

the

# great starts guide

to your options for maternity care and postpartum support



## Take a pop quiz!

10 questions to help you find the birthplace and care provider that are right for you.

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## Know your choices!

Learn about pain coping, medical procedures, and postpartum resources.

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## Learn from others!

Read results from a survey of new parents, plus stories about parents' experiences.

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From Parent Trust for Washington Children,  
authors of Pregnancy, Childbirth, and the Newborn

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## About us

Parent Trust for Washington Children is a non-profit organization. Our mission is to create lasting change and hope for the future by promoting safe, healthy families and communities. Our Great Starts program, once known as Childbirth Education Association of Seattle, has provided trusted, independent, unbiased childbirth education in Seattle for over 65 years.

## About this Guide

This Guide is designed to help give you the information you need to make informed choices about your maternity care, given your beliefs, priorities, and health needs. Nothing in this report is intended to be an endorsement of any type of facility or service, nor is it intended as a recommendation about the best care option for any specific individual. 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. Additional copies can be downloaded free at [www.parenttrust.org](http://www.parenttrust.org)

This edition was prepared by Great Starts Program Consultant. Janelle Durham, MSW, LCCE, ICCE.

Learn more about birth and babies in our book, [Pregnancy, Childbirth, and the Newborn](#).

c. 2017

# 10 steps to a safe and healthy birth

# what you can do

Here's a summary of things you can do during pregnancy and choices you can make to increase the likelihood of having a safe, satisfying birth and avoiding a cesarean birth and other unwanted interventions.

[Excerpted from Pregnancy, Childbirth, and the Newborn, by Simkin et al, with links to more information added.]

1. Take care of yourself during pregnancy so you begin labor in the best possible health. Exercise in moderation and eat well. If you're overweight when you become pregnant, aim to gain a small or moderate amount of weight. Seek prenatal care to help you detect and manage any health problems that may arise. [[www.marchofdimes.com](http://www.marchofdimes.com), [www.choosemyplate.gov](http://www.choosemyplate.gov)]
2. Choose a birthplace that has a low rate of cesarean birth and minimal routine interventions. If your pregnancy is low-risk and you prefer minimal interventions, consider birthing at a birth center or at home. Several studies show that women having low-risk pregnancies undergo fewer interventions in an out-of-hospital setting and their birth outcomes can be just as good as those of women birthing in hospitals. [see page 5]
3. Find a caregiver who has low intervention rates and encourages the use of self-help techniques in labor. If your pregnancy is low-risk, consider using a midwife. Midwives typically use fewer medical interventions than physicians do. If intensive medical care becomes necessary during pregnancy, a midwife will refer to an obstetrician. [<http://mymidwife.org/find-a-midwife> and <http://cfmidwifery.org/find/>].
4. Educate yourself and prepare a birth plan. [[www.pennsimkin.com](http://www.pennsimkin.com) and [www.pcnguide.com](http://www.pcnguide.com)] Take birth classes that emphasize informed decision-making and self-help methods to relieve pain and aid progress. [Learn about birth classes at <https://transitiontoparenthood.wordpress.com>.] Review birth plan with your caregiver.
5. Hire a birth doula. The continuous labor support a doula provides often leads to a shorter labor, reduced need for pain medication, increased chance of normal vaginal birth, and increased satisfaction with the birth experience. [[www.dona.org](http://www.dona.org), [www.doulamatch.net](http://www.doulamatch.net)]
6. Avoid labor induction for non-medical reasons. If your caregiver suggests induction for a debatable medical reason (such as a suspected big baby), ask about other alternatives. [<http://mothersadvocate.org>– Step 1]
7. Use medical interventions only if clearly necessary, not because they're routine. [<http://mothersadvocate.org>– Step 4] For example, avoid routine IV fluids, continuous electronic monitoring, and augmentation with Pitocin or rupture of membranes. In some situations, interventions may be the best option for you or your baby. Ask questions to ensure you make informed decisions. That way, when you remember the birth in the years to come, you'll know you made the best choices you could at the time.
8. Learn to differentiate between early labor and active labor so you can delay hospital admission until active labor. Use labor-coping skills at home to manage pain and aid progress. Eat, drink, and rest as needed to keep up your energy. [[www.childbirthconnection.org/giving-birth/labor-pain/comfort-relief/](http://www.childbirthconnection.org/giving-birth/labor-pain/comfort-relief/)]
9. Use a variety of positions and activities during active labor, such as walking, dancing, rocking in a rocking chair or on a birth ball, or taking a shower or bath. [<http://mothersadvocate.org>– Step 2]
10. Push in positions that aid descent, unless the birth is happening fast; then use positions that slow descent. Use spontaneous pushing if you have an urge to push. Delay pushing if you don't have an urge to push (and you and baby are doing fine). [<http://mothersadvocate.org>– Step 5]

## Lamaze Care Practices

Several times in this list, we reference Lamaze's "Six Steps to a Safer Birth". This is an additional list of evidence-based ways to increase your chances of a safe and satisfying birth. (Learn more at [www.mothersadvocate.org](http://www.mothersadvocate.org).) They are:

1. Let labor begin on its own.
2. Walk, move, and change positions.
3. Have continuous support.
4. Avoid unnecessary interventions.
5. Get upright, follow urge to push.
6. Keep your baby with you.

# Choosing the right birthplace and caregiver: a quiz

## it's up to 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 person 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’d feel safest with care providers who view birth as a natural life process, not like a medical procedure, but who will refer me on to more medical care if needed.

### 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 get to know in advance everyone who will be at 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 want in a birth place and care provider. Here are other details to consider.

### Location

Many people don't know how to choose a birthplace. But we've all seen plenty of movies where there is a mad, desperate rush to get to the hospital before the baby comes. So, lacking any better criteria, most families just 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. It's important to know how to recognize the signs of labor, and to plan for when in labor you will need to leave for your birth place. If you do choose a birthplace farther away from your home, be sure you know where the closest alternatives are, in case a rare 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. See page 7 for more information.

### Level of care needed

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

\*Women with high-risk pregnancies aren't good candidates for out-of-hospital birth, and may need a birth place that can provide a higher level of care. See page 6 for more 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 where that doctor practices. 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 at homes and at birth centers.

### Understand the differences

The articles 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. See page 9 to 10 learn more.

### Checking out the vibes

After you've decided what *type* of birthplace or care provider you want, we recommend touring the specific facilities that are your top choices. We also recommend interviewing individual care providers before committing to using them – many practices offer a free “meet and greet”. 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 a birth experience is strongly influenced by the support you receive, and the degree to which your experience matches your expectations.

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

## Obstetrician (MD)

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

**Patient Interaction:** Prenatal visits tend to be quick; less than 10 minutes. During labor: your doctor consults with your 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. Not all family physicians attend births. (Childbirth Connection reports that only about 25% do.)

**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.

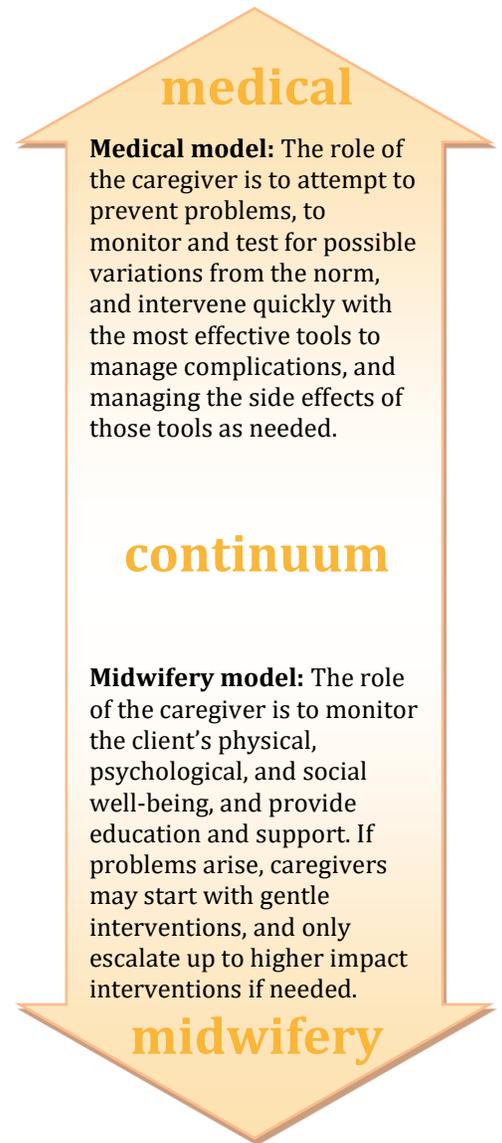
**Patient Interaction:** First prenatal visit typically an hour. Follow-up visits 20 - 30 minutes. Typically begin attending in early to active labor when the client arrives at the hospital, and remain with them through birth and the initial recovery stage.

## 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 client throughout active labor, through birth, and up to four hours after the birth.

**Legal/Financial Status:** Varies from state to state. For information about your state, see <http://cfmidwifery.org/states/>



### A note about group practices

Many providers work in a group, and take turns being on-call. When choosing a practice, ask whether all your prenatal appointments will be with a primary provider, or whether you'll meet with several. Ask whether you would have a primary caregiver who would attend your birth if possible, or whether you would be attended by whomever was on call. Ask how many caregivers are in the group, and how many clients they serve. The Listening to Mothers survey found that 71% of women were attended by their primary provider, 9% by someone they had met briefly beforehand, and 9% by someone they had never met.

### Where do doulas fit in?

A labor support doula is not a medical care provider. A doula is an additional support person you may hire to provide emotional support, hands-on help with comfort techniques, information about your options, and ideas for helping your labor to progress. More information on doulas: [www.dona.org](http://www.dona.org)

# 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 birthing in a hospital; this may minimize anxiety for those women, which can help labor to progress.

**Disadvantages:** Hospital policies may limit the choices that 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. (Many hospitals call their maternity service 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 the 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 person may feel more relaxed and secure in their 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. There is a chance you will need to 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 before and after the birth. It’s helpful to know that midwives handle most of the birth-related clean up.

**Medical procedures that can be performed at a home or birth center:** In Washington: IV’s, antibiotics, episiotomy, local anesthesia for suturing tears and episiotomies, neonatal resuscitation, and anti-hemorrhagic medications.

**Additional considerations:** Client *must* be in good health, and experiencing a *low-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. [Janssen 2009](#), [Johnson 2005](#)), [Birthplace in England, 2012](#)) have examined outcomes for *planned* home births for *lower-risk* women who were *attended by a trained care provider* 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 continuous monitoring, episiotomy, forceps, and cesarean, and less likely to use pain medication. Babies born at home were less likely to need resuscitation. 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.

## 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 gives 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 someone 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. A few “lower-risk” people develop an unpredicted complication that could not have been foreseen. Therefore, all care providers, whether they practice at homes, birth centers, or a hospital, are trained to perform emergency life-saving procedures for parents and babies. And all care providers need to remain aware of their capabilities, and have a plan for transferring the laboring client to more specialized care if necessary.

### What level of care is appropriate for you?

If your pregnancy is lower-risk, you have a wide 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 significant 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 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 more concrete answers, here is an example of what might be considered low-risk; however, it is always up to a medical provider to make the call based on a complete medical history.

The expectant parent:

- 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 17 and 38 years old. (Over 38 may be considered low-risk if they have birthed before, or is otherwise in good health.)
- Has not had more than 5 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 facilities and services** have all the capabilities for uncomplicated births and births with minor complications. This type of care is for pregnant parents 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 clients with a slight potential for risk during delivery.

**Level III hospitals** have equipment and staff to handle very complicated births. Expectant parents 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 regional hospitals** provide critical care for the most complicated births and for very fragile newborns.

Higher level hospitals can also provide care for uncomplicated births. (So, a lower-risk person can choose any level. Higher levels will be more expensive, and may involve more routine interventions.)

# What makes one service different from another?

# how to choose

Once you've decided on what type of care you are looking for (hospital or out-of-hospital, midwife or physician), then you can research your options, and decide which is the best fit for you. If you live in a rural area, you may not have many choices, but in a large urban area, there's a lot to consider

## Cost

As with all health care in the U.S., maternity care is expensive. Most facilities and care providers (including home birth midwives and birth centers in many states) take insurance and medicaid. It is worth your while to check in advance with your insurance and with the facility/service to determine what your actual cost would be. If you are paying out of pocket, it's especially important to consult with the provider in advance about payment plans and cash discounts.

Cost of care varies depending on care provider and birthplace. Home birth with a licensed midwife is \$2500 – 4500. This includes all prenatal care,\* attendance at the birth, and postpartum follow-ups. A birth center birth would be these same fees plus a birth center facility fee of ~\$3000.

For hospital birth, prenatal care (approximately \$2000) and testing\* is billed separately.

The bill *just for the birth* at a hospital is \$25,000+ for an uncomplicated birth with a healthy newborn.

A complicated birth, such as a cesarean with complications of a full-term baby with major problems averages \$50,000. For an extremely preterm birth, the cost could be \$200,000 or more. (These estimates are based on the Seattle metropolitan area. Costs in your area may be different.)

\* The prenatal care estimates above do not include prenatal testing. It's not unheard of to have \$600 worth of blood tests, or \$1200 for an ultrasound, so again, you may want to check on costs before choosing optional tests.

## Patient Volume

Depending on where you live, a hospital might do anywhere from dozens to thousands of deliveries per year. There's no best number. Larger hospitals have more facilities and equipment available, and may have more recently trained staff. On the downside, they can feel like an "assembly line" to some families. Smaller hospitals may feel more personal, and the staff may have more years of experience, on average. They will have fewer options. For example, they may not have epidurals available 24/7 and may not allow VBAC.

For a midwifery practice, you want a midwife who has plenty of experience with a wide range of births, but who ideally has a small enough client load that your midwife is likely to be able to attend your birth.

## Facilities

When looking at possible hospitals or birth centers, learn about what type of room they offer: would you have a private room or a room that is shared with another laboring patient or new parent? Also, find out if they offer LDR rooms or LDRP. LDR means labor, delivery and recovery happen in one room, then a few hours after birth, families are transferred to a postpartum room. LDRP means families remain in one room from when they arrive at the hospital until they take the baby home.

Do they have a special care nursery? If you and your baby are higher risk, it can be reassuring to know it's there. However, if everything seems well with both of you, this is not likely to be necessary.

## Staffing

For hospitals, what is the nurse to patient ratio in active labor? 1:1 nursing in labor is best. Nurse have many tasks they are responsible for, including monitoring and charting, but if you are their only patient that will allow them more time to offer you additional support and reassurance. Also, find out what the typical length of a nurses' shift is: 8 hours? 12 hours? The longer shift is preferable, just because labor can last many hours, and it can be discouraging and disruptive to have multiple nursing changes during your labor.

If you have a chance to tour the hospital, watch the nurses: do they seem to enjoy their jobs? Are they actively tending to patients or are they all chatting at the nurses' station?

Find out whether the hospital has midwives on staff. Even if you will be using a physician as your primary care provider, hospitals with midwives tend to have lower intervention rates, and nursing staff may be more familiar with non-medical means of relieving pain and easing labor progress.

## What doesn't matter

Hospitals and birth centers often advertise things that really don't make a difference in how positive your birth experience is. Don't choose based on who has the nicest interior design, or flat screen TV's or wireless internet available, or who serves you a steak dinner before you're discharged.

## Patient Satisfaction

Check any available ratings (see page 11), and also ask friends, family and co-workers what they chose, and whether they felt well cared for and supported where they gave birth.

What can you do to cope and how can others help?

# pain relief

## comfort measures

### Recommendations

Research reviews support the effectiveness of these non-drug techniques for relieving labor pain: movement, changing positions, immersion in water (baths), relaxation techniques, acupuncture, hypnosis, and intradermal water blocks. The evidence is not sufficient on aromatherapy, TENS, and massage, though some women find them helpful, along with birth balls, hot/cold packs, environmental changes (e.g. music, dim lights) and breathing techniques. (See page 14 - 16 for more about women's experiences.)

In general, there are no risks or negative side effects for these, only potential benefits. They are also free of charge, and within the person's control: they can be started or stopped at any time. Many non-drug comfort techniques also help labor progress more efficiently. We know that fear and anxiety can increase perception of pain and slow labor. Knowing comfort techniques you can use can help to increase confidence and give you more sense of control.

You can learn more about comfort techniques in books like *Pregnancy, Childbirth, and the Newborn* or online. We recommend taking birth preparation classes, where an experienced instructor guides you through each technique, allowing you to discover what works best for you.

If you would prefer to birth without pain medications, here's what to look for when choosing a birthplace and a caregiver: what comfort tools are available? Does the facility have these (or can a home birth midwife bring them to you): birth balls, rocking chairs, heating pads, ice packs, and stereos. Do they have a shower or tub in every room? (Is the tub deep enough that you could be on your hands and knees – a great position for back pain? Is it big enough that your partner could join you? If not, can you bring in a rental tub?) Do they know about, and encourage the use of a wide variety of comfort techniques? What percentage of their clients birth without pain meds? (This gives you a sense of how effective and experienced they are at supporting unmedicated births.)

## support

### Recommendations

During labor, women benefit immensely from caring and respectful support. CIMS (the Coalition for Maternity Support) recommends unrestricted access to birth

companions of their choice: fathers, partners, children, family members, friends, and doulas (professional labor supporters).

Cochrane research summaries, Lamaze, Milbank and 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 family's satisfaction with the birth experience. (For more on doulas, see [www.dona.org](http://www.dona.org))

Look for a facility with flexible visitor policies, which encourages childbirth education (partners learn in advance how to provide labor support) and welcomes doulas.

## movement

### Recommendations

Lamaze, CIMS, Cochrane, and WHO recommend freedom of movement in labor. Being upright and moving in ways that shift the shape of the pelvis can help labor to progress more quickly and easily, and can also help labor pain seem more manageable. Some helpful positions: walking, slow dancing, leaning over a table and swaying, climbing stairs, sitting on a birth ball, or using a rocking chair.

They also recommend giving birth in positions other than on your back or semi-sitting. Positions like side-lying, squatting, and kneeling can lead to less discomfort and less difficulty during pushing, fewer episiotomies, forceps or vacuum extractor deliveries, and less damage to the perineum. Being allowed to give birth in places other than on a bed (including water birth as an option) gives someone the freedom to find a position that works best for them.

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 birth places not routinely use interventions or set policies that limit movement (e.g. routine IV, continuous monitoring for low risk women, etc.).

Look for a facility or midwifery service that: encourages movement, facilitates it with movement tools such as birth balls and squat bars, allows water birth, and minimizes procedures that limit movement.

# medications

## Recommendations

Only you can decide how important pain medication options are to you in choosing a birth place.

### **If you strongly prefer an unmedicated “natural birth”:**

Choose a birthplace with a low rate of pain med use (perhaps even home or a birth center) and a care provider who supports and can meet your needs. Consider using a doula.

**If you’re uncertain:** Choose a hospital with meds available, but a low rate of use. The nurses will be familiar with supporting un-medicated women. Consider a nurse midwife.

**If you strongly prefer pain meds:** Choose a hospital with medication readily available. Educate yourself about the procedures that accompany medications, how to minimize possible side effects, and how side effects would be managed.

**Options for pain medication:** Find out if a facility has anesthesia staff available in-house 24/7. Will they allow laboring women to move and walk after IV narcotics and/or after an epidural? When epidurals are given, what types of medication are used? (If anesthetic only is used, you’ll get great pain relief but will not be able to move around much and may not be able to push as effectively. A combination of narcotics and anesthetics may give as good of pain relief but allow more movement and allow you to feel and work with your urge to push.) Do they offer Patient Controlled Epidural Analgesia? (This starts with a very low dose, which a patient can increase if and when they choose to. Patients use less pain medication, and thus experience fewer side effects, when they have this option.) Do they offer nitrous oxide? (Most U.S. hospitals don’t, but it’s a helpful tool if available.)

To learn more about meds: [www.childbirthconnection.org](http://www.childbirthconnection.org) or [www.lifelinetomodernmedicine.com](http://www.lifelinetomodernmedicine.com).

## What medical procedures are standard policy?

# interventions

When complications develop, medical procedures can be highly beneficial, even lifesaving, for pregnant / birthing parents and their babies. You absolutely want a care provider and facility who will use interventions *when needed*. However, because all interventions have possible side effects, you also want to trust that your care provider and facility won’t *over-use* interventions. In general, it is best to avoid interventions unless 1) the medical benefits clearly outweigh the potential risks, and 2) intervention is clearly more helpful than allowing labor to progress naturally.

## How can you find out about standard routines and intervention rates?

The best ways to find out about routines and policies is to ask your care provider directly or take a tour of a facility and ask questions – if the tour guide doesn’t know the answers, ask if you can talk to one of the nurses. They may also be able to tell you their intervention rates. Some states also make intervention rates part of the public record. To see if yours does, check [www.consumerreports.org/pregnancy-childbirth/guide-to-a-safe-pregnancy-and-childbirth/](http://www.consumerreports.org/pregnancy-childbirth/guide-to-a-safe-pregnancy-and-childbirth/)

## How do you interpret what you learn?

**Differences between birthplaces:** Hospitals which serve high risk women tend to have high rates of intervention. Much of this is due to the complex needs of high risk families. However, they may also use more interventions even for low-risk women. Rural hospitals only accept lower-risk clients who aren’t expected to need substantial interventions, so naturally have lower rates. However, some small facilities have older staff that trained years ago, and may not use the most current protocols.

**Differences between types of care providers:** Because midwives are used to working with fewer medical tools, they tend to be more experienced with non-medical options for pain relief and labor progress. Even when you take into account the interventions experienced after a transfer, on average, midwives’ clients have fewer interventions than physicians’.

**Differences between individual care providers:** If you do have access to intervention rates for a facility, remember that all the statistics given 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 20 – 80%. The best way to find out the practices of a specific caregiver is to ask him or her directly.

**What numbers can show:** whether a given provider is within the range we would expect based on research and professional recommendations, and on the types of clients they serve. If a provider has a rate that is much higher or much lower than professional guidelines recommend, or from other similar facilities or providers, you can ask them to explain this variation.

## What are your chances of experiencing any given medical procedure?

To understand what your individual chances are, consult with a professional who is familiar with your unique health status and with your chosen care provider and birthplace. Also ask “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?”

## Recommendations

We will summarize here some of the recommendations about intervention policies and rates. These are all for “the typical woman” and may or may not apply to your unique health situation.

### Lamaze 4 – Avoid Routine

**Interventions:** Lamaze, CIMS, and WHO recommend against using these interventions as routines for all, even low risk women: restrictions on eating, routine IV / heparin, continuous fetal monitoring, high rates of augmentation with Pitocin and breaking the water. See: [www.mothersadvocate.org](http://www.mothersadvocate.org)

**Food in labor:** Recommendations vary. ASA and ACOG recommend clear liquids only during active labor, 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. ACNM and WHO recommend food “according to client’s wishes.”

For a person who is at low risk of emergency cesarean, having the option to eat and to drink fluids during labor may help lessen fatigue and help with labor coping.

### Routine IV (intravenous catheter):

Many women eventually need an IV, whether for fluids, antibiotics, Pitocin to start or speed labor, or with pain meds. So some hospitals routinely insert one for every patient in early labor, in case it’s needed later. However, Cochrane, CIMS, WHO, and Lamaze say routine use is not beneficial. Ask whether you can delay until it is medically needed, or whether you can have a “hep lock” or a saline lock which puts a catheter in place, but no fluids or medication are used unless needed. This allows you to move around more easily during labor than an IV does.

**Monitoring:** Monitoring baby’s heart rate and how it responds to contractions is an important way to see if baby is doing well. According to ACOG, AWHONN, Milbank, etc., healthy women with no complications may be monitored intermittently (off and on). Continuous electronic monitoring is necessary only if 1) labor is induced or augmented, 2) epidural anesthesia is used, 3) the laboring person has had a prior cesarean, or 4) if medical

complications arise. Research has shown that high rates of continuous monitoring for low risk laboring parents may lead to an increased chance of cesarean, without improving outcomes for baby’s health.

### Induction and Lamaze 1 – Let Labor Begin on its Own:

Induction is using medical means to start a labor that hasn’t started on its own. There are times when induction is beneficial – when continuing the pregnancy would be riskier to mom or baby. However, sometimes induction is used when the medical benefits don’t outweigh the medical risks. (Possible risks relate to an overstimulated uterus, which can lead to irregularities in the baby’s heart rate. Also, increased chance of cesarean.) CIMS and WHO recommend a rate of <10%.

**Augmentation:** Augmentation is using medical means to speed a slow labor. Two methods are amniotomy (breaking bag of waters) and IV Pitocin – an artificial oxytocin, which mimics the natural hormone that causes uterine contractions. Cochrane says amniotomy does not shorten length of labor but does increase cesarean. Cochrane says Pitocin shortens labor and may reduce cesarean. Both methods increase the level of pain experienced by women and increase fetal heart rate irregularities. In cases of very slow labor with no progress, augmentation with Pitocin may be valid, but routine use is not supported.

### Percent episiotomy / vacuum extractor / forceps delivery:

Episiotomy is when the care provider makes a small cut in the vaginal opening during delivery. WHO goal is 10%. 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 patient in having a vaginal birth who might otherwise need a cesarean.

**Cesarean rate:** CIMS and WHO recommendations are for an overall cesarean rate around 15%. [Mollina \(2015\)](#) found that 19% is a more reasonable recommendation. Healthy

People 2020 recommends a rate <23.9% for low risk women (no prior cesarean, full-term, single baby in vertex presentation.) Nationwide, the overall average was 32% in 2015 (up from 24.4% in 2001).

For the best overview of all the issues surrounding cesarean, see [childbirthconnection.org/cesarean](http://childbirthconnection.org/cesarean)

**TOLAC/VBAC:** For women with a prior cesarean, ask what percentage tried to give birth vaginally this time and had a “trial of labor after cesarean” (TOLAC), and what percentage of them achieve their goal of a vaginal birth after cesarean (VBAC). Healthy People 2020 from the CDC recommends a VBAC rate of 18% or higher. (Nationwide in 2007, it had dropped to around 8%). However, in 2010, an NIH consensus panel was held. Conclusions included that VBAC is “a safe and appropriate choice for most women who have had a prior cesarean delivery.” Of women who have a TOLAC, 60 – 80% will have a successful vaginal delivery.

Details on VBAC recommendations at <http://givingbirthwithconfidence.org>, in “A Woman’s Guide to VBAC”.

**Transfer:** If you are considering out-of-hospital birth, talk to your midwife about transfers. Of their clients who begin labor out-of-hospital, what percentage transfer to hospital care? What situations would lead them to recommend a transfer? What hospital and physician do they transfer to, and what is that relationship like?

**Key questions:** When an intervention is recommended, ask these questions. *Benefits:* Why would I do this – what problem are we trying to prevent or fix? *Risks:* Why not? What are the guaranteed trade-offs of choosing this? What are the common side effects and how are they managed? What are the rare risks? *Alternatives:* What else could we do? What would happen if we waited or did nothing? *Timing:* How urgent is the situation? How soon do I need to decide?

You rely on your care provider to give you the information you need to guide you, but the choice is yours, and takes into account not just the medical side of things, but also your own personal goals and values.

## What postpartum care and follow-up will you get?

# welcome baby

### Recommendations

**Lamaze 6. Keep Your baby with you:** 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: offering breastfeeding classes for expectant parents, ensuring that all staff (nurses, midwives) are trained in assisting with getting nursing started, having lactation consultants on staff, offering phone support to all families after discharge, recommending that parents feed whenever baby is hungry (rather than on a schedule), and not giving formula samples, glucose water, or pacifiers to breastfeeding babies. To learn more about Baby Friendly practices and see a directory of hospitals that are certified Baby Friendly, go to [www.babyfriendlyusa.org](http://www.babyfriendlyusa.org). (Note: If your chosen hospital is not on there, ask them why. Many hospitals meet *almost all* of the requirements, but if they don't meet them *all*, they won't appear on the list.)

**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. Services might include a home visit to check on you and baby a few days after birth (routine for midwifery practices, rare otherwise), clinic visit where you and your baby come back in for a check-up, they may initiate a phone call to check on you and baby, they may offer a phone number you can call with questions, and they either offer a new parent class or group or actively refer to groups in the community.

We strongly recommend that *all* new parents participate in some kind of class or support group with other new parents. Peer support is reassuring in the midst of major life changes, as together you celebrate the little joys and work through the challenges of caring for a new baby. Before your baby is born, research what the options are in your community.

## Where can you get more information?

# to learn more

**Take a class!** Childbirth preparation classes discuss all these issues, and help you to make the informed choices that match your own personal values and priorities.

**Read more!** 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, Keppler, Durham, and Bolding.

**Tours:** All hospitals and birth centers offer tours. Some offer a "virtual tour" on their website, but we strongly recommend visiting in person, if possible. When you visit, ask lots of questions and get the most current information. Also, tune in to your gut reactions. If a birthplace feels comfortable, safe, and secure to you, then it's the best birth place for you. For questions to ask, see [www.motherfriendly.org/downloads](http://www.motherfriendly.org/downloads)

**Consultations with care providers:** Most 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.pcnguide.com/family-planning/so-many-choices/](http://www.pcnguide.com/family-planning/so-many-choices/)

**Ask your care provider questions:** Everything in this guide addresses the "typical" experience for the "average" person. Ask your care provider how these averages apply to your unique health situation. Ask them 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.

**Talk to other expectant parents:** Share your knowledge with others who are aware of the most current options.

**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 ratings, and send letters to your birthplace and care providers giving praise and suggestions.)

# What do parents say about their experiences?

# parent survey

## Background

In 2011, Parent Trust, PALS Doulas, and PEPS developed a survey about parents' experiences with local resources. Each organization sent survey invitations to clients who had given birth in 2010. 622 parents completed surveys online. Their babies were 8 – 21 months old at the time of the survey.

It's very important to note that respondents are not a representative sample of the full birthing population in King County, much less nation-wide. Our respondents are older, more likely to be married, higher education, more likely to be a first time parent, and more likely to have used a midwife than the average parent. They're all higher than average users of resources such as classes, doulas, and postpartum support. For another survey of new parents, see Listening to Mothers at [www.childbirthconnection.org](http://www.childbirthconnection.org).

## Parent Satisfaction with Birth Place

We asked: "How satisfied were you with your PLACE of birth? Consider ... the facilities, staff, how you were cared for, etc. Rate on a scale from 0 to 10, where 0 = not at all satisfied and 10 = very satisfied." Hospital ratings from families that gave birth in their planned hospital averaged 8.9. For planned out-of-hospital births: for 60 families who had their planned home birth, average satisfaction with birth place was 9.9; for 32 families who had a planned birth center birth, satisfaction was 9.5. The 47 families who had to transfer to hospital care rated satisfaction with the hospital at 7.4. (We encourage those who are planning an out-of-hospital birth to consider in advance how to make a transfer a positive experience, just in case one becomes necessary.)

## Quality of Labor Support Received

We asked: Think about the people who provided emotional and/or physical support during labor and birth. How would you rate the quality of the supportive care received from each type of person? (n=589)

	Poor	Fair	Good	Excellent	Average Rating *	Number who received this type of support
Partner / husband	1%	3%	14%	83%	3.8	95% (562)
A doula	2%	3%	12%	83%	3.8	44% (257)
My midwife	1%	4%	21%	74%	3.7	54% (318)
Other family & friends	3%	5%	34%	58%	3.5	52% (306)
The nursing staff	2%	7%	37%	54%	3.4	85% (500)
My doctor	3%	15%	33%	49%	3.3	59% (349)

## Effectiveness of Pain Coping Methods

We asked: How helpful were the following in making you more comfortable and relieving your pain? (n=426)

Options (from most effective to least effective*)	Not helpful at all	Not very helpful	Somewhat helpful	Very helpful	Average Rating *	Number who used
Epidural or spinal	5%	2%	7%	87%	3.8	51% (216)
Breathing techniques	1%	8%	44%	47%	3.4	81% (344)
Mental strategies (relaxation, etc.)	2%	9%	43%	46%	3.3	65% (276)
Hands-on techniques (massage, etc.)	2%	11%	44%	44%	3.3	68% (289)
Immersion in a tub or a pool	9%	7%	30%	53%	3.3	63% (267)
Position changes and/or movement	2%	7%	54%	37%	3.3	86% (366)
Application of hot or cold objects to your body	2%	15%	57%	26%	3.1	42% (178)
Shower	10%	9%	45%	35%	3.1	28% (119)
Changes to environment (e.g. dim lights, music)	5%	18%	54%	23%	2.9	40% (171)
Use of large "birth balls" for support	7%	18%	49%	26%	2.9	55% (234)
IV narcotics	17%	17%	36%	31%	2.8	17% (72)
Nitrous oxide	56%	22%	6%	17%	1.8	4% (18)
Sterile water injections for lower back pain	56%	28%	0%	16%	1.8	6% (25)

\* Average rating: if response was "poor" or "not helpful at all", it was scored as 1, "fair" or "not very helpful" was scored as 2, "good" or "somewhat helpful" = 3, "excellent" or "very helpful" = 4.

## Impact of Childbirth Classes

We asked: “Looking back, how well prepared were you for what labor & birth would be like? Rate from 0 (I was completely unprepared and didn’t have any of the info I needed) to 10 (I was very well prepared and had all the info I needed).”  
 For parents having their first baby: Those who had not taken childbirth classes (n=10) had an average preparation rating of 7.4. Those who took “condensed” childbirth classes of only one or two sessions (n=72), averaged 8.0. Those who took multi-week childbirth preparation classes (n=411) reported an average of 8.2, so felt the most prepared.  
 Classes were especially effective at helping them know what to expect in labor, understand options for medical procedures, know how to ask care providers questions, use a variety of techniques to cope with labor pain, understand the basics of breastfeeding, and understand the basics of newborn care.

## Postpartum Resources

We asked: “If you used these resources, how satisfied were you with your experience? How helpful were they?” (n=428)

Option (from most helpful to least helpful)	Not helpful at all	Not very helpful	Somewhat helpful	Very helpful	Average Rating*	Number who used this resource
<b>Parent-baby group / parenting class</b>	1%	2%	25%	72%	3.7	63% ( 271)
<b>Postpartum doula</b>	1%	4%	30%	64%	3.6	21% (90)
<b>Lactation consultant</b>	2%	7%	33%	58%	3.5	70% (298)
<b>Counselor / therapist</b>	5%	10%	19%	66%	3.5	14% ( 59)
<b>OB / Gyn or primary care doctor</b>	3%	6%	42%	50%	3.4	53% (226)

## Top Recommendations for Pregnancy, Birth, and Postpartum Resources

We asked: “What do you recommend? Of all these types of resources, which would you most recommend to other expectant parents? (It may help to think about which of these things had the biggest influence on your experience of labor, birth, and the early months of parenting.) Choose up to four.” Since participants could only choose four things to recommend, they had to think about what was *most important*. The left column is total number who would recommend that resource from amongst ALL respondents, no matter which services they did or did not use. We also filtered the results, to determine how valuable a service was to those who *actually used it*. This gives a clearer picture of how satisfied the actual users were with that resource.

Options (In order from most likely to be recommended to least likely)	Number who marked this choice (n=583)	Of those who used this resource, what percent list it as one of their top recommendations?
<b>A birth doula</b>	241	84%
<b>A midwife like mine</b>	249	77%
<b>Childbirth classes</b>	409	Multi-week series: 77% Condensed classes: 63%
<b>Lactation consultant</b>	259	63%
<b>Postpartum group or parenting class</b>	239	58%
<b>A doctor like mine</b>	161	56%
<b>Counselor or therapist</b>	45	48%
<b>Breastfeeding classes</b>	183	47%
<b>Postpartum doula</b>	80	47%
<b>My birth place</b>	216	Home or birth center: 47% Hospital 39%
<b>Books I read *</b>	253	43%
<b>Newborn care classes</b>	139	41%
<b>Friends/family/church/other community *</b>	189	32%
<b>Internet sites *</b>	96	16%
<b>Documentaries/reality show / TV *</b>	49	8%
<b>Prenatal yoga or exercise classes **</b>	183	
<b>Public health nurse **</b>	9	

\* We did not specifically ask people in the survey whether they used this resource, because we assumed that all did. So, these percentages are based on the total number of people (583) who answered that question on the survey.

\*\* We did not ask anywhere in the survey whether respondents used these resources, so we aren’t able to filter out users and non-users to assess how likely it is that users would recommend them.

## What is 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 labored in two different locations to share their birth experiences with you. (Note, because of this criteria, you'll see an unusually high number of stories of transfers from planned birth place.) We have edited for length, and removed the names of the facilities, but otherwise stories are in their own words.

**Jennifer:** Our son was delivered by a midwife at [a hospital]. I was able to do many things to cope. 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 in 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 hospital, I can say they are very different, but both can provide good experiences. At a hospital, things are more "medical," "institutional," and "mechanical". At the birth center, they were more "natural," "home-like," and "personal". In our case, the transfer was the correct path --, 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 first 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 different local hospital]. After months of discussions with my new 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'd attempted a home birth but my labor stalled... [At the hospital I transferred to] doctors and attendants were coming and going constantly; I couldn't keep track of who did what for whom. It was confusing and very impersonal.

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. Even though the baby was delivered surgically, it felt like a wonderful birth.

**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 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 number 3 I didn't enjoy--the drive to the birth center!

“The birth was entirely my own production”

**Leah:** 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. I felt very well cared for.

**Andrea:** For my first birth, I felt the care I got was 'by the book'. It was a teaching and research hospital that sees many high-risk patients and needs to train doctors. My husband was very comfortable with what I considered the greater invasiveness of the 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. 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. I would recommend either place, depending on a person's need and personality.

“He liked that every question was asked”

**Alexa:** My second birth was 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 pregnancy preparing for the arrival of my son. I educated myself 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 my experience far exceeded my expectations.

**Carmen:** I was referred to [my OB] by my family physician. I realized after two confrontations 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 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. We were transported to [a hospital]. The staff 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].

“I felt like my experience far exceeded my expectations”

**Shelly:** I have experienced 3 different births: doctor in a hospital, midwife in a hospital and a midwife attended home birth. Though I loved my doctor and midwife that attended my hospital births, there is no comparison to how 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, no continuous fetal monitoring and I could labor in any position I wished... I've never coped better than I did in my own home. Lastly, after the baby was born... I moved from the 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'd 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. ... 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 euphoria...

**"I was encouraged and lifted up"**

I know everybody is different is different. I still have friends who think I'm crazy. They say "if you don't have to feel pain, why would you?" My only response is that I did it both ways and there is nothing 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 nurse, she recommended medical procedures to resolve each: IV for dehydration, epidural for pain, etc. In the end, Mel was born by cesarean, and due to medications, my wife slept for the first hour of her life while I learned how to change a diaper!

For our second birth, we planned a VBAC. We were more informed about our options, used fewer interventions, and my wife pushed our baby out in 4 pushes! We spent her first hour snuggled together as a family. For our third baby, we planned a home birth. Because of preterm labor, we had to go the hospital. The labor was so fast that all the medical staff could do was catch him on the way out.

This third time around we were so pleased with our prenatal care with the midwives. With the OB/Gyn we used the first two times, it was often an hour of sitting in the waiting room for five minutes with the doctor. With our midwives, each

appointment was an hour long conversation about the pregnancy, our hopes for the birth, our vision for life with three kids, and more. The experience was so much richer.

**Jennifer:** I have 3 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 birthing suite had a large 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 again had 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!

**Mary:** 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"**

**Ben:** We had our son in a Baby-Friendly hospital. They were great about caring for the baby the way we asked them to: delayed clamping and cutting of the cord, lots of non-stop skin-to-skin contact, and help with getting nursing started in the first hour. They were also great over the next few months, as my girlfriend met with the lactation consultants when she needed help with increasing her milk supply, and she and our baby went to new parent classes there, and met lots of other new parents they still hang out with.

**Shannon:** The best part about our home birth was after the birth. We just snuggled up in bed getting to know the baby while our midwives cleaned up. Over the next two weeks, we didn't even leave our "nest." When family and friends came to visit, we asked them to bring meals, and they generously helped with other housework when they were here. All I needed to do was take care of the baby while everyone else took care of me. Such a nice way to start off life as a mom!