

In-Home Birth Center

M. Vanita Lott, Certified Nurse Midwife
RN, BSN, CNM

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Professional staff and Birth Center Equipment to your home for a Safe and Intimate Home Birth!

Holistic Pregnancy and Birth Care

According to recently published studies, ... midwife-attended homebirths were accomplished with safety comparable to that of conventional births. In fact, physician-attended hospital birth has never been shown to be safer than midwife-attended home birth for women with normal pregnancies. American Journal of Public Health 1992;82:450-453; Birth 1994;21:141-148

**The term "Midwife" means "With Woman."
 The Midwife's Motto is "Listening to Women."
 Midwives are the "Guardians of Normal Birth."**

Quotes from Clients and their Families:

"You are doing a wonderful work. I wish for you to always know this and to feel the guidance of the Spirit in your life as you continue to shepherd women and babies through this vulnerable time of their lives. The respect and care you give the women who choose you for a midwife is wonderful to witness and participate in." **Ramona Turbovsky, Primary professional birth assistant for 3 years in Vanita's practice.**

"As a doctor and former pediatrician I have seen lots of hospital deliveries including 'hospital alternative birthing center natural deliveries'. My daughter's homebirth was the first out-of-hospital birth I had ever seen and the hospital deliveries don't even come close. Her birth was without a doubt one of the best experiences of my entire life... What is sad...is I could have been a physician for many years and not known what a woman's body is truly capable of doing on it's own with the help of a competent midwife such as Vanita." **Dr. Pamela Martell, grandmother of Sequoia born November 9, 1999, El Dorado County**

“Words could never express our delight or our thankfulness to you and God for such a wonderful experience. As our baby Jacob grows, what a delightful story of his birth we will be able to share with him. There were so many special things about the birth of Jacob, I could never list them all but thank you Vanita...for everything...” **Christie and Dwight Goodnight, Mother of Jacob, 2001, Brownsville.**

“Thank you for everything you have done. The support you have given is amazing”.
Shelly Buchanan, mother of Jonah, Nevada City, 2001

“It is with great pleasure that we recommend Vanita Lott, RN, CNM, to anyone looking for a highly qualified and experienced midwife”. Vanita's knowledge is solidly grounded in obstetric medicine but she is equally open to alternative approaches to pregnancy and birthing and we felt Vanita provided the best of both worlds. During the prenatal check-ups in her friendly and comfortable office, Vanita always took a generous amount of time to address the many questions we had during our pregnancy and she is also on call 24 hrs. for all her clients.

... Vanita provided us with extraordinary care, her calm and reassuring presence, and gave us what we most wanted for our baby: a natural, safe and intervention-free home birth. The post-natal care was equally thorough with Vanita making several house calls to make sure mom and baby were doing well... She also had a lot of good advice for the many "new-baby-what-now?" questions. In all, we cannot imagine having had a better guide than Vanita in our journey through pregnancy, birth and new parenthood. Thank you Vanita!” **Annette Fuchs and Sean Duggan, Parents of Fiona, 2001, Grass Valley.**

“When I became pregnant, I was a different person. I did not fully understand the changes I would go through mentally, emotionally and physically. Month after month, you were there as a caring confidant... You inquired about my emotional well-being and my relationships.... Throughout my labor you were more mentally present and emotionally in tune than anyone I've ever known...”. **Monica Vaughn, Mother of Payton, 2001, Grass Valley.**

“Thank you for helping Saren Ama into this world with integrity and love. Your services are truly awesome. We feel blessed to know you.....” **Alexandra Ward and Josh, Colfax, 2003**

“.....Thank you so much for all of your help in bringing Judah to the light. I felt very blessed to have someone of your skill as a nurse and a midwife assisting us through the pregnancy and birth. Your encouragement and wise advice was much appreciated.” **Lisa and Chris McCandless, Camptonville, 2004**

“During my pregnancy, Vanita empowered me to develop my own wisdom and intuition regarding the needs of my body and the health of my baby. Her sound expertise as a highly trained midwife gave me the intellectual confidence I needed to feel safe about delivering my baby at home, yet her caring presence and intuitive knowledge supported me spiritually and emotionally. There was a magical and safe quality to my daughter's delivery that was achieved through the loving trust that was developed with Vanita, and by being in the comfort of our own home. Vanita's follow-up care was so nurturing and respectful to my healing body and our precious baby. I felt nurtured and empowered through my entire pregnancy, birth, and post-natal care. I cannot recommend Vanita highly enough”. **Karen Wright, CMT, mother of Grace, Grass Valley, 2004**

“I have so much respect, thankfulness and love for you.....the way she was brought into this world in such a sacred way has been powerful and transformative for me. I can't thank you enough for what you brought to the whole process of Grace's birth.....” **Bill Wright, licensed acupuncturist, Grass Valley, 2004**

“..... I have gained a deep respect for the services provided by midwives. Thank you for your support and professionalism. I really appreciate your proactive, preventative approach...setting the stage for success”. **Mehry Vaghti, mother of Keenan, Auburn, 2004**

“For me, I felt most comfortable choosing a Certified Nurse Midwife. My first child was born when I was 37, which was somewhat of a concern for me, and I took comfort in her additional training and experience. I also have come to appreciate the fact that Vanita has a wonderful working relationship with the staff at the hospital, which proved to be important in my case. The staff speaks very, very highly of her. She is tremendously dedicated to her practice and the clients she cares for. I honestly cannot site any dissatisfaction with her care for me or my children.

..... She is an incredible advocate for women and nurturing in every way. She was always supportive with whatever choices my husband and I made and offered excellent advice when needed. She was also available... when I had a question or concern throughout my pregnancy. I also use Vanita for my annual exams”. **Lori Gordon, mother of Devon & Jared, Nevada City, 2001 & 2005**

“When I think back to the experience I have such a great feeling of it. I feel empowered and proud. It still and I’m sure always will make me smile when I think of seeing Sofia for the first time. Thank you soooooo much”. **Megan Overholt, Nevada City, 2005**

“I had my first baby in the hospital; it was a good experience, but having my second baby at home was like nothing else in the world, it was the best experience in the world! **Willow Kawa, mother of Jazzmin, North San Juan, 2005**

“Words cannot express the gratitude I have for your involvement in my pregnancy and perfect birth. Thanks to you I feel like more of a woman than I’ve ever felt before. You helped me to realize and utilize the depth of my strength and confidence in my body. Every time we reflect on Sylass’s birth we will think of you. **Deb Huryn, Weimar, 2005**

“Thank you for helping Deb bring our beautiful son into this world. You were the exactly right person for the job. We are all proud that Sylass was able to be born at home naturally and healthy. **Chris Huryn, Weimar, 2005**

My Vocation: The birth of a child can potentially be one of the most empowering experiences of a woman’s life. My calling is to provide women and their families with safe professional holistic pregnancy, birth, newborn care and gynecology services. I recognize the commencements of menstruation, pregnancy, birth and menopause as powerful female rites of passages and not medical events. I make every effort to foster the transformative potential of these transitions and facilitate a woman, her family and her newborn to become healthier, stronger and more centered in their lives.

Women deserve plenty of time and attention during childbearing. I believe that attentive care to women and gentle, conscious births help to begin to heal the violence, isolation, addictiveness and destructiveness found so commonly in our society.

The trend in the early 1900s to have all births occur in hospitals may have been a necessary evolution. However, I believe we can now restore balance and provide for healthy women to have optimal births outside the institutional setting. Our patriarchal culture unconsciously frightens women about childbearing. Birthing women are powerful. For a male dominated society to continue women need to be taught that they must depend on men (or male system educated female physicians) to help them give birth safely and painlessly. Too many women are terrified by the information they receive during pregnancy. Too many women are not given

information with a realistic perspective as to the possible dangers and complications. Too many women are neglected by health care providers who do not spend the time to answer all their questions. Too many women do not have easy access to their care provider between appointments or when there are urgent situations. All women deserve health care providers who have the time to listen to their fears and concerns and are willing to educate, reassure and guide them.

Women who are nurtured through their pregnancies and births are better able to nurture themselves and their families. Women who are empowered through their birth experience carry this strength forward into the rest of their lives. Many women state after a conscious birth that they feel they can do anything. They have overcome a challenge and tapped into deep inner resources they may have never known they had access to.

Empowered women are less likely to allow themselves or their children to be neglected or abused. Empowered women make stronger mothers who protect their children from negative influences. We can learn a lesson from the feared female grizzly bear who is famous for her fierceness in protecting her cubs. Although she usually hides from humans or warns them to back-off when threatened, it is the Mother Grizzly who is famous for her dramatic encounters with people who threaten her young. This animal is honored as being one of the best of mothers.

Babies who are born into loving hands learn early that they are treated with respect and sensitivity. Consequently, they are more apt to treat others the same way. Too often babies' deeper needs are ignored in an institutional environment. Babies require gentle treatment in order to integrate the new experience of being in the world while staying as emotionally open as possible.

Strong family bonds are fostered by a powerfully deep connection at birth between a woman, her partner and the new baby. I also honor the men who are in their own way "with child." Men need support and attention also to move through this transition of pregnancy, labor and birth to become the best husbands/partners and fathers that they can become.

Nurse-Midwifery

Certified Nurse-Midwives (CNMs) are all Registered Nurses with advanced education in Nurse-Midwifery. They have graduated from accredited Nurse-Midwifery schools and are nationally certified by the American College of Midwives. They have met rigorous educational and clinical standards, meet Core Competencies and they are respected as health professionals throughout the United States. CNMs are the most highly educated and researched midwives in the world and have the widest scope of practice; they attend births in hospitals, birth centers and homes. They also provide well-woman gynecological and pregnancy related services in hospitals, offices and clinics. CNMs have formal education in midwifery, obstetric management, pharmacology, gynecology, newborn care, family planning, and primary care. CNMs offer traditional midwifery services while also having access to the best of modern medicine when needed.

Nationally Nurse-Midwives have half the Cesarean rate of physicians; in studies comparing low-risk women randomized to midwifery or physician care the Cesarean rate is lower with Nurse-Midwives. Nurse-Midwives also have lower preterm labor rates, less inductions, less episiotomies and decreased interventions in general. Studies show that the outcomes of Nurse-Midwives are equal to or better than physician outcomes.

The term midwife means "with woman." The midwife's motto is "listening to women." Midwives are the "Guardians of Normal Birth". California law requires all health insurance companies including Medi-Cal to reimburse CNMs for their services. **Safety is always our foremost consideration.**

Vanita Lott, CNM

I graduated with honors (Cum Laude) from William Patterson College in New Jersey in 1981 with a Bachelor's of Science Degree in Nursing. I began my career in childbirth in 1983 working as a nurse specializing in labor and delivery and have worked as a childbirth nurse in six different states.

In 1997 I graduated from the two-year Frontier School of Midwifery's Program in Kentucky with a 3.81 GPA and I did my clinical rotation at Sutter-Davis Hospital in Davis, California in a Nurse-Midwifery practice. Both of these programs had their origins in homebirth.

I practiced part-time for seven years in Nevada County's Gynecology Clinic.

I am educated in CPR, Neonatal Resuscitation, Advanced Fetal Heart Rate Monitoring and Newborn Stabilization Skills. I have taught many seminars and made TV and radio presentations about alternative birth. I also give professional presentations to nurses on topics of childbearing.

I am married to Jeff Russell; my husband is a general contractor and a former yoga teacher. He is also actively involved with the national and local men's support groups and male initiation weekends sponsored by the "New Warriors." My daughter, Megan was born in a hospital with a Nurse-Midwife in 1975 and my son Kieran was born at home in 1981. I became a grandmother on May 26, 2001; Megan gave birth to my grandson in Georgia with a Nurse-Midwife.

I decided to become a midwife when I was sixteen years old. Although I had never intended to work in hospitals, my life took several unexpected turns and I now have worked in hospitals in six different states. My hospital experience has helped me to bridge the gap between lay midwifery and the medical system.

I attended my first home birth in 1997. I opened the In-Home Birth Center in 1998 because I believe giving this very personal and gentle care preserves the preciousness of birth. I am a full-time home birth midwife. I opened the first Nurse-Midwife service in this area.

In addition to my formal education, I have also been a Rebirther and Rebirthing Trainer. Rebirthing is a regression technique using specified breathing patterns that often result in uncovering birth memories in adults. I studied, taught and traveled worldwide with the founder of Rebirthing, Leonard Orr. As a result of my involvement with this work, I became aware that significant psychological, emotional and spiritual birth traumas can be inflicted on newborns at birth. These birth traumas are often carried subconsciously within the psyche of an individual for a lifetime and can profoundly affect their entire life. A unique set of traumas are inflicted by routine hospital childbirth procedures.

For example, a friend of mine suffered from severe fear of going outside her house. She would have panic attacks if she left her home without a man to accompany her. During a birth regression she remembered that she had been trapped in the birth canal by frightened nurses who closed her mother's legs to prevent her birth. The doctor was not in the hospital and the nurses would not let her mother give birth until the doctor arrived. When the doctor arrived my friend emerged stressed with oxygen deprivation. She perceived as a newborn that the doctor, a man, rescued her from the panicky situation. She finally understood the roots of her agoraphobia and began to be able to venture out of her house alone or with women friends.

Babies who are born into loving hands learn early that they are treated with respect and sensitivity. Consequently, they are more apt to treat others the same way. Babies require gentle treatment in order to integrate the new experience of being in the world while staying as emotionally open as possible. Feel free to borrow the DVD, "What Babies Want" from our lending library. You can also contact the Association for Prenatal and Perinatal Psychology and Health (APPPAH) at www.birthpsychology.com, PO Box 994, Geyserville, CA 95441, or at 707-857-4041 for more information about how the birth experience can profoundly affect a child's mental/emotional health and development. The APPPAH is a strong promoter of midwifery and homebirth.

I also am a second degree Reiki practitioner (Japanese lying on of hands) and have studied and taught communication for couples and conflict resolution. I am familiar with many

alternative health therapies and I have a deeply holistic style that I bring to each pregnancy and birth.

My Logo: In my logo an unborn baby is held in a heart; this heart symbolizes the womb of the mother, and the heart of the mother, the father and also my heart. The heart is balanced by the caduceus, an ancient symbol of medical knowledge and wisdom.

Empowering Women: The birth of a child can be one of the most empowering experiences of a woman's life. I recognize the commencements of menstruation, pregnancy, birth and menopause as powerful female rites of passages and not primarily medical events. I make every effort to foster the transformative potential of these transitions and facilitate a woman, her family and her newborn to become healthier, stronger and more centered in their lives.

Women who are nurtured through their pregnancies and births are better able to nurture themselves and their families. Women who are empowered through their birth experience carry this strength forward into the rest of their lives. Many women state after a conscious birth that they feel they can do anything. They have overcome a challenge and tapped into deep inner resources they may have never known they had access to.

Empowered women are less likely to allow themselves or their children to be neglected or abused. Empowered women make stronger mothers who protect their children from negative influences. We can learn a lesson from the feared female grizzly bear that is famous for her fierceness in protecting her cubs. Although she usually hides from humans or warns them to back-off when threatened, it is the Mother Grizzly who is famous for her dramatic encounters with others who threaten her young. This animal is honored as being one of the best of mothers.

Empowering Men and Families: Strong family bonds are fostered by a powerfully deep connection at birth between a woman, her partner and the new baby. I also honor the men who are "with child." Men need support and attention to move through this transition of pregnancy, labor and birth to become the best husbands/partners and fathers that they can become.

Services Offered

- Consults, collaboration, referrals to local obstetricians, pediatricians, pediatric nurse-practitioners and physicians as needed,
- Complimentary 45 minute introductory interview if not covered by insurance or Medi-Cal,
- On-call availability 24 hrs/7 days,
- Preconception examinations & counseling, pregnancy testing,
- Holistic pregnancy, birth & parenting lending library,
- Certified Hypnosis for Childbirth Sessions (\$50),
- Full prenatal care at regular intervals in my office, 45 minute regular prenatal appointments,
- Full range of laboratory tests available including referrals for ultrasounds and amniocentesis if desired. Clients decided which tests they desire after being fully informed of advantages/disadvantages of the various tests,
- Nutritional reviews,
- In-Home prenatal visit with CNM four weeks before your due date,
- Constant CNM attendance in active labor,
- Specialized Birthing Chair,
- Labor and/or Birth basic and deluxe portable tub rentals (\$30 or \$207),
- Alternative pain relief techniques,
- Professional birth assistant,
- Transports to hospital if necessary and continuous labor consultation/support if transported,
- Immediate postbirth care averages 3-4 hours,

- Full newborn exam including weight,
- Dried umbilical cord “spiral” birth remembrance,
- Official Health Dept. Birth Certificate
- “Born At Home” birth certificates with newborn footprints,
- “Powerful Home Birthing Woman” Certificate,
- Paternity Declaration Papers if needed,
- Midwife gift for baby,
- In-home visits on day one and three after the birth for the new mother and baby,
- “PKU” & neonatal screening test available,
- Cord Stem Cell Collection if desired,
- Breastfeeding consultations,
- Office visits for new mother and baby at two & six weeks after the birth,
- Excellent midwifery/medical equipment including childbearing herbs and homeopathic medicines,
- Professional sterilization of instruments,
- Holistic well-woman gynecology,
- Insurance/Medi-Cal billing service
- All Wheel Drive SUV
- Herbal/homeopathy preparations are used as appropriate. I also specialize in family planning. Referrals are made as needed to medical specialists, homebirth childbirth education classes, chiropractors, acupuncturists, naturopathic physicians, alternative healing practitioners, prenatal massage therapists, and genetic counselors etc.

Some Advantages of Nurse-Midwifery Homebirth

Homebirth offers many advantages to the healthy birthing woman, the newborn and her family. Some of these advantages are:

Safety - Contrary to popular American belief, homebirth has been shown by research to be an option for healthy women when they labor at home with educated, experienced and equipped midwives. In Holland, formally educated midwives are the primary birth attendants and a third of Dutch births are at home. Holland’s Cesarean section rate is 9% compared with a U.S. rate of 24% and Holland consistently boasts a lower infant mortality rate. Twenty-eight other countries have a lower infant mortality rate than the U.S.

A key reason homebirth has such good statistics is that Nurse-Midwives only accept the essentially healthy woman carrying a normal pregnancy. The focus is on maximizing wellness and health and prevention/early treatment of complications.

Most potential complications are recognized during the prenatal period. For example, I watch carefully for breech babies which occur in about 3-4% of pregnancies. Babies coming bottom first are encouraged to turn using a variety of techniques. Abnormal placental presentations, twins, and preeclampsia (toxemia) are often recognized well before labor. Many other common complications can usually be dealt with at home such as dehydration, posterior presentations, cords around the neck at birth, postbirth bleeding etc. **The incidence of serious unexpected labor and birth complications with good prenatal care is 1% per the American College of Nurse-Midwives website.** Serious complications are referred for medical care. Please note that I don’t perform persistent breech or twin births at home.

Decreased Pain- Research has shown that women who birth at home perceive less pain. First, women tend to be more relaxed in their own home; they are in a familiar environment. Women also know their midwife and have met the birth assistant before labor which decreases their stress level and allows for more trust and relaxation. Laboring women are confident that their birth team shares similar philosophies and attitudes about birth and they will be well supported. The midwife is well aware of any special plans the birthing family may have.

Alternative pain relievers such as warm baths, hypnotherapy, herbs, acupuncture etc. are routinely used to ease labor discomfort. The multiple stressors of the hospital environment are eliminated.

During a homebirth the challenge of labor is viewed as an initiation rite of women into motherhood. During initiation rituals a person classically faces the “unknown” after a long period of waiting and preparation. Initiations inherently involve facing fear, intensity and possibly pain. In the process of moving through the experience the initiate has the opportunity to discover deep inner resources that she may never have known she possessed. This rite of passage acknowledges that challenging and difficult times will be a part of your future life as a person and a parent and that facing these challenges consciously with love and support enhance our lives and can make us stronger and more joyful. We learn to trust that the resources we need will be available to us.

The unborn baby is also going through a rite of passage from life in the womb to life in the world. From my experience at many births, many birth regressions and my own birth memories I believe that normal birth is experienced as stressful to the baby but not normally painful. A baby learns on a very primal level that transitions involve challenges and moving through these challenges lead to a more expansive and enriching life experience. Women at home tend to have shorter labors. A woman can be transported to the hospital for pain management if needed though I have never had to do this.

Avoid the Cesarean Epidemic– We are all thankful for the cesarean section technology which can be a lifesaving operation for the mother and/or the baby. However, this technology is being overused in the US. The World Health Organization (WHO) and many researchers know that the US rate of cesareans is scandalous. WHO states that the absolute highest cesarean incidence in any region should be 15%. Most US hospitals well exceed this number.

The cesarean rate peaked at 25% in the US, declined briefly and then rose to 22% in 1999 and is climbing again. **In 2003, the rate was 27%!!!!** In the early 1970s the national rate was only 5% and *there has been no decrease in infant mortality associated with the rise in these operations*. Obstetricians are performing more and more of these surgeries daily. If you call doctors and hospitals about their cesarean rates ask for their total rate; the primary rate is the rate for first time mothers only and will be much lower. Only their total rate can be compared to the national rate and truly reflects the number of surgeries performed.

It is known that unnecessary surgery introduces complications that adversely affect a woman’s and baby’s health. The following is a partial list of the major problems that may be encountered with a cesarean operation:

- Standard complications of surgery such as hemorrhage, medication/anesthetic reactions and general/wound infections.
- Women with previous cesareans may have higher rates of stillbirth with future pregnancies.
- Newborns born by cesarean section suffer more respiratory problems and require more nursery care than a normal birth. This problem is worsened with cesareans performed before labor. There are chemical and physiological changes that occur during labor and pushing that prepare a newborn to breathe properly.
- There is delayed bonding as the mother is preoccupied with her own major surgery when her baby is born. The mother is also coping after surgery with recovery from drug effects, anesthesia and pain when she is reunited with her baby. It is difficult for a mother to hold or feed her newborn after she has had major surgery.
- The father of the baby leaves the mother in surgery and goes with the newborn to the nursery. The mother may be isolated from friends and family in the recovery room for some time after the operation.
- The hospital stay will be longer. Three days is a common stay after an operative birth

and longer if complications develop.

- There are higher rates of problems and failure with breastfeeding.
- Scar tissue develops inside a woman's abdomen that can cause pain and complications later in life.
- A woman must cope with the stress of surgery, anesthesia, and a postoperative recovery at a time when her energy is needed to bond. They also need energy to adjust to many normal physical, emotional, mental, spiritual and relationship changes associated with birth. The birth of a child is far from an ideal time to have surgery that is not necessary.
- A woman experiences much more pain after a cesarean delivery and has a much longer recovery. She will be on narcotics for several days and need much more assistance at home.
- A woman with cesarean surgery may have more serious placental problems with subsequent pregnancies as the placenta may grow on the uterine scar.
- Many physicians are now encouraging women with a previous cesarean to have future cesareans if she has more children even though vaginal birth has proven to be safe for most women.
- Women who doubt that the surgery was necessary often grieve the loss of a normal birth. There is a book about the profound impact of unnecessary Cesareans called Silent Knife by Nancy Cohen, if you are interested.

Homebirths are known to virtually eliminate unnecessary cesarean sections. If cesarean proves to be necessary, a woman is transported to the hospital for this intervention performed by an obstetrician.

Elimination of Unnecessary Interventions – Hospital birth now involves many routine interventions in normal, healthy labors. The electronic fetal monitor, IVs, fetal scalp electrodes, internal uterine monitors, artificial rupture of the membranes, narcotics, spinal anesthesia, routine inductions and augmentations of labor, and post-birth medications, etc. have become commonplace. All these unnecessary interventions carry risks that can introduce discomfort and/or complications to a birth that otherwise may have proceeded normally. The US, as of 2001, induces more than 20% of all the women in our country!!!! At home, only interventions that have been determined to be helpful to a particular woman and her newborn are instituted. Women can be induced if necessary with herbal inductions.

Truly Natural Childbirth - It stands to reason that truly normal childbirth can only happen in a woman's normal environment. Birth at home provides ideal circumstances to maximize the possibility of normal childbirth. The World Health Organization has the goal of decreasing unnecessary technological interventions in normal births.

Continuity of Care - My midwifery practice is a one-midwife business with the addition of an assistant who also attends the birth. Clients have the advantage of clearly knowing who will be the attendants at their birth. This one factor greatly decreases the stress on a birthing woman and her family. This added relaxation greatly enhances an ideal hormonal milieu that will facilitate labor progress.

Continuity of care also allows the midwife to be aware of subtle changes in a woman's condition and to be able to assist her in dealing with psychosocial stresses in more creative ways. I will be very familiar with the woman and her social situation. A well-established rapport is a priceless asset in troubleshooting potential problems that can interfere with labor and birth.

At home, the prenatal care, birth and postbirth providers are virtually always the same. Women have the advantage of postbirth home visits on days one and three. I see the woman and baby again at two and six weeks. I will almost always be available to answer their phone calls. The newborn receives care from the CNM and not an unfamiliar provider.

The postpartum period is called the "forgotten time." After so many prenatal visits and the intensity of labor and birth many women fall into a void. During the postbirth period families

deserve the availability of support, encouragement and assistance. With close postpartum care the incidence of breastfeeding failures, family maladjustments and postpartum depression can be decreased dramatically.

Modern life can be very fragmented. Many people long for a more simple existence that adds meaning to their lives. It can be very satisfying to have the birth occur at home without the added chaos of transporting to the hospital, dealing with hospital bureaucracy, and the need to organize family visits, etc. Also, there is a completed circle of experience created when a child is born in the home and possibly even the bed where he or she was conceived.

Familiar Environment – Labor demands a woman’s full attention and participation and she should be protected from having to cope with unfamiliar situations. Many times women in good labor will have their contractions decrease on hospital admission because of being in a stressful environment.

Additionally, many women and/or their families may associate a hospital with sad or tragic situations such as the serious illness or death of a family member or friend. In these instances strong emotions can be reactivated when the woman is in labor which can slow or stop labor. This obviously is not a problem when labor and birth occur at home.

Freedom to Eat in Labor - At home a woman is free to carry on her usual activities when in early labor, which often helps to distract her from any discomfort. She may continue to eat and drink familiar foods without restriction. Women who are distressed by hunger secrete adrenaline that can actually slow labor. The dangers of eating in labor are reduced at home since no medications or anesthesia are being used that slow digestion. Women in active labor normally are not interested in food.

No Separation from Husband/Partner - One of the joys for me of homebirth is tucking the family in bed after the birth when the mother and newborn are determined to be stable. Birth is an ideal time for parents to grow in intimacy with each other and their new child.

No Separation from Other Children - During a homebirth children can participate at whatever level the parents desire. Birth at home has the advantage of positively conditioning the next generation with the belief that birth is a normal part of family life.

Increased Control - In the home setting it is clear that the Nurse-Midwife and her assistant are guests in the client’s home. The client remains the focus of attention and does not need to surrender control to her birth attendants. One example is that the client will continue to wear her own clothes throughout labor and birth.

Woman/Baby Centered - During a homebirth, the laboring woman is the sole focus and only client of the attending Nurse-Midwife and birth assistant. This allows the client to receive high quality, focused attention and care. The number of vaginal exams can be greatly reduced because the Nurse-Midwife is in constant attendance; there is no possibility that she will miss the birth. Also, with homebirth the paperwork is much simpler and faster to accomplish due to decreased bureaucracy and the hospital admissions process is, of course, completely eliminated. The midwife already knows her client and all attention can be focused on the imminent birth of her baby.

Call your local hospitals and ask if they qualify for “Mother and Baby Friendly” status.

Excellent Rates of Successful Breastfeeding- Unmedicated newborns rarely have serious breastfeeding problems. It is known that newborns who are put to breast within 60 minutes of birth nurse much better in the long run. Putting the baby to breast soon after the birth is a high priority at a homebirth. “Finger feeding” with a feeding tube and syringe is used instead of artificial nipples if supplementation is needed to avoid nipple confusion.

Individualization of Care - My routine prenatal appointments are 45 minutes. Midwifery care encompasses the entire woman- physically, emotionally, psychologically, and spiritually.

The established relationship between the Nurse-Midwife and the client and her family makes it easier to tailor each birth to the client’s wishes (within the realms of safety). The use of alternative healing modalities are much more easily performed in a home setting.

In my practice, it is respected when clients refuse certain procedures after they are fully informed of the advantages and risks of certain tests or procedures. Clients in homebirth are very much involved in the many decisions that need to be made throughout pregnancy and birth. In fact, *clients must be willing to make their own decisions regarding care.*

Decreased Intrusions - Studies of other mammals have shown that every time an animal is simply touched in labor the labor time increases by an average of five minutes. The laboring woman has more control in the home environment. There is no fear of being subjected to routine fire drills, unexpected construction or painting, overhead paging, the noises of other patients, etc. Families may use items such as candles or incense at a homebirth, which are prohibited in hospitals due to fire department regulations.

Increased Privacy – With a homebirth, the client is in complete control of her home and decides who will be present or not. There will be no surprises such as unexpected observers at a birth. At home, you will not be disturbed by roommates and their numerous visitors in a shared hospital room after the birth.

Increased Intimacy - In the home environment the family is at ease to display normal affectionate behaviors. Women feel freer to move around without inhibitions and adopt comfortable positions that helps increase the comfort of labor and often the speed of labor. Also a woman or her partner may feel freer to express their emotions and fears that can help to aid in relaxation and speed up the birth process.

Facilitation of Bonding - Birth at home is truly family centered. Bonding of the mother, father and infant is a primary goal only superseded by safety. All efforts are made to promote optimal bonding and breastfeeding during the first hours of the baby's life.

Increased Rest and Sleep - It is easier for a client to rest and sleep in her own bed, which often results in faster recovery. I always recommend having family or friends to help at home for the first week.

Decreased Exposure of Newborn to Medications-Pitocin/oxytocin is routinely used in hospitals to induce or speed a woman's labor. It is known that this medication can increase the risk of jaundice in newborns. The routine Vitamin K injection may also increase the risk of jaundice. High levels of jaundice can lead to multiple newborn blood draws, limit mother/newborn interaction and can prolong the newborn's hospital stay. There is no routine use of medications in homebirth. Oral Vitamin K is available if parents don't want Vit K injections.

No Exposure of Mother/Newborn to Narcotics/Barbiturates - The use of narcotics for pain relief in labor is extremely common in the US. Nubain, a popular narcotic, can lead to extreme irritability in babies after birth. Often these drugged babies will not nurse immediately. Barbiturates are commonly given to pregnant women around the time of birth to help them sleep if they are in latent or early labor. Sleeping pills can interfere with breastfeeding for several days. All drugs are excreted more slowly from a newborn's immature system and can contribute to jaundice.

Large studies done in Europe and North America correlate the use of narcotics and barbiturates given to unborn babies in labor with higher rates of subsequent drug addiction when these babies become adults. It is theorized that there may be an imprinting on the baby's nervous system at birth.

No Routine Analgesia or Anesthesia- Spinal anesthesia (epidurals or intrathecal) introduces many side effects and risks to the mother and baby. Epidurals are known to increase the risk of forceps/vacuum extraction/Cesarean births because women lose the urge to push.

Epidurals can cause increased body temperature in the mother, mimicking fever, and then the baby is subjected to invasive testing such as blood cultures and spinal taps to rule out the possibility of infection. Intrathecal can cause severe itching, nausea and vomiting, and serious headaches for the laboring and postpartum patient. With epidurals and intrathecal women usually cannot empty their bladder spontaneously and need to be catheterized which increases the risk of bladder infections. Spinal anesthesia also can lead to fetal distress secondary to maternal

blood pressure drops or an unnaturally rapid descent of the baby. Current research shows that epidurals interfere with newborn behavior that has an adverse effect on breastfeeding.

Midwives believe these risky interventions should not be used routinely in normal labor. For instance, many women prefer to use warm water bathing for pain relief rather than potentially dangerous narcotics or anesthesia. Many women who labor in warm water receive sufficient relaxation and pain relief and do not need any other pain management. Some local hospitals do not allow a woman to labor or birth in warm water. Some hospital policies only allow bathing in early labor but not during transition when it is needed the most.

Some researchers believe birth in warm water is a much more gentle transition for the newborn who is accustomed to a water environment in the womb. I have a beautiful video on water birth available if you are interested. With homebirth there are many alternatives available for pain management including breathing techniques, hypnosis (mind training), acupressure, acupuncture, homeopathic medicines and herbs. Local anesthetics are available for perineal repairs if suturing is needed.

Intact Perineums - Midwives have the goal of keeping the perineum intact whenever possible. This helps to facilitate early bonding since there will be less pain and suturing distractions. Episiotomies often require pain medications to be used. Most spontaneously occurring lacerations are smaller and less painful than episiotomies and do not interfere with bowel elimination as significantly. It has been proven by research that episiotomies are the greatest cause of the worst lacerations since the surgically split tissue rips more easily than intact tissue when stretched by the baby just before birth.

It is known that Nurse-Midwife attended births have approximately one cup less of blood loss than physician deliveries. This is because episiotomies are not routinely performed. At home, episiotomies will not be performed except in uncommon circumstances.

No Exposure to Hospital Infections- Hospital infections are a serious problem. There are current infections that can be acquired in the hospital that are resistant to antibiotics because of the antibiotic abuse that has occurred recently. A baby is immune to the common bacteria in their particular household that the mother is accustomed to.

Decreased Exposure to Chemicals - Hospitals use strong chemical disinfectants on almost all equipment, furniture, floors etc. Newborns are considered contaminated by their mother's blood and routinely washed with strong disinfectant soaps that are listed as hazardous substances. Obviously the home environment will only have the products that a particular family has chosen to purchase.

No Fear of Infant Abduction - Birth in the home is obviously a more secure environment for the protection of newborns.

No Fear of Infant Being Given to the Wrong Parents - Babies born at home do not need multiple ID bands and additional security procedures. Homebirth eliminates the need for constant vigilance to prevent giving the wrong newborn to unsuspecting parents.

Environmentally Friendly - Homebirth is designed to consume less energy, equipment and disposable materials.

Rare Waiting - In my practice there is usually no extended waiting, either for an appointment date or on the day of your appointment.

Affordable - The average cost for a hospital "vaginal" birth is approximately \$9,000-\$12,000 including the obstetrician and pediatrician fees if there are no complications. Over 27% of women in the United States have Cesarean sections that can easily cost \$18,000-\$25,000 or more. These fees will be even higher if there are surgical complications that are more common with cesarean deliveries.

The nurse-midwifery fees for complete prenatal care, labor and birth services, newborn care and postbirth home and office services are approx. 1/3 to 1/4 the cost of a hospital vaginal birth. We offer a huge self-pay discount. Please call to discuss fee schedules, as this may vary depending on insurance, HMO or Medi-Cal coverage. Most insurance companies will pay me at

their preferred provider rate with an out-of-network referral. **We also accept credit card payments.** If you need to choose an insurance plan Blue Cross PPO plans would be my first choice and Blue Shield PPO second.

Frequently Asked Questions

Is homebirth safe? There is a general belief in our country that birth is hazardous; the fear about childbirth is palpable. People from Holland, which has a very different system than we do and a high rate of homebirths, think Americans are pretty neurotic about birth and wonder why they are so afraid. You are more likely of being hurt or killed, in the US, driving a car. You routinely jump in your car assuming you will arrive at your destination safe and sound without much thought. Driving is like midwifery: Prudent drivers/midwives with safe habits and standards have much superior safety records than reckless drivers/midwives who increase their risks. Of course women in the US have the ideal situation—access to professional homebirth and access to modern obstetrical units when needed.

Are Nurse-Midwives considered Obstetricians/Gynecologists or doctors? No. Nurse-Midwives are advanced practice registered nurses similar to Nurse-Practitioners. All Ob/Gyns are physicians and surgeons. Ob/Gyns specialize in the diagnosis and treatment of complicated pregnancies and gynecologic disease. Treatment is usually by pharmaceutical medications or surgery. Only physicians perform Cesarean Sections, forceps deliveries and treat serious gynecologic problems such as cancer. Only physicians care for women with serious obstetrical complications.

Nurse-Midwives, especially in homebirth practices, specialize in the holistic care of the well-pregnancy and well-gynecology. We are educated in the prevention and recognition of complications, treatment of common complications, and providing emergency care when necessary. You will be referred to an obstetrician if needed.

What is the difference between Certified Nurse-Midwives and Licensed Midwives? Certified Nurse Midwives are considered the most highly educated midwives in the US and probably the world. They are the most researched midwives and work in hospitals, birth centers and do homebirths. They are respected professionals that work in the private sector and are recruited by the government to work as midwives. CNMs are the only midwives that meet all the following criteria: are first R.N.s; then graduate from accredited nurse-midwifery schools, have supervised clinical experience and meet core competencies standards; are nationally certified; are legal in all fifty states.

What medical/midwifery equipment do you carry? Every homebirth midwife who has seen my equipment is amazed at how much equipment I carry and the excellence of my equipment. The equipment and supplies brought to the birth include an ultrasonic digital Doppler Fetal Heart Rate Monitor, oxygen tanks and resuscitation equipment, blood pressure equipment, suctioning equipment, emergency medications, intravenous supplies, blood sugar testing equipment, etc. Through years of hospital experience I am comfortable with emergency procedures such as intravenous (IV) starts and newborn resuscitation though they are not commonly needed.

What do you do if there are complications? It is good to realize that midwifery care is focused on preventing complications whenever possible. Nurse-midwives promote good nutrition, excellent prenatal care and healthy lifestyles. When complications are detected, a nurse-midwife's actions depend on the type of complication and the situation. We attempt to

reverse complications whenever possible. Many complications can be detected during good prenatal care such as toxemia or preeclampsia, twins, placenta previa (the placenta coming before the baby) and premature labor. Women with these complications are referred for physician-hospital care. Many common labor and birth complications can be dealt with in the In-Home Birth Center such as dehydration, an umbilical cord around the baby's neck, meconium-stained fluid, a baby's delayed breathing, afterbirth bleeding etc. Serious unsuspected complications occur in the lowest percentage in healthy women with healthy pregnancies; the incidence is about 1% according to the American College of Nurse-Midwives. Women are transferred to medical care with appropriate emergency measures if these complications occur.

Is it safer to have my first baby in a hospital? It is well-known that women having their first child in a hospital suffer the most unnecessary interventions and have an excessively high rate of preventable Cesarean sections. Artificial inductions of labor and having labor sped up with artificial hormones are disturbingly frequent. Inductions, since they are more painful and stressful, lead to more use of narcotics and anesthesia. Women who are comfortable with the idea of giving birth out of the hospital will have greater success in having a normal birth in the comfort of their own home with equipped and knowledgeable attendants.

What if my baby is breech or I have twins? Breech babies are only 3-4% of pregnancies at term. I begin to determine the unborn baby's position about 3 months before your due date and watch this at every visit. If a baby persists in being breech there are many alternative ways to encourage him/her to turn head down. If these methods are not successful a woman can have an obstetrician turn the baby through her abdomen so that an In-Home Birth Center birth may proceed. If the baby is not successfully turned, I refer women for hospital birth since breech babies have a bit higher rate of complications. I have physician referrals who will consider doing vaginal breeches for women in the hospital. I also refer women with twins to an obstetrician.

What if I had a previous Cesarean? With Cesarean sections now at 27% or greater the issue of Vaginal Birth After a Cesarean (VBAC) is of growing interest. VBACs were on the rise but have fallen to only 10.6% in 2003 compared to 31% in 1998. Physicians saw an increase in uterine ruptures with attempted VBACs due to a variety of reasons including the recent one layer surgical repair of the uterus that has become popular especially in busy hospitals (previously the uterus was always sutured in two layers); the use of prostaglandins for induction; the use of Pitocin for induction etc. With this increase rupture rate associated with technologic interventions the American College of OB/Gyns now only recommend VBACs in large medical centers where a Cesarean can be performed very quickly. Most community hospitals can not do a Cesarean very quickly; doctors may not be in-hospital when needed.

A recent report of VBACs in freestanding birth centers with CNMs showed some problems with ruptures as well. There have been incidences of ruptures also in home births though the incident is very low. The American College of Nurse-Midwives does not support out-of-hospital VBACs any longer. The problem is women often are only offered repeat Cesareans by physicians in the smaller hospitals and some hospitals aren't very VBAC supported even if they are offered. We believe women expecting their first child should consider homebirth to prevent unnecessary Cesareans in the first place.

Do you believe all women should give birth at home? No. Only women who are essentially healthy carrying an essentially normal pregnancy should give birth at home. They need to be comfortable with the idea of out-of-hospital birth. These women ideally should not smoke (or be willing to cut down dramatically) and eat a healthy diet. In addition, families that choose an In-Home Birth Center birth must be reasonably stable and have sufficient social support available. Families who desire homebirth also need to be willing to educate themselves and make the numerous decisions that need to be made during pregnancy, birth and afterwards in

caring for a newborn. Women with serious heart disease, insulin dependent diabetes, twins, breech babies, previous Cesareans etc. are usually safer in a hospital according to currently accepted national guidelines.

Can I have an In-Home Birth Center Birth in an apartment? An apartment is usually a more than adequate place to give birth. Hot water, heat and electricity are usually basic necessities for homebirth.

Is giving birth at home really messy? Usually birth at home is less messy than hospital births since episiotomies (vaginal surgical incisions) are rarely done; episiotomies lead to extra blood loss. The birth place and your bed are specially protected. Linens are laundered quickly to remove any soiling. We rarely get blood even on the carpeting. Hydrogen peroxide removes any small blood spots out of carpeting.

What happens to the placenta (afterbirth)? The placenta was made, just like your baby, from the union of your egg and the father's sperm. The placenta is truly a biological engineering feat that helped create and support your baby's life. Most parents bury their child's afterbirth in a garden with a special "birth plant" to grow as the baby grows. This plant is a reminder of the very special day that your child came into this world. Occasionally a family disposes of the placenta in a plastic bag in the trash.

What if the weather is bad? I have an All Wheel drive SUV that I take to all births. I have photos of me pulling into the driveway of one laboring family during a serious snowstorm. The county came and plowed the road since they knew a woman was laboring during the storm. If someone's home has poor bad weather access we make an alternative plan for a birthplace in case of bad weather.

What if two women are in labor at the same time? Usually a qualified birth assistant would be sent to stay with the woman less active. When we are approaching a busy time I will ask another CNM and assistant to be available whenever possible.

What if you are sick or out of town when I go into labor? I was paged once to a laboring woman about five minutes after I fractured my kneecap in a mountain bike accident. I wrapped my knee in ace bandage and attended to her for eleven hours. It would have to be a very serious illness for me not to be able to attend your birth. I would call to see if another midwife is available. In a worse-case scenario, you would either have to agree to have another midwife attend you or go to the hospital.

When I commit to being your midwife I plan to be available for approximately three weeks before and two weeks after your due date. I usually plan vacations when no one is due. Occasionally, I have another CNM cover me for vacations. You will be aware if I ever have another CNM covering me around your due date and usually you get to meet her in advance and be in agreement with the alternative plan.

Website including photo album: www.midwife.nu

Links- birthpartners.com www.bornathome.net www.maternitywise.org/mw

References from many satisfied clients can be provided on request.