an irregular fetal heartbeat.

## ***What about the Pain?***

For centuries midwives and birth attendants have used relaxation and comfort techniques to help provide women with pain relief. Gentle physical and emotional support are vital. Mothers cope with labor best when they are offered loving words, massage, warm baths, breathing techniques, visualizations and are encouraged to move when and how they feel most comfortable. Pain management can be better in an out-of-hospital birth because of the flexibility for a woman to move freely and be in the position most comfortable to her. Gravity helps – laying on a bed can increase pain and length of labor, but at a birth center women are encouraged to walk, stand, sit or have a water birth if they choose. Instances of episiotomy are also dramatically less with midwives.

## ***What are the licensure and certification requirements for midwives?***

Of the more than 2,000 certified midwives in the U.S., the Midwives Alliance of North America (MANA) offers this information on the 3 types of midwifery credentials: *Certified Professional Midwives (CPM)*, *Certified Nurse-Midwives (CNM)* and, *Certified Midwives (CM)*.

The vast majority of direct-entry midwives in the U.S. are CPMs, who are seen as specialists in birth outside of the hospital, particularly in private homes and at freestanding birth centers. They are the only U.S. birth attendant whose education and clinical training focuses specifically and exclusively on out-of-hospital birth settings. Our CEO and the Director of our Marin Family Birth Center are CPMs and also Licensed Midwives (LMs) in California. To become a California Licensed Midwife, candidates must complete: a three-year post-secondary education program in an accredited midwifery school approved by the state board, clinical experience evaluation, and the North American Registry of Midwives (NARM) comprehensive licensing exam.

Certified Nurse-Midwives are dually trained in midwifery and nursing. Their training is hospital-based since the vast majority of CNMs practice in that setting. OBs receive extensive medical training, most of which is focused on surgery.