

Birthing in Seattle? Learn about your options!



the
**great
starts
guide**

to hospitals,
birth centers, &
home birth midwives
in King County

Take a pop quiz!

10 questions to help you
find the birthplace that's
right for you.

Page 2

Know your choices!

Learn how to choose a care
provider and a birth place,
and why it matters.

Page 4

Read the results!

We compare 12 local
hospitals, and 24
midwifery services.

Page 8

A report from the Parent Trust for Washington Children
2007-2008 survey of birthplaces in King County

About us

Great Starts Birth & Family Education is a program of Parent Trust for Washington Children. Great Starts has provided trusted, independent, unbiased childbirth education in Seattle for over 50 years.



Parent Trust for Washington Children is a statewide non-profit organization. Our mission is to create lasting change and hope for the future by promoting safe, healthy families and communities.

PTWC offers education and support for parents and children. Programs include: youth leadership and support groups for children and teens, community based parent support groups, and home based Parents as Teachers programs.

Our Family Help Line is a free, confidential, statewide service offering phone support and information in English and Spanish at 1-800-932-HOPE (toll-free).

About this survey

Who developed this survey? Great Starts (formerly Childbirth Education Association of Seattle) has conducted birth services surveys since the 1950's. This year's edition was prepared by Janelle Durham, Program Coordinator, and the members of the Great Starts Education Committee.

What are the goals of the survey? Our role is to give you the information you need to make an informed choice about what is best for you, given your beliefs, priorities, and health needs. Nothing in this report is intended to be an endorsement of any facility or service, nor is it intended as a recommendation of the best care option for you. We recommend that you consult with a licensed care provider with knowledge of your health history who can provide you with personalized recommendations of what would be best for your situation.

How was data collected? The Great Starts survey was sent to hospitals, birth centers, and midwifery services. The data in this report is based on responses from the administrators of each service, who completed the survey online in January and February 2007.

Great Starts cannot guarantee the accuracy of those responses.

Which services are included? Surveys were sent to all hospitals in King County which provide maternity services (plus Stevens in Edmonds), all certified nurse midwives and licensed midwives in King County, birth centers in King, Snohomish, and Pierce Counties. We have included all services who responded to the survey.

Obstetricians, perinatologists, and family practice physicians who deliver babies were not included, as there were simply too many of them for the scope of the survey. To find directories of physicians who provide maternity services, check the "find a doctor" section on the website for the hospital of your choice.

Where can I find more information? At www.greatstarts.org/survey.htm we provide full data from the surveys, discussion of topics, and links to helpful articles to give you more background on each topic. We also encourage you to read a good book on labor and birth (e.g. [Pregnancy, Childbirth, and the Newborn](#) by Simkin, Whalley, and Keppler) and to take childbirth education classes to learn more

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contents

Choosing the right birthplace: a quiz	2
Other factors that affect your choice	3
What are your options for a maternity care provider?	4
What are your options for a birthplace?	5
What risk level is your pregnancy?	6
What are the recommendations about what's best?	7
2007 Parent Trust for Washington Children Survey	8
What can you expect to find at a birthplace?	9
What do you need to know about pain medications?.....	11
What medical procedures are standard policy?.....	12
What postpartum care and follow-up will you get?	15
The emotional experience of birth: families' stories.....	16
Where can you get more information?	19
Local birthplaces and care providers: a directory	20

Choosing the right birthplace: a quiz

it's all about you

There is no single “Best Place to Birth.” It’s all about finding the best place for you! Long-term satisfaction with the birth comes from finding a great match between you and your care provider: shared philosophy, goals, and expectations. So, if you’re a healthy woman expecting a normal birth, the first step is to ask yourself what you want, and then look for the options that best match your wishes. This quiz can help you get started. Circle your answer for each question.

1 What do you want prenatal appointments to be like?

- a. Quick. I’m really busy, and want to get in, take care of business, and move on.
- b. I want to feel like I have time to ask questions, but expect to get most of my info from books and classes.
- c. I want someone who will take the time I need to talk with me about things that worry me.

2 How comfortable are you in unfamiliar territory?

- a. It’s easy for me to adapt to new places, and I’m comfortable almost anywhere, including hospitals.
- b. I’m OK in unfamiliar places, as long as I have familiar faces and things with me.
- c. I really feel happiest in familiar surroundings, on my own turf. I don’t like being in strange places!

3 What best describes your feelings about safety during labor, and what might relieve your worries?

- a. I’m worried about all the things that might go wrong. I would only feel safe in a major hospital that could handle any emergency.
- b. I’m feeling pretty confident about birth, but everyone I know has given birth in a hospital, so I guess that would feel safest to me.
- c. I would feel safest with care providers who view birth as a natural life process, not like a medical procedure.

4 How important is freedom to move around and to make choices in labor?

- a. I’m not worried about limitations on what I can eat, what I can do. It doesn’t bother me to feel constrained. It’s only one day in my life.
- b. I like to have freedom and choices, but I can work with limitations, if they’re medically necessary.
- c. I want to be able to move when and how I want to move. I want to be able to eat if I’m hungry. I get stressed out when restricted.

5 Who will be at your birth?

- a. I’m fine with working with a nurse I meet when I arrive at the hospital, and with having my doctor arriving in time for pushing.
- b. I would prefer to have my familiar care provider with me early on in my labor.
- c. I want to establish a relationship with my care providers, and to know exactly who to expect to attend my birth.

6 Hydrotherapy: are you looking forward to Jacuzzi time?

- a. I don’t care whether I use a bathtub during labor.
- b. I think soaking in a tub during labor would be nice.
- c. I would love to labor in water, and have the option to give birth in water.

7 What pain medication options do you want to have?

- a. I want my epidural available anytime that I ask for it.
- b. I would prefer not to use pain meds, but I want there to be options if I decide I need them.
- c. I want an un-medicated birth, and want to have people around me who know how to help me achieve that.

8 Where do you stand on the Natural process vs. Medical procedures continuum?

- a. I am totally fine with whatever medical interventions make childbirth quicker, easier, and less painful for me.
- b. I believe that birth is a natural process, but that some medical procedures may help it to go smoother.
- c. I want to have as natural an experience as possible, with as few medical procedures as possible.

9 How do you feel about cesarean?

- a. I’m not concerned about how the baby comes out of me. Either a cesarean or vaginal birth is fine with me.
- b. I would really prefer having a vaginal birth, but if I need a cesarean that will be OK.
- c. I really want to avoid a cesarean.

10 What will immediate postpartum be like?

- a. I look forward to being in the hospital and having nurses take care of me so I can focus on baby.
- b. I look forward to getting back home after my birth to settle in with baby.
- c. I don’t want to spend time in the hospital with baby: I want to be at home.

Scoring: give yourself 1 point for every A that you circled, 2 points for every B, and 3 points for every C answer.

[Note: You and your partner may want to complete the quiz separately, and see how your hopes & expectations compare]

What does your score suggest would *feel* best to you?

10-14

You may feel most comfortable at a large regional hospital, with an OB/Gyn as your care provider.

15-19

You may be most comfortable at a smaller community hospital with an OB or a family practice doctor as your care provider.

20-24

You may be most comfortable with a midwife as your care provider, either at a hospital or a birth center.

25-30

You may be most comfortable with a midwife at an out-of-hospital birth. *

Other factors that affect your choice

make it happen

The quiz reveals clues about what you are looking for in a birth place and care provider. Here are other nitty-gritty details you'll want to consider.

Location

Many people don't know how to choose a birthplace, so they pick the hospital closest to home, figuring they can get there quickly in labor.

We want to reassure you that, no matter what you see in the movies, women typically have lots of time to get to their birthplace. The average first labor is 14 hours long, with the normal range being 3 to 36 hours.

That said, location is still an important factor to consider. If you do choose a birthplace farther away from your home, be sure you know where the closest alternatives are, in case an emergency does arise.

Insurance and cost

One of the first steps in your research should be to find out what your insurance will cover, or, if you will need to pay out of pocket, what the relative costs are of each option.

Level of care needed

A healthy woman with few risk factors can usually choose any birth place that fits her and her family's preferences.

*Women with higher-risk pregnancies may not be good candidates for out-of-hospital birth, and may need to choose a birthplace that can provide a higher level of care. See the article on page 6 for more information on risk levels.

Match of provider & facility

These two choices go hand-in-hand. Physicians typically only deliver at hospitals, so if you choose your doctor first, you are choosing by default to birth at the hospital that doctor delivers at. If you choose your hospital first, you must choose amongst care providers who have privileges there.

Nurse midwives usually deliver at hospitals, though some attend out-of-hospital births. Licensed midwives attend births at homes and at birth centers. See the directory for details on where each midwife practices.

Understand the differences

The articles and charts in this guide give you data on how variations in birthplace policies affect the choices

available to you in labor, and how your chances of having medical procedures varies between care providers. Understanding these differences helps you pick an option that best suits you.

Checking out the vibes

After you've learned your options, we recommend touring the facilities that are your top choices, and interviewing your care provider before committing to using them. Checking things out in person gives you a chance to tune in to your gut reaction on whether you will be comfortable with these options.

You will labor best, and experience less pain, if you feel safe in your birth environment, and feel like you can trust your care provider. Long-term satisfaction with the birth experience is strongly influenced by the support you receive, and the degree to which your experience matches your expectations.

At Parent Trust for Washington Children, we understand the importance of finding the best match for your health status and your wishes, needs & desires. We hope this guide helps you create one of the most satisfying days of your life: Your baby's birthday!

What are your options for a maternity care provider? who will help

Obstetrician (MD)

Training: OB/GYN have completed medical school, and 3-4 years of additional training in women's health and diseases of the female reproductive system. They are trained surgeons, who can perform cesarean surgery when needed.

Patient Interaction: Prenatal visits tend to be quick; perhaps less than 10 minutes. During labor: your doctor consults with nurse by phone, or may come to the hospital to check on labor progress. Typically arrive at the hospital at the end of labor, shortly before delivery, and stay through third stage and early recovery.

Family Practice Doctor (MD)

Training: Have completed medical school, and three years of training in family medicine, including maternity care. Education focuses on the health care needs of the family from cradle to grave. They care primarily for women with low risk pregnancies, and refer to obstetricians if complications arise. Childbirth Connection reports that only about 25% of family physicians attend births.

Patient Interaction: May arrive at the hospital during active labor and stay through early recovery – typically there for more of the labor than an OB is.

Certified Nurse-Midwife (CNM)

Training: Have completed nursing school, at least a bachelor's degree (70% have a masters) and one or more years of training in midwifery. Specialize in patient education, maintaining a healthy pregnancy, and uncomplicated births, Typically have a working relationship with a physician for consultation and referral.

Patient Interaction: First prenatal visit typically an hour. Follow-up visits 20 - 30 minutes. Typically begin attending in early to active labor when the mom arrives at the hospital, and remain with her through birth and the initial recovery stage. (For research on benefits of midwifery care, see footnotes on survey website.)

Licensed Midwife / Direct Entry Midwife / Certified Professional Midwife (LM)

Training: Have completed 3 years of midwifery training, which covers prenatal care, labor and birth, and newborn care. They serve women with lower-risk pregnancies, and consult with or refer to physicians if specialty care is needed for health complications. Some licensed midwives are also naturopathic doctors (ND).

Patient Interaction: Prenatal visits typically 20-60 minutes. Stays with mom throughout her active labor, through birth, and up to four hours after the birth.

Legal/Financial Status: Varies from state to state. In Washington, they are licensed and their care is covered by Medicaid, and most insurance companies.

medical

Medical model: The role of the caregiver is to attempt to prevent problems, to monitor and test for possible variations from the norm, and intervene quickly with the most effective tools to manage complications.

continuum

Midwifery model: The role of the caregiver is to monitor mother's physical, psychological, and social well-being, and provide education and support. If problems arise, caregivers may start with gentle interventions, and only escalate up to higher impact interventions if needed.

midwifery

A note about group practices

Many maternity care providers work in a group practice, where providers take turns being on-call. When choosing a practice, ask whether all your prenatal appointments will be with a primary care provider, or whether you will meet with several providers. Ask whether you would have a primary caregiver who would attend your birth if at all possible, or whether you would be attended by whomever was on call at the time. Also, ask how many caregivers are in the group, and how many clients they serve.

Where do doulas fit in?

A labor support doula is not a medical care provider. A doula is an additional support person you might hire to provide emotional support, assistance with comfort techniques, and information. For more on doulas, see <http://tinyurl.com/2tal95>

What are your options for a birthplace?

where to go

Hospital

Advantages: Pain medications are available for women who choose them. Full range of emergency equipment is immediately available. Safest environment for high risk pregnancies. Also, some women feel safest in a hospital, so birthing in a hospital may minimize anxieties, and that can help labor to progress.

Disadvantages: Hospital policies may limit the choices laboring women can make. Nursing staff may change throughout labor, and are usually people that the family has not met before. Birth may be viewed as a medical event, managed with routine medical interventions.

Note: Hospitals vary widely in their services, policies, attitudes about birth, and “homelike” atmosphere. See the following charts for more information, and take tours to learn more. (Some hospitals call their maternity services area a birth center, but that is different from free-standing birth centers we describe below).

Birth center

A birth center provides a ‘home-like’ setting for active labor, birth, and the first few hours after birth. Many families view them as a middle-ground option.

Advantages over homebirth: May be closer to the hospital than family’s home, in case transfer is needed. May *feel* safer than homebirth for some women (although the actual ability to manage emergencies is the same as at home).

Advantages over hospital: Less expensive. Fewer restrictive policies. Non-interventive care, with lower chance of cesarean section. Positive environment centered on childbirth and families, not focused on treating illness.

Disadvantages: See home birth disadvantages. Also: Early labor may be affected by anxiety over when it will be time to go to the birth center; active labor can be affected by anxiety about whether hospital transfer will be necessary. This uncertainty can slow or disrupt labor progress. Also, parents only stay at the birth center for a few hours after the birth; some may wish they could stay longer.

Home birth

Advantages: Parents have more flexibility, control, and choices regarding labor. A laboring mom may feel more relaxed and secure in her own territory. Personalized care: caregivers are guests in the home, and no unfamiliar people are present. Few routine medical procedures, lower rates of medical interventions. Low cost. Birth may feel more a part of the on-going life experience of the family.

Disadvantages: Pain medication for labor is not available at home births. Insurance coverage not available in some states (it is in Washington). Chance of transfer to hospital during labor: nationwide, about 12% of women transfer, but it’s rarely for an emergency situation (< 4% of transfers are urgent.)

Note: some families don’t choose home birth because they don’t want to worry about cleaning up their home after the birth. It’s important to know that midwives handle most of the birth-related clean up.

Medical procedures that can be performed by a midwife at home or birth center: IV’s, antibiotics, episiotomy, local anesthesia for suturing episiotomies or lacerations, resuscitation equipment, and anti-hemorrhagic drugs.

Additional considerations: Mother must be in good health, and experiencing a lower-risk pregnancy. Choice of a well-trained caregiver is essential; as is a clear plan for hospital transfer. Home should be within 20 minute drive to a hospital.



Courtesy of Stevens Hospital



Courtesy of Puget Sound Birth Center

What has research shown about the safety of out-of-hospital birth?

Several studies (e.g. Johnson 2005) have examined outcomes for *planned* home births for *lower-risk women* and compared them to outcomes for similarly lower-risk women planning to birth in hospitals.

They indicate that women who plan home birth were less likely to have labors induced or augmented, less likely to have interventions such as cesarean, episiotomy, and forceps, and less likely to use pain medication.

The rates of infant mortality, maternal mortality, and need for special care for the newborn were similar, whether baby was born at home or in the hospital. For more details on the research data, see www.greatstarts.org/survey.htm.

What risk level is your pregnancy?

high or low

We have referred several times to “lower-risk” or “higher-risk” pregnancies. Defining risk potential is not an easy black or white issue. This page will help you to get a general sense of where you may fit in. To gain a full understanding of your individual health status, you should consult with a licensed health care provider who is familiar with your full medical history.

Defining risk potential

At the most basic level, “higher-risk” means that either the mother or the baby has some condition that give them a higher-than-average likelihood that complications could arise during pregnancy, labor and birth, or postpartum.

There is not a universally accepted definition for lower-risk versus higher-risk, because different care providers and services have different needs and philosophies.

The challenge of defining risk

The goal of defining risk potential is to predict how likely a woman is to experience complications, and plan accordingly. However, it’s impossible to predict with 100% accuracy.

Most women who are labeled “higher-risk” go on to have completely normal, uncomplicated births of healthy babies, and a few “lower-risk” moms will develop an unpredicted complication that could not have been foreseen. Therefore, all care providers are trained to perform emergency life-saving procedures for moms and babies, whether the birth is occurring at a home, birth center, or hospital. And all care providers need to remain aware of their capabilities, and have a plan for transferring the mother to more specialized care if necessary.

What level of care is appropriate for you?

If your pregnancy is lower-risk, you have a wider variety of options open to you: you can choose any care provider at any birthplace that matches your beliefs and goals.

If your pregnancy has several risk factors, then the safest place for your birth is likely in a hospital, with immediate access to emergency interventions.

You may be someone who would have preferred a natural, low intervention home birth, but has medical needs that dictate that a hospital is a better option. You may want to seek out a nurse-midwife or doctor who embraces the “midwifery model”, even while providing medical care in a hospital setting, who will use the medical interventions that you may need, but not use medical interventions routinely just because you have been labeled as “higher-risk.”

One definition

Since many women ask for concrete examples, here is the Washington State definition of who is eligible for delivery at a birth center, which is one particular category of “low-risk”.

The expectant mother:

- Is in general good health; no major medical problems. No significant signs of pregnancy-related illnesses.
- Is having an uncomplicated pregnancy. Expecting a single baby. Participating in prenatal care and childbirth education.
- Is between 16 and 38 years old. (Over 38 may be considered low-risk if she has birthed before, or is otherwise in good health.)
- Has not had more than 6 babies.
- Has not had major surgery on uterine wall (including cesarean) or major complications with previous pregnancy or birth.
- Goes into labor between 37 and 42 weeks, with a baby in vertex position (head-down).
- Has a labor that progresses normally, with no meconium stained fluids or complications for baby.

Obstetrics service levels

Level I hospitals have all the capabilities for uncomplicated births and births with minor complications. This type of hospital is for mothers who have carried their babies to nearly full term and expect an uncomplicated pregnancy and delivery.

Level II hospitals have additional equipment and staff to handle more complicated births. This type of hospital is for mothers with a slight potential for risk during delivery.

Level III hospitals have equipment and staff to handle very complicated births. Mothers and or newborns with serious illnesses or abnormalities requiring intensive care before, during, and/or after delivery may receive care at a Level III hospital.

Level IV hospitals can care for the most complicated births. Level IV hospitals provide comprehensive critical care for the newborn and have a full range of specialty services.

Higher level hospitals can also provide care for uncomplicated births.

What are the recommendations about what's best? how to choose

In our survey, we asked administrators to share with us their policies for labor, standard practices, intervention rates, and more. In the ratings section of this guide, you will find charts summarizing the results. It can be hard to interpret all these numbers, and to know what is best. This page lists a wide variety of research findings and recommendations from professional organizations to help you begin to understand your options. Here are some important things to be aware of.

Differences in policies and in rates between birthplaces

Different populations: Rural hospitals, birth centers, and home birth midwives only accept lower-risk clients who are not expected to need substantial interventions. Therefore, it is natural that they have lower rates of interventions than the regional hospitals they have referred their higher-risk clients to. Hospitals that serve the highest risk clients may have more restrictive policies as routines for all clients.

Different caregiver philosophies/training: Midwives are typically trained to minimize interventions, and typically have lower rates than obstetricians, who are trained surgeons. (Research results on intervention rates are at www.greatstarts.org/survey.htm on the footnotes page.) Thus, birthplaces which use midwives may have lower rates than hospitals where only physicians practice.

Different tools available to caregivers: At a home or birth center, pain medications are not available, thus caregivers may be familiar with a broader range of comfort techniques.

They may also use more non-medical methods for induction and augmentation of labor, so tend to have lower rates of interventions. A hospital which doesn't have as many options available for pain medications, may have nurses who are more experienced at helping women cope with labor pain without medication.

Differences between individual care providers

All the statistics given and policies listed for the hospitals are averages of all the care providers practicing there. There may be a large range between the individual practitioners. For example, if a hospital's average rate for an intervention was 50%, an individual doctor's rate might be anywhere from 25 – 75%. A hospital may say that something is rarely allowed, but it could be that your care provider always allows it, and others never allow it.

The best way to find out about the practices of a specific caregiver is to ask him or her directly.

What are your chances of experiencing any given medical procedure?

To understand what your individual chances are of needing an intervention, you should consult with a care provider who is familiar with your unique health status and with the practices of your chosen care provider and birthplace. Also ask them “what could I do to minimize the chance of complications? What do you as the caregiver do to reduce my need for interventions? How would you decide when it was necessary to intervene?”

More information on all of these topics is available at <http://www.greatstarts.org/survey.htm>.

Sources of recommendations

We have categorized these sources to give you a general sense of where they might fit on the medical to natural birth continuum, so that you can better understand their perspectives.

Medical model: ASA: American Society of Anesthesiologists; ahahq.org. ACOG: American College of Obstetricians & Gynecologists; acog.org. AAP: American Academy of Pediatrics; aap.org. AAFP: American Academy of Family Physicians; www.aafp.org. AWHONN: Assoc of Women's Health, Obstetric & Neonatal Nurses; awhonn.org. SOGC: Society for Obstetricians and Gynaecologists of Canada; sogc.medical.org.

Research summaries: Cochrane: Cochrane database, Pregnancy and Childbirth Group; cochrane.org/reviews/en/topics/87.html. Enkin: A guide to effective care in pregnancy and childbirth, 2000; www.childbirthconnection.org.

Public health recommendations: Healthy People 2010: Recommendations from U.S. Centers for Disease Control, and Health Resources and Services Administration; www.healthypeople.gov. WHO: World Health Organization. “Care in Normal Birth: A Practical Guide”, 1997; <http://tinyurl.com/2wul6t>. WHO/Unicef: Protecting, Promoting and Supporting Breastfeeding; www.babyfriendlyusa.org.

Midwifery model: CIMS: Coalition for Improving Maternity Services; motherfriendly.org. Lamaze International; lamaze.org/institute. RCM: Royal College of Midwives; rcm.org. ACNM: American College of Nurse-Midwives, acnm.org.

2007 Parent Trust for Washington Children Survey

the summary

Service	Births per year (approx)	Types of Care Providers	Level of Care	Comfort and Support	Freedom of Movement	Labor Pain Medications Available?	Minimal Routine Intervention	Minimal Separation of Mom & Baby
Auburn	950	MD	II	●●●●	●●	Most	●	●●●●
Enumclaw	250	MD	I	●●●●	●●	Some	●	●●●●
Evergreen	4500	MD, CNM	III	●●●●	●●●	All	●●	●●●●
Group Health	1400	MD, CNM	II	●●●●	●●●	Most	●●●	●●●●
Highline	1300	MD	II	●●●●	●●●	All	●●	●●●●
Overlake	4000	MD, CNM	III	●●●●	●●●	Most	●	●●●●
St. Francis	1400	MD	I	●●●●	●●●	Some	●●	●●●●
Stevens	1200	MD	III	●●●●	●●●	Most	●●	●●●●
Swedish Ballard	700	MD, CNM	I	●●●●	●●●	All	●●	●●●●
Swedish First Hill	6800	MD	IV	●●●●	●●●	Most	●●	●●●●
UWMC	2100	MD, CNM	IV	●●●●	●●●	All	●●	●●●
Valley Medical	3400	MD, CNM	III	●●●●	●●	Most	●	●●●●
All CNM hospital midwives	8% of hosp births	CNM	I-II	●●●●	●●●●	Depends on location	●●●	●●●●
All LM out-of-hospital midwives	430	LM	I	●●●●	●●●●	None	●●●●	●●●●
Learn more about this on page		4	6	10	10	11	12	15

Understanding the results

These are our summary results for 12 local hospitals, plus composites for nurse-midwives practicing in hospitals, and midwives practicing out-of-hospital. We developed ratings criteria based on a broad variety of recommendations, and the results here are derived from the services' responses to our survey questionnaire. We used mathematical formulas to summarize the data provided to us by each service, creating a value from 1 to 4 to indicate how closely they align with recommendations from multiple organizations. Four circles (●●●●) means that the service is most closely aligned with the recommendations we selected; one circle (●) indicates they do not align with those recommendations. For details on how scores were calculated, and resources for learning more about topics: www.greatstarts.org/survey.htm.

Source of recommendations: In this report, we cite recommended birth practices from several professional organizations, advocacy groups, governmental agencies, and research findings. Although we try to provide a balanced view of the options, we acknowledge that our philosophy and criteria lean toward the view of birth as a normal, healthy event for most women, and the belief that while medical interventions are very beneficial at times, they should only be used when medically indicated.

What can you expect to find at a birthplace?

hospitals

	Cost*	Number of rooms	Type of Room**	Shower	Shower and Tub Options***				Rent	% births by midwives
					No jet	Jet	Deep	2 people		
Auburn	\$\$	12	LDRP	All	Some	Some	No	No		0%
Enumclaw	\$\$\$	2	LDR	All	No	No	No	No	No	0%
Evergreen	\$\$\$	36	LDRP	All	No	All	No	No	Yes	~10%
Group Health	\$\$	14	LDRP	All		All	Some	No	Yes	56%
Highline	\$\$\$	14	LDRP	All	No	All	All		No	0%
Overlake	\$\$\$	13	LDR	All	No	All	All	No	No	
St. Francis	\$\$\$\$	8	LDR	No	No	All	All	No	No	0%
Stevens	\$\$\$	13	LDRP	All		All	All	All	No	0%
Swedish Ballard	\$\$\$\$	12	LDRP	All	No	Some	Some	Some	Yes	~30%
Swedish First Hill		17	LDR	All	No	All	All	All	Yes	0%
UWMC	\$\$\$\$	9	LDR	All		All		All	No	~20%
Valley	\$\$\$	36	LDRP	All	No	All				New Program

* Cost: This symbol represents the average cost for prenatal care, labor and delivery, and newborn care for an uncomplicated vaginal delivery. \$ = under \$3500. \$\$ = 3500-7000. \$\$\$ = 7001-10,000. \$\$\$\$ = 10,000+. All the providers (including birth centers and home birth midwives) take insurance and medical coupons. You should consult with your insurance and with the facility/service to determine what your actual cost would be. Note, the cost for a home birth (including prenatal care, and postpartum care) ranges from \$2800 - 3500.

** Type of Room: LDR means Labor, Delivery, and Recovery happen in one room, then a few hours after birth, clients are transferred to Postpartum room. LDRP means they remain in one room from when they arrive at the hospital until they take the baby home.

*** Options for tub: jetted tub (e.g. Jacuzzi), non-jetted tub, deep tubs that allow mom to change position (e.g. get on to hands and knees), 2 person tubs that are big enough for a support person to join mom, rental tubs are allowed if patients want to bring them in.

birth centers

	Cost	Number of rooms	Births per year	shower	Shower and Tub Options***				rent	How long can mother stay?
					No jet	Jet	Deep	2 people		
Birthing Inn	\$\$	3	100	All	All	No	Some	Some	Yes	Up to 24 hrs
Eastside BC	\$\$	1	30	All	All	No	All	All	Yes	4 - 6 hrs
Puget Sound BC	\$\$	3	150	Some	No	All	All	All	Yes	4 hrs
Seattle H, M & BC	\$\$	1	20	All	All	No	All	All	Yes	3 - 4 hrs

All birth centers have kitchenettes for family use, and a waiting area for friends or family members who you may want nearby, but not necessarily in the labor room. All centers allow children (siblings) to attend the birth. All birthing rooms have private bathrooms. All allow water birth. All have birth balls, rocking chairs, ice packs, heating pads, birth chairs, and birth slings.

comfort & support

Recommendations

Comfort techniques: Research reviews support the effectiveness of these techniques for relieving labor pain: movement, changing positions, baths, acupuncture, hypnosis, and intradermal water blocks. Mothers report the most helpful techniques in order were: baths, massage, hot/cold packs, environmental changes (e.g. music), showers, position changes, relaxation techniques, breathing techniques, and birth balls. Childbirth classes teach these techniques and more. In general, there are no negative side effects for these techniques, only potential benefits.

Labor support: During labor, women benefit immensely from caring and respectful support. CIMS (Coalition for Maternity Support) recommends unrestricted access to birth companions of mother's choice: fathers, partners, children, family members, friends, and doulas (professional labor supporters). Cochrane research summaries, Lamaze and WHO (World Health Organization) recommend continuous one-on-one labor support (especially from a doula), which decreases the need for pain medication; decreases cesarean, forceps, and vacuum extractor deliveries; decreases length of labor, and increases the mother's satisfaction with the birth experience. (For more on doulas, see www.dona.org)

Survey Results

Our overall ratings reflect how actively each service uses proven comfort techniques, tools, and labor support to enhance mothers' comfort and labor progress. The full responses to the survey are available online at www.greatstarts.org/survey.htm. Here's a summary of what you can expect at local birthplaces.

Comfort tools: All hospitals and birth centers surveyed have: birth balls and rocking chairs, heating pads, ice packs, stereos for music, baths and/or showers. Enumclaw offers aromatherapy oils. Swedish Ballard and several out-of-hospital midwives have a birth stool/chair, all birth centers have birth slings. Lake Washington midwives and the Birthing Inn have TENS units for electric nerve stimulation.

Comfort techniques: All hospitals and midwives surveyed encourage use of a wide variety of comfort techniques for coping with labor pain. The techniques that were most strongly recommended included: encouraging words, walking / being active, using the bathtub, breathing techniques. Also recommended were: birth ball / rocking chair, music on the stereo, hot and cold packs, and massage/touch. Care providers were least likely to recommend: aromatherapy, acupressure, acupuncture, TENS units, and intradermal water injections. Acupuncture is not allowed at Auburn, Highline or Stevens, and several locations do not offer sterile water injections.

Support: All services surveyed offer one-to-one care by staff during active labor. (Nurses in hospitals; midwives out-of-hospital.) All services welcome doulas, and allow siblings at the birth. None of the services place limits on visitors or support people at the birth, though all say they may ask visitors to leave if they interfere with effective patient care.

Water birth: None of the hospitals surveyed allow water birth. All of the hospital midwives surveyed say that they "would allow water birth, but the hospital does not allow it." All out-of-hospital midwives and birth centers surveyed allow water birth.

freedom of movement

Recommendations

Lamaze, CIMS, Cochrane, and WHO recommend freedom of movement in labor. It's helpful for comfort and for labor progress to be upright and moving in ways that help to shift the shape of the pelvis. Some helpful positions: walking, slow dancing, leaning over a table and swaying, climbing stairs, sitting on a birth ball, or rocking in a rocking chair. They also recommend birthing in positions other than on your back or semi-sitting. Positions like side-lying, squatting, and kneeling lead to less discomfort and less difficulty during pushing, fewer episiotomies and less forceps or vacuum extractor deliveries, and less damage to the perineum.

Some medical procedures or medications make it more difficult or less safe to move about. If there is a clear medical need for the procedure, this is a compromise that some women must make. However, CIMS recommends that mother-friendly birth places not routinely use interventions or set policies that limit a laboring mother's movement.

Survey Results

Our overall ratings reflect how actively each hospital or birth center encourages mothers to choose their own positions for labor and birth. Our overall rating increased if: birth places had equipment to encourage movement (rocking chairs, birth balls, squat bars, etc), the care providers encourage walking to promote comfort and labor progress, clients are allowed to move after epidural anesthesia, and clients are allowed to push in a wide variety of non-supine positions. Factors that lowered this rating were: high rates of continuous monitoring, high rates of epidural, and routine IV, as these interventions involve equipment which makes it more difficult for laboring women to be mobile.

What do you need to know about pain medications? about drugs

Recommendations

Only you can decide how important pain medication options are to you in labor.

If you strongly prefer pain medications for childbirth:

Choose a hospital with medication readily available. Also, educate yourself about the possible side effects of medications for you, your labor, and your baby so that you understand the procedures that accompany medications and can make informed choices about how to minimize the possible side effects.

If you are uncertain about whether you want to use pain medications:

Choose a hospital with pain medications available, but a low overall rate of pain med use, and high ratings on comfort and support. You may also want to consider using a nurse midwife as your care provider.

If you strongly prefer an unmedicated “natural birth”:

Choose a birthplace with a low rate of pain medication usage as well as a care provider who supports, understands, and can meet your needs. Consider using a doula. (Women who have doulas are 10 - 30% less likely to use pain meds).

How likely a woman is to choose pain medication depends a great deal on where she is birthing, and what kind of support she gets from those around her. Differences are due to many factors: the mother’s prior experience with pain, her prior expectations about her ability to cope with labor pain, how confident her support people are about their ability to birth without medications, the level of experience the care provider has in supporting a woman birthing without pain medication, and whether medications are actively offered to women in labor, or only discussed if the woman requests them.

Service	Summary	Available 24/7?	% of clients who use pain meds	What’s available for labor pain? *	Allowed to move / change positions after epidural? **
Auburn	Most	On Call	80%	IV, Sp, Epi, CSE	●
Enumclaw	Some	On Call	80%	IV, Epi	●
Evergreen	All	In House	~90%	IV, Sp, Epi, CSE, PCEA	●●
Group Health	Most	In House	~50%	IV, Sp, Epi, CSE, PCEA	●●
Highline	All	On call	>75%	IV, Epi, CSE, PCEA	●●
Overlake	Most	In House	~80%	IV, Epi, PCEA	●●
St. Francis	Some	On Call	~60%	IV, Epi	●●
Stevens	Most	In House	Most	IV, Epi, CSE	●●
Swedish Ballard	All	In House	~80%	IV, Sp, Epi, CSE, PCEA	●●●
Swedish First Hill	Most	In House	~75%	IV, Epi, CSE, PCEA	●●
UWMC	All	In House	~75%	IV, Sp, Epi, CSE, PCEA	●●●
Valley Medical	Most	In House	90%	IV, Sp, Epi, CSE	●
All CNM hospital midwives	<i>Depends on hosp</i>	<i>Depends on hosp</i>	30-75% (range for all services)	<i>Depends on hospital</i>	<i>Depends on hospital</i>
All LM out-of-hospital midwives	None	Only if transfer	< 5% (these clients choose to go to hospital for pain meds)	No meds for labor pain (local anesthetic for repair of lacerations)	N/A

* IV = IV narcotics, Sp = spinal narcotics, Epi = Epidural, CSE = Combined spinal-epidural, PCEA = Patient-Controlled Epidural Anesthesia. For more info on these options, see www.greatstarts.org/survey.htm Bold type indicates the hospital said they *often* use that type (if not bold, they rarely or sometimes use)

** Because epidurals limit sensation in mom’s lower body, many hospitals do not allow moms to move much after an epidural. However, movement and changing positions for birth can be helpful for labor progress.

What medical procedures are standard policy?

interventions

When complications develop in a labor, medical procedures can be highly beneficial, even lifesaving, for mothers and babies. However, because all interventions have possible side effects, it is best to avoid them unless 1) the medical benefits clearly outweigh the potential risks, and 2) intervention is clearly more helpful than allowing labor to progress naturally.

The chart below groups hospitals by obstetrics service level. The top section is a summary of recommended practices for lower-risk women (see next page for details). This summary is for the sake of easy comparison, but please realize that each recommendation is a huge simplification of a complex issue. "NR" means there are not specific rates recommended.

Service	Summary	Food in active labor	IV / Hep routine	IV/Hep total	Monitoring low-risk	Induced	Why Induce	Augment	Episiotomy	Vacuum extraction	Forceps	Cesarean	TOLAC	VBAC
Recommended for low-risk women	●●●●	Varied	No	NR	Int	<10%	●●●●	<10%	< 10%	NR	NR	15%		37%
Level III-IV hospitals														
We would expect some rates to be higher than recommendations above, because these hospitals serve both low risk and high risk women														
Evergreen	●●	Yes	Some	~90%	I/C	~30%	●●●●	~30%	~20%	~10%	~2%	~30%	~5%	~50%
Overlake	●	No	Yes	~80%	I/C	~30%	●●	~25%	No response			~30%	Few Drs allow it	
Stevens	●●	Yes	Yes	~All	I/C	25%	●●●●	~45%	Rare/Rare/Extremely rare			~25%	1%	1%
Swedish First Hill	●●	Yes	No	~60%	Int		●●●●	~20%	~15%	~15%	~2%	~30%	~5%	
UWMC	●●	Yes	Yes	~85%	I/C	~50%	●●●●	~50%	<10%	7%	~8%	30%	~50%	~50%
Valley	●	No	Yes		Cont		●●●●					32%		
Level I-II hospitals														
Auburn	●	Per Dr	Yes	Most	I/C	40%	●	~40%	unknown	~2%	~1%	30%	~6%	~95%
Enumclaw	●	No *	Yes	~95%	I/C	30%	●●	35%	<5%	7%	1.5%	33%	55%	68%
Group Health	●●●	Yes	No	~40%	Int	23%	●●●	30%	6%	~25%	~.6%	23%	44%	76%
Highline	●	No	Yes	100%	I/C	16%	●●	~7%	<3%	<6%	0%	31%	~10%	70%
St. Francis	●●	Yes	Yes	90%	Cont	~40%	●●	~10%	No response			22%	Not allowed	
Swedish Ballard	●●	No	Some	90%	I/C	~20%	●●●		Extremely rare			~21%	Not allowed	
Nurse-midwifery practices														
The midwives are a subset of the providers at each of their hospitals, so their numbers are included above, as well as called out separately here														
Brown, Cynthia (Group Health)	●●●●	Yes	No	~30%	Int	~15%	●●●●	~20%	0				~90%	~50%
Ctr for Women (Evergreen)	●●●●	Yes	No	~70%	Int	~10%	●●●	~50%	<5%			14%	~90%	~90%
GHC Central (Group Health)	●●●	Yes	No	64%	Int	15%	●●●	34%	5.5%			17%	~70%	90%
GHC Eastside (Overlake)	●●●	No	No	~55%	Int	25%	●●●	50%	5%			17%	~33%	~33%
Midwives @Val (Valley)	●●	Some	No	~65%	I/C	~10%	●●●	~30%	2%			0%	0%	
Nadeshiko (Evergreen)	●●●●	Yes	No	~30%	Int	~5%	●●●	~10%	0%			15%	~50%	~80%
PSNHC (Group Health)	●●●	Some	No	~30%	Int	15%	●●●	~25%	4.7%			17%	84%	70%
Swedish M/W (Swedish Ballard)	●●●●	Yes	No	~50%	Int	<5%	●●●●	~5%	1-2%			12%	0%	
University M/W (UWMC)	●●●	Yes	No	~80%	Int	19%	●●●	16%	2%			19%	95%	78%

* First time moms are not allowed to eat during active labor; women who have birthed before can eat anything they choose.

Recommendations

When looking at overall statistics, it can be difficult to guess at all the individual considerations that went into each choice to intervene. What we *can* do is see if a given birthplace or care provider is within the range we would expect based on research and professional recommendations, and the clients they serve. If a provider has a rate that is much higher or much lower than professional guidelines recommend, you can ask them to explain this variation.

Summary: this is the rating from page 8 for minimal routine interventions: Lamaze, CIMS, and WHO recommend against restrictions on eating, routine IV / heplock, continuous fetal monitoring, high rates of augmentation with Pitocin and breaking moms' water. A low rating indicates that a service routinely uses these.

Food in labor: Recommendations vary. ASA and ACOG recommend clear liquids only, to reduce the risk of a rare complication for women who need general anesthesia for an emergency cesarean. Cochrane suggests a "low residue, low fat" diet. WHO recommends food "according to mom's wishes." For a woman at low risk of emergency cesarean, having the option to eat and to drink fluids during labor may help lessen fatigue and help her to cope better with labor pain.

Routine IV (intravenous catheter) / Total IV: Many women will eventually receive an IV, so some hospitals routinely insert one for every woman, in case it's needed later. However, Cochrane, CIMS, WHO, and Lamaze say routine use is not likely to be beneficial. Ask whether you can delay an IV until it becomes medically necessary.

The total IV number indicates what percentage of women at a birthplace eventually receive an IV, whether it was for Pitocin to start or speed labor, antibiotics, to accompany pain medications, or just inserted as a routine. A high percentage here correlates with a high percentage of other interventions.

Monitoring: Monitoring baby's heart rate and how it responds to contractions is an important way to

check if baby is doing well. According to ACOG, AWHONN, etc: healthy women with no complications may be monitored intermittently (off and on), and the continuous electronic monitoring is necessary only if the labor is induced or augmented, if the mother has epidural anesthesia, has had a prior cesarean, or if medical complications arise. Research has shown that high rates of continuous monitoring for low risk mothers may lead to an increased chance of cesarean, without improving outcomes for baby's health. Our rating reflects what monitoring is done on low risk women. Int = intermittent, Cont = continuous, I/C means continuous is sometimes used for lower-risk women.

Percent induced: Induction is using medical means to start a labor that hasn't started on its own. CIMS and WHO recommend a rate of <10%.

Why Induce: At times, mom or baby develops a medical condition where it's better to start labor than to let the pregnancy continue. However, there are other times when mom may request induction, or the care provider may recommend induction, where the medical benefits do not justify the medical risks. (Possible risks relate to an overstimulated uterus, which can lead to irregularities in the baby's heart rate. Also, induction typically increases the chance of cesarean delivery.) Our rating is a composite: ● = induce for reasons that might not be medically recommended (or failure to induce when it is medically indicated). ●●●● = only induce with clear medical indication.

Percent augmented: Augmentation is using medical means to speed up a slow labor. Two methods are amniotomy (breaking bag of waters) and IV Pitocin – an artificial oxytocin, mom's natural hormone that causes uterine contractions. Amniotomy does shorten the length of labor. Research is unclear on whether Pitocin shortens labor. Both methods increase the level of pain experienced by women, increase fetal heart rate irregularities, and increase chance of cesarean delivery. In cases of very slow labor with no progress, augmentation may be a valid intervention, but routine use is less supported by research.

Percent episiotomy / forceps / vacuum extractor delivery:

Episiotomy is when the care provider makes a small cut in the vaginal opening during delivery. WHO goal is 10% of moms. CIMS recommends 5%.

Vacuum extractor and forceps are methods for assisting the delivery of the baby. Rates will typically be higher at facilities with high rates of pain medication usage. Routine use is not recommended; however, if they are used appropriately, they may aid a woman in having a vaginal birth who might otherwise need a cesarean.

Cesarean rate: The rating on the chart shows: of the babies born there in 2005 or 2006, what percentage were delivered by cesarean surgery. CIMS, WHO, and "Healthy People 2010" recommendations are for an overall cesarean rate around 15%. Nationwide, the average was 30.2% in 2005 (up from 24.4% in 2001).

For the best overview of all the issues surrounding cesarean, see www.childbirthconnection.org

TOLAC/VBAC: For women with a prior cesarean, what percentage tried to give birth vaginally this time and had a "trial of labor after cesarean", and what percentage of them achieve their goal of a vaginal birth after cesarean (VBAC). Healthy People 2010 recommends a VBAC rate of 37% or higher (nationwide in 2004, it had dropped to 9.2% from its high of 28.3% in 1996).

ACOG recommends that VBAC only be attempted if a surgeon and anesthesiologist are "immediately available" for a cesarean if needed. AAFP says there is not scientific evidence to support those recommendations, and that, although TOLAC can lead to rare complications that require emergency cesarean, those risks of rare complications exist with all births, and that TOLAC patients do not need a level of care higher than other birthing women.

AAFP also says that of women who have a TOLAC, 60 – 82% will have a successful vaginal delivery (VBAC).

More details on recommendations and research on the footnotes page at: www.greatstarts.org/survey.htm

out of hospital births

Clients planning out-of-hospital births with licensed midwives (or nurse-midwives)

The rates here are for all midwives' clients who planned to birth out of hospital; some were transferred during labor, so actually birthed in the hospital. This chart differs from the previous one. Some notable differences:

Some items from above are not included here, because all services supplied the same answer: All services allow clients to eat whatever they want in labor, none of the services use IV's routinely on low-risk women (though they may be used when medically indicated, for example, for antibiotics for group B strep), and all the services use intermittent monitoring.

Information is added about number of clients, and planned birth places.

Transfer Rate is included. This shows: of clients who planned to birth at home or at a birth center, the percentage that had to be transferred to the hospital for care. Almost all transfers are for non-emergency situations, including exhaustion, slow labor, or desire for pain medication. If one number is given, it's their overall percentage of clients transferred. If there are two numbers, they indicate 1) of first-time moms, what percentage are transferred, and 2) of moms who have birthed before, what percentage are transferred. **

Some medical interventions can be provided out-of-hospital when needed (see page 5).

Other procedures require transfer to a hospital. So, the rates here for induction, augmentation, and cesarean reflect the percentage of women who had planned out-of-hospital births who were transferred to a hospital for these procedures.

	Summary	Births per year	Clients plan to birth at		Transfer	Induced	Why Induce	Augment	Episiotomy	Cesarean	Accept VBAC?
			Home	Birth center							
Avenson, Sally	●●●●	* 30	66%	33%	25/10%	~8%	●●●●	~15%	0	15%	No*
Docere Center	●●●●	6	90%	10%	16%	~5%	●●●●	~5%	0	0%	No
Eastside Midwives		50	10%	90%			●●●●				
Emerald City	●●●●	10	50%	50%	** 23%		●●●●		0	7%	No
Exodus Midwifery	●●●●	15	100%	0%	** 20%	6%	●●●●	0%	0	13%	Yes
Expecting the Best	●●●●	60	50%	50%	25/5%	Rarely	●●●	~25%	1.6%		No
Ground Floor Health	●●●●	12	90%	10%	16%	<5%	●●●	<5%	0	16%	No
Heart and Hands	●●●●	21	15%	85%	10%	~2%	●●●●	~3%	0	14%	
Lk Washington Midwives	●●●●		20%	80%			●●●				No
Moonrise Health & Birth	●●●●	5	100%	0%	** 20%	0	●●●	0%	0	0%	Yes
Olson, Ann	●●●●	29	70%	30%	13/0%	0	●●●●	4%	0	4%	No
Rainy City	●●●●	45	60%	40%	20/8%	~5%	●●●	~15%	0	?	Yes
Seattle Home Maternity	●●●●	93	51%	49%	16%	~5%	●●●●	10-15%	0	7%	Yes
Seattle Natural Family Medicine	●●●●	27	60%	40%	15/0%	<1%	●●●●	<1%	0	21%	No
Ten Moons Birthing Svcs	●●●●	20	70%	30%	0%	<1%	●●●●	<1%	0	0%	

* Sally Avenson also had 50 hospital clients; she accepts VBACs only for hospital births.

** To learn more about the transfers, see the detailed study results at www.greatstarts.org, or call the provider to ask more details. Some of these practices have a small number of clients, so even one transfer can look like a high percentage.

What postpartum care and follow-up will you get?

welcome baby

Recommendations

Summary: Minimal separation of mother and baby. Lamaze, CIMS, AAP, and WHO/Unicef all recommend keeping newborns with their parents whenever possible, encouraging skin-to-skin contact, having babies stay in the room with parents, doing routine care for babies (e.g. shots) when baby is in parents' arms, and supporting breastfeeding.

Breastfeeding support: WHO/Unicef Baby-Friendly practices recommend: actively promoting breastfeeding,

staff assist with getting nursing started, lactation consultants on staff, phone support available after discharge, recommending feeding whenever baby is hungry (rather than on a schedule), and not giving formula samples, glucose water, or pacifiers to breastfeeding babies.

Postpartum follow-up: Research and organizations support the idea that postpartum support helps get families off to a great start. So, the more options available to you for postpartum assistance, the better.

Service	Summary	Special care nursery *			Breastfeeding support	Length of stay after vaginal birth **	Postpartum follow-up ***						
		Level of care	% that use	Transfer			Home visits (1-2 weeks)	Home visit (1-2 weeks)	Facility clinic	Phone call	Staff support	Outpatient breastfeeding clinic	Telephone support
Auburn	●●●●●	II	~2%	unk	●●●●●	1.5 days	○	○	◐	◐	●	●	●
Enumclaw	●●●●●	I	3.6%	4.5%	●●●●●	1.6 days	○	○	●	○	◐	●	◐
Evergreen	●●●●●	III	~10%	2%	●●●●●	1.8 days	◐	◐	●	◐	●	●	●
Group Health	●●●●●	II	14%		●●●●●	30 hours	○	◐	◐	●	◐	◐	◐
Highline	●●●●●	II	<10%	<2%	●●●●●	24 – 48 hrs	○	○	●	●	●	◐	●
Overlake	●●●●●	III			●●●●●	1.6 days	○	○	●	◐	●	●	●
St. Francis	●●●●●				●●●●●	1.7 days	○	○	○	●	◐	●	●
Stevens	●●●●●	II	7%	rare	●●●●●	1 – 2 days	◐	◐	●	●	●	◐	◐
Swedish Ballard	●●●●●	I	~1%	4%	●●●●●	1 day			●		●		●
Swedish First Hill	●●●●●	III	~10%	<1%	●●●●●	1.5 days	○	○	◐	●	●	●	●
UWMC	●●●	III	20%	.5%	●●●●●	24 hours	○	●	●	●	◐	◐	◐
Valley Medical	●●●●●	III	~8%	~2%	●●●●●	1.5 days	○	○	○	●	●	●	●
LM	●●●●●	I		rare	●●●●●	2 – 5 hours	◐ - ●	●	●	●	●		●

* Special care nursery section: 1. Level of care: level I is for babies with minor concerns, III is for babies with severe health problems. 2. Percentage of babies that are cared for in the special care nursery. 3. Percent that need to be transferred to another facility for higher level care.

** Length of stay: How long does mom stay in hospital. For out-of-hospital, how long mom stays at birth center, or how long midwife stays after a home birth. (The midwife returns for home visits in the first week.)

*** Postpartum follow-up symbols:

🏠🏠 = multiple home visits in first 2 weeks

🏠 = one home visit in first 2 weeks

🏢 = a follow-up clinic in the facility

☎ = phone call from the staff to the parents

📞 = staff available for phone support and information if parents call in

🏢 = outpatient breastfeeding clinic in the facility

? = breastfeeding support and information by telephone

If the column is marked ●, that's a routine practice for all mothers. ◐ = Available if needed. ○ = Not available

The emotional experience of birth families' stories

Beyond facts, figures, and clinical guidelines, lies the emotional side of the birth experience.

We asked parents who had birthed in two different locations to share their birth experiences with you. We have edited for length, and removed the names of the facilities, but otherwise their stories are in their own words. (Longer versions are on our website.)

Jennifer: Our son was delivered by a midwife at [a hospital]. I was able to do many things to cope with the contractions. I took a bath, used a birthing ball, walked the halls, even had my acupuncturist come in. Our midwife was extremely supportive of our natural childbirth goal, and worked very well with my doula. When I was 9 cm dilated, I felt that I couldn't handle the pain any more. I said I wanted an epidural. Our midwife told me I could certainly have one, but suggested a bath might help just as much. This was exactly the sort of help I requested in my birth plan so I know that she was respecting my wishes. I got into the bath and stayed until I was fully dilated.

"This was exactly the sort of help I requested"

Scott: Having transferred in the middle of labor from our birth center to a conventional hospital, I can say that they are very different, but both can provide good experiences. At a hospital, things are definitely more "medical," "institutional," and "mechanical". At the birth center, they were more "natural," "home-like," and "personal". In our case, the flow from laboring at home, to the birth center, to the hospital was the correct path -- but because of how we started, each "escalation" was under our control and chosen for clear reasons. Even though we ended up transferring, I'd still choose to start at the birth center -- I have confidence in the staff, the care and support were great -- but I'd hope to stay next time!



Kelli: My 1st son was born in a Seattle hospital... I interviewed several Obstetricians before I chose one, attended childbirth classes, and hired a Doula. I had a very long labor. But thanks to the help of my fantastic support team, I went on to have a wonderful vaginal birth. My 2nd son was born at home, in the water. Again, I chose my support team carefully. I had an extremely speedy labor. Both my births were fantastic and beautiful because I made the right choices for me as to where I wanted to birth and I carefully chose my support teams. And most importantly, I was empowered and strong and believed in my body and my ability to give birth.

"I was empowered and strong and believed in my body"

Heather: I birthed my first baby in [a hospital]. It seemed to care nothing for me as a mom, I literally was just one of many women giving birth there and one of hundreds of patients that my doctor had... My second baby was at [a local hospital]. After months of negotiations with my doctor I had a 100 times better birth than the first and felt very satisfied with my nurse and the experience that I had. My third was at [a birth center], that experience blew all others out of the water! It was a waterbirth and I ran the show the entire time. It was wonderful and an amazing experience that the other 2 births can't even compare to.

Diane: I had attempted a home birth but my labor stalled... [At the hospital I transferred to] there were doctors and attendants coming and going constantly; I couldn't keep track of who did what for whom. It was a confusing and very impersonal experience.

22 months later I was at [a different hospital], attempting a vaginal birth after a c-section (VBAC). After a few hours of hard and then stalled labor, the doctor, my midwife and I decided a c-section was the next and final step. The anesthesiologist was present as much as my midwife and her guidance, supportive words, and encouragement made me feel like I could do anything.

Rhea: For my fourth birth, my husband and I chose to give birth in a hospital... I had educated myself on what I wanted and knew what needed to be done. My birth plan was followed nearly exactly, no pain meds were offered, nurses were all great. This was the best birth I have had yet. I had a doctor that was supportive and a great nurse who herself used the Bradley method.

"This was the best birth I have had yet"



Liz: My first baby was born at [a hospital] with the Nurse Midwives. It was a good hospital birth, despite being induced and being told I couldn't use the birth tubs in labor as I had planned. My second baby was also born there with the midwives, and it was a good experience, but it was jarring to be expected to leave the birth tub to deliver. I chose [Birth Center] with my 3rd. The birth was entirely my own production--my location, my position, my sounds, my emotions--with personal, loving support I couldn't have imagined before. My 4th was born at home, to save me the one part of birth #3 I didn't enjoy--the drive to the birth center!

“The birth was entirely my own production”

Leah: My daughter was born at [a hospital] via c-section after a transfer from [a birth center]. Laboring at the birth center was a lovely experience. It was cozy and comforting... I felt having midwives for my birth was nurturing, supportive and essential to my needs as a laboring woman. After 24 hours of labor, 4 of which were spent pushing, I wanted to transfer to the hospital. I felt in my heart that something else needed to happen. We went to [a hospital] where they were very respectful of what I had hoped for in a birth experience.

Andrea: For my first birth, at [a hospital], I felt the care I got was more 'by the book'. Perhaps this is because it is a teaching and research hospital that sees many high-risk patients and that needs to train doctors. At [the hospital where my second baby was born], my caregivers, from start to finish, were women, most of them mothers. I felt empowered by this. They calmly and efficiently took care of business. Postpartum was more peaceful, with many fewer visits by staff. My husband, on the other hand, was more comfortable with what I considered the greater invasiveness of the

“[My husband] liked that every question was asked”

teaching hospital. He liked that every question was asked and every test performed... He didn't want any stone left unturned when it came to our health and safety.

Both places had many great people. I would recommend either, depending on a person's need and personality.

Alexandra: My second birth was by far the most amazing experience of my life. My daughter was born 4 years earlier in a hospital - completely natural. However I wanted an experience that was all that birth could and should be. I spent my entire pregnancy preparing for the arrival of my son. I educated myself on the history of birth, and enrolled in hypnosis for birth course. My son arrived [at a birth center] via a water birth. My son arrived drug free like his sister into a loving and calm environment. There are no words that can describe what I felt... most women dream of an ideal birth but then accept that it will be (and it most often is) less than what they've envisioned. I felt like my experience far exceeded my expectations.

“I felt like my experience far exceeded my expectations”

Carmen: I was referred to [my first OB] by my family physician. I realized after two confrontations with her that I did not want her delivering my child. I contacted [a birth center]. The difference in care was amazing. I had a full hour with my midwife at every appointment. I brought scores of questions to each checkup, and they were all thoughtfully and fully answered.... In labor at the birth center, I was given antibiotics for Group B strep. I had a major anaphylactic reaction (I had no idea I was allergic), and my midwife gave me a shot of epinephrine, started an oxygen mask and calmly had her assistant call 911. The paramedics told my midwife that my reaction was under control and to 'carry on'; they didn't need to transport me. She stood her guns and demanded that I be taken to emergency care. We were transported to [a hospital]. The staff there was professional; they took care of me during labor and delivered my son safely. However, given a choice, I would return in a heartbeat to give birth in the quiet, attentive, unhurried and rational environment at [the birth center].





Shelly: I have experienced 3 different types of birth with my 4 children: doctor in a hospital, midwife in a hospital and lastly a midwife attended home birth. Though I loved my doctor and midwife that attended my hospital births, there is no comparison to the difference I felt in laboring at home with my last child... There were no bright lights, nurses coming in every few minutes to check on something or talk to me. I didn't have to have the continuous fetal monitoring and could labor in any position I wished... I rocked in my favorite rocking chair. I've never coped better with contractions than I did in my own home. Lastly, after the baby was born... I moved from the birthing tub to my own bed in my own comfortable house and actually got some sleep! No constant interruptions! Just my family and my wonderful midwives taking care of us.

Angie: I found an OBGYN nearby and she and her team were nice enough. However, I remember thinking, "it's certainly not as personal as I had hoped." ... At the hospital, in transition, I heard the words come out of my mouth, "I can't do it!" I panicked and gave up. They offered me the epidural and I signed on the dotted line. ... It seemed that after she was born, I just wanted to sleep. I felt a little out of it and incapable of being her mom at that moment.

For my second birth, [at a birth center] when things started to get really hard, and I started to utter the words, "I can't do it", I was immediately encouraged and lifted up. I was countered with "yes you can" instead of "sign here." I felt so alive after my baby was born... amazing amount of adrenaline and euphoria...

"I was immediately encouraged and lifted up"

Things just seemed to be right the second time around... From the kind of care we received to how amazing I felt, I know everybody is different and every birth is different. I still have friends who look at me and think I'm crazy. They say "if you don't have to feel the pain, why would you?" My only response to them is that I did it both ways and there is nothing in the world that can compare with how I did it the second time around.

Pete: At the birth of our first daughter, we were anxious and worried. When we shared our worries with our hospital nurse, she recommended medical interventions to resolve each issue: IV for dehydration, epidural for pain, etc. In the end, our daughter was born by cesarean, and then due to medications, my wife slept for the first hour of our baby's life while I learned how to change a diaper!

"We were much more informed about our options"

For our second daughter's birth, we planned a VBAC. We were much more informed about our options, more relaxed about the process. We waited longer to go to the hospital, my wife had fewer interventions... but labor stalled out again at 4 cm. She chose an epidural and slept. That nap allowed her to "let go" of her worries. She dilated to 10 cm in an hour, and pushed our baby out in 4 pushes! We spent her first hour snuggled together as a family.

Jennifer: I have three children. I birthed them all without pain meds in three different settings. My first son was born with midwives at [a Hospital]. My room had a small tub I was able to labor in and my nurse was very supportive but the interventions were definitely pushed... I had my second son at [a birth center]. Their beautiful birthing suite had a large comfortable tub that I was able to birth in. It was a more natural and relaxing environment. My daughter was born at home... We rented a birth tub so I was able to again have a water birth. Our midwife and doula made it very easy and stress-free to have our baby at home.

Cindy: I had my first at a hospital and my second was a water birth at [a birth center]. For my first birth, I used a midwife to avoid MD rules and doulas because they are a huge support to both mom & dad! I took a Hypnobirthing class, a peaceful method. My hospital midwife was pushy and didn't follow much of my birth plan. I did not like the hospital environment. But I still did it without an epidural! My son was born at [a birth center]. Calm environment, gentle voices, no rush and a soothing water birth. Again, no drugs. It's completely manageable without them!

M: I had my first baby at [a hospital]. The staff were friendly and tried to let us do our thing as much as "possible". However, it was still a hospital [with] typical procedural things and protocols that "had" to happen. There were people coming and going in and out of my room, shift changes, etc. and I definitely felt that I was laboring in a borrowed space, not my own. My second baby was born at home, and there is simply no comparison as far as how much better it was to be at home in my own space, with the people of my choosing there to support me in having the kind of birth I wanted. I felt very safe, extremely supported and well-cared for in a very deep and meaningful way that was just exactly what I needed and wanted in giving birth. Afterwards I didn't have to go anywhere and neither did my baby or anyone else. It was a huge emotional high.

"There is simply no comparison"

Control and Choice

In [Deliver This](#), Marisa Cohen explores why women made the childbirth choices they did. She suggests that it comes down to a question of which part of the birthing experience they most want to control.

She describes a continuum from a) women who choose home birth because they want a high degree of control over their environment and experience but are willing to surrender to the natural process of labor to b) those who choose hospitals because of a desire for medical control over the physiology of birth and less concern about their environment and experience. In making your choices, you may consider where you lie on this continuum.

However, as can be seen in the stories above, sometimes labor progresses differently than we had hoped or expected, and we may not have as much control as we wish. It is best if you are informed about all your options, and feel that your caregiver and birthplace will respect your priorities, and will support you in adapting your original “birth plan” to the circumstances you find yourself in.



Where can you get more information?

to learn more

Take a class! At Great Starts, we offer an early pregnancy class which can help to answer any questions you have (can be taken at any time in your first six months of pregnancy). We also offer childbirth preparation classes which discuss all these issues, and help you to make the informed choices that match your own personal values and priorities. To find out more about our classes, go to www.greatstarts.org

Read more! Go to <http://www.greatstarts.org/survey.htm> for links to all the best articles on the topics addressed in this survey. There is also information about survey methodology, and the full results of all the surveys are available.

Also, read a book that provides a thorough overview of labor and birth and related procedures. We recommend [Pregnancy, Childbirth, and the Newborn](#) by Simkin, Whalley, and Keppler.

Tours: All hospitals and birth centers offer free tours. We recommend that before deciding on a birthplace, you explore your options. When you visit, you can ask lots of questions and get the most current information. Also, you can tune in to your gut reactions. If a birthplace feels comfortable, safe, and secure to you, then it may well be the best birth place for you. Phone numbers for scheduling a tour are listed in the directory in the back of this guide.

For questions to ask at the birthplace, see www.greatstarts.org/articles_newsletter/10questions.htm

Consultations with care providers: All midwifery services offer free consultations to determine if an out-of-hospital birth would be appropriate for you, and to see if that midwifery practice would be a good match for you. For questions to ask during a consultation, see www.childbirthconnection.org/pdf.asp?PDFDownload=midwife

Ask your care provider questions: Everything in this study addresses the “typical” experience for the “average” woman. Ask your care provider how these averages apply to your unique health status and situation. Ask your care provider how their policies and rates compare to those of the birthplace as a whole.

Talk to hospital administrators or nursing supervisors. If you are particularly concerned about a specific aspect of your care, address the issue prior to your birth to get a commitment for how your needs will be met.

Ask other parents to share their birth stories with you: One of the best ways to learn more about what choices may be best for you is to ask other people to share their stories, and tell why they made the choices they did. Sometimes people share “horror stories”, so you have to be able to “let go” of those, and not let them worry you, and instead take from each story the ideas that are helpful to you.

[After your birth, be sure to fill out patient-satisfaction surveys, and send letters to your birthplace and care providers giving praise and suggestions.]

Local birthplaces and care providers

directory

Listings include phone numbers you can call to schedule your tour, or free consultation. For midwifery services, listing also includes the locations where they can attend births. For group practices, the individual midwives' names are listed in the full survey results on the website.

Listings include all the services we sent surveys to. Some do not appear in the results section because they did not respond to the survey. Contact them directly to learn about their services.

Hospitals

Auburn Regional Medical Ctr - Auburn
253-333-2522
www.armcuhs.com

Enumclaw Regional Hospital - Enumclaw
www.enumclawhospital.com

Evergreen Hospital - Kirkland
425-899-3000
www.evergreenhealthcare.org

Group Health Central Hosp - Seattle
(GHC members may birth here with GHC providers. Non-members may birth here with some independent nurse-midwifery services.)
206-326-3100
www.ghc.org

Highline Community Hospital - Burien
206-439-5576
www.hchnet.org

Northwest Hospital - North Seattle
206-368-1784
www.nwhospital.org
Northwest was asked to participate in the survey, but did not provide any responses. They do ~1000 births per year, no midwives on staff, cesarean rate of 30.9% in 2005.

Overlake Hospital - Bellevue
425-688-5326
www.overlakehospital.org

St. Francis Hospital - Federal Way
253-944-7957
www.fhshealth.org

Stevens Hospital - Edmonds
425-640-4066
www.stevenshealthcare.org

Swedish Medical Ctr - Ballard
206-781-6055
www.swedish.org

Swedish Medical Ctr - First Hill
206-215-3338
www.swedish.org

U.W. Medical Center - Seattle
206-598-4003
www.uwmedicine.org

Valley Medical Center - Renton
206-575-baby
www.valleymed.org

Hospital-Based Midwifery Services (CNM)

Avenson, Sally - Seattle
GHC, Swedish Ballard
206-527-8773

Brown, Cynthia - Seattle
GHC
206-784-2422
www.midwifeseattle.com

Center for Women's Health - Kirkland
Evergreen
425-899-4455
www.womenshealthcare.org

GHC Central Midwifery Svc - Seattle
Group Health Central (GHC)
206-326-2974
www.ghc.org

GHC Eastside Midwives - Redmond
Overlake
206-883-5577
www.ghc.org

Midwives at Valley Medical - Renton
Valley
425-656-5321
www.valleymed.org

Nadeshiko Clinic - Kirkland
Evergreen
206-354-7045
www.nadeshikoclinic

Overlake OB/Gyn (Peggy Kibbel) - Bellevue
Overlake
425-943-3200
www.overlakeobgyn.com

Puget Sound Neighborhood Health Ctr - Midwifery & Women's Health - Seattle
GHC
206-324-1449
www.psnhc.org

Swedish Midwifery/Womens Health - Seattle
Swedish Ballard
206-781-6080
www.swedish.org

University Midwives - Seattle
UW Medical Center
206-598-4070



Courtesy of Stevens Hospital



Midwife Marge Mansfield

Birth Centers

The Birthing Inn (BI) - Tacoma
253-761-8939
www.thebirthinginn.com

Cascade Birth Center (CBC) - Everett
425-317-0157
www.cascadebirthcenter.com

Community Birth & Family Center (CBFC) - Seattle
206-720-0511.
Re-modeling 2007 to summer 2008
www.communitybirth.org

Eastside Birth Center (EBC) - Bellevue
425-746-5566
www.eastsidebirthcenter.com

Puget Sound Birth Center (PSBC) - Kirkland
425-823-1919
www.birthcenter.com

Seattle Birth Center (SNABC) - Seattle
206-328-7929
www.snabc.com

Seattle Home Maternity Service and Childbirth Center (SHM) - Seattle
206-722-3426
www.seattlehomematernity.com

Out-of-Hospital Midwives (LM, ND, CNM)

Avenson, Sally (CNM) - Seattle
Home, CBFC, SHM, PSBC
See under hospital-based midwives.

Brown, Cynthia (CNM) - Seattle
Home, CBFC
See under hospital-based midwives.

Cascade Midwives - Everett
Home, CBC
425-317-0157
www.cascadebirthcenter.com

Docere Center for Natural Medicine - Seattle
Home, PSBC
206-736-0306
www.docerecenter.com

Eastside Midwives - Kirkland
Home, PSBC
425-482-6264
www.birthcenter.com

Emerald City Naturopathic - Seattle
Home, CBFC, EBC, PSBC, SHM
www.emeraldcityclinic.com

Erickson Toni - Enumclaw
Home, BI
360-825-3324

Exodus Midwifery - Renton
Home, PSBC
425-235-4674
www.exodusmidwifery.com

Expecting the Best Midwifery - Seattle
Home, CBC, CBFC, PSBC, SHM
206-325-0527
www.expectingthebest.com

Golliet, Pamela - Federal Way
Home, Birth Center?
253-835-7400
www.everydaymiracles.us

Ground Floor Health - Seattle
Home. CBFC, PSBC, SHM
206-624-6627

Heart & Hands - Seattle
CBC, PSBC
206-957-2015

Lake Washington Midwives - Kirkland
PSBC
425-823-1919
www.birthcenter.com

Moonrise Health & Birth - Lynnwood
Home
425-670-6752
www.moonrisehealth.com

Natural Family Medicine - Renton
Home
425-277-5012

New Life Midwifery Care - Seattle
Home. Birth Center?
206-365-5156

Olsen, Ann - Enumclaw
Southend Homes, BI
360-825-9108
www.midwifeann.com

Rainy City Midwifery - Seattle
Home, CBC, CBFC, PSBC, SHM
206-861-8300
www.rcmidwife.com

Seattle Home Maternity Service - Seattle
Home, CBFC, SHM
206-722-3426
www.seattlehomematernity.com

Seattle Natural Family Medicine - Seattle
Home, CBFC, PSBC
206-729-1175
www.snmf.net

Seattle Naturopathy, Acupuncture & Birth Center - Seattle
Home, SNABC
206-328-7929
www.snabc.com

Ten Moons Birthing Services - Snoqualmie
Eastside/Southend Homes, PSBC, BI
425-831-5123
www.tenmoons.net

Thain, Christine - Bellevue
Home, EBC
425-746-5566
www.eastsidebirthcenter.com

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