

# Frequently Asked Questions

## What is a CNM?

Certified nurse-midwives are registered nurses who have graduated from one of the midwifery programs accredited by the American College of Nurse-Midwives. Nurse-Midwives provide prenatal care to expecting mothers, attend the birth and provide postpartum care to the mother and her baby. They specialize in normal pregnancy, childbirth and the postpartum period. CNMs also provide general women's health care and are able to write prescriptions and treat common women's health issues. Certified nurse-midwives must pass a national certification exam and meet strict requirements by state health agencies. All of the Certified Nurse-Midwives at Inanna Birth and Women's Care also hold masters degrees in different areas of women's healthcare and have clinical experience caring for pregnant women after numerous years of hands-on experience.

## What is the difference between a nurse-midwife and a doctor?

Nurse-midwives at Inanna Birth and Women's Care practice the midwifery model of care. This care includes: Monitoring the holistic well-being of each woman throughout the childbearing cycle; Providing each woman with individualized information, counseling, and prenatal care; Providing continuous hands-on assistance during labor and birth; Minimizing technological interventions; Providing

post-partum care; Identifying and referring women who require an OB/GYN's attention. A physician's education and experience is typically focused on complications in pregnancy, delivery and gynecological issues. We believe that pregnancy and birth are normal, natural events in a woman's life and that birth is least complicated with fewer interventions.

## Is it safe to have my baby outside of the hospital?

Very few pregnant women are unable to have their baby with a midwife in the birth center. Age is not a risk factor, neither is infertility, nor is a history of miscarriages as long as things are progressing normally. Women of any age who begin their pregnancy in a healthy state generally remain healthy and have a normal delivery. During regular pre-natal visits, we conduct thorough screening to ensure that you remain healthy and normal. We also use education, nutrition and exercise to prevent problems and can manage most of the common pregnancy complications that may arise. Texas Law regulating Birth Centers requires that women who plan to deliver out-of-hospital be medically low-risk and be expected to have an uncomplicated birth. Examples of conditions that may place a woman in the higher-risk category and need medical care and hospital birth may include risk factors such as uncontrolled high blood pressure, heart disease, kidney disease, current addiction to drugs or

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alcohol, pre-existing diabetes, bleeding or blood clotting disease. Please note that gestational diabetes in a prior pregnancy does not automatically exclude you from consideration for a birth center birth. Except for serious medical conditions, all pregnant women are eligible for care by the midwife at Inanna Birth and Women's Care. We suggest you call us to discuss your questions with the midwife, or schedule a free tour of the birth center and an interview with a midwife.

### Why would I want to have my baby in a birth center?

There are many reasons why women choose to give birth at a birth center. Some of them include:

**Freedom** - You are encouraged to walk around, eat and drink during labor. You can have your baby in whatever position seems most natural to you and are never confined to a bed or strapped to monitors. The midwife uses a Doppler to intermittently monitor your baby's heartbeat throughout labor so you are not restricted in your movement. Studies have clearly shown that labor is shorter and easier if a woman is active and is able to eat and drink. The baby also suffers less distress if mom is upright during labor.

**Privacy** - You and your family will have complete privacy and will never be cared for by strangers. You will get to know our small staff during your pregnancy and by the end we usually

all feel like family. You can have as many friends and family members with you to welcome the new baby.

**Personalized care** - During your pregnancy, we get to know what is important to you and your family, so that we can accommodate your wishes. Would you like to avoid an episiotomy? Would you like your husband to help "catch" the baby? Would you like to be the one to announce if your baby is a boy or a girl? We make every effort to make your birth dreams come true.

**Breastfeeding support** - We will encourage and assist you to nurse your baby soon after birth. Should you require assistance with breastfeeding in the days and weeks following your birth, we will gently assist you or refer you to a local lactation consultant. Our birth assistants are also excellent in providing breastfeeding assistance.

**Safety** - Research has proven that out-of-hospital birth leads to fewer interventions and complications for both the mother and the baby. The cesarean rate for women receiving care from Inanna Birth and Women's Care averages about 3%. Your baby will not be subject to unneeded injections and examinations. Your body and your choices will be respected. A study comparing out of hospital birth to in hospital birth showed that for first time mothers, out of hospital birth was as safe as in hospital birth, and for mothers who have already had one baby, out of hospital births are often safer than in-

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hospital births

***The National Birth Center Study***, a multi-center study of over 17,000 women seeking birth center care published in the New England Journal of Medicine concluded that birth centers offer a safe and acceptable alternative to hospital birth for healthy, low-risk women, and that birth center care leads to fewer cesarean sections. This study was repeated in 2014 with similar findings, again demonstrating the safety of out of hospital birth.

## What if something goes wrong?

First of all, the chances of you having a problem are very small. Unlike the stories one hears or the dramas on television, birth is generally a straightforward and safe process. Most problems that develop during pregnancy or birth have clear warning signs well ahead of time and we can calmly plan for, prevent or manage a problem. The more interventions performed during the birth process, the greater the likelihood for the development of problems. We do not handle high-risk pregnancies and you must be full term and essentially healthy to have your baby in the birth center. If problems arise with you or your baby, we have emergency equipment (including IVs, oxygen, medication to stop bleeding, antibiotics, and pain medication), and all personnel are trained in emergency procedures (including CPR and neonatal resuscitation). If you or your baby needs to be transferred to the

hospital, we will accompany you. Our back-up physicians and Midwives, at Caring for Women have privileges at Texas Health Resources Presbyterian at Flower Mound (THRP-FM).

Nationally, about 10% of women who plan to have their baby out-of-hospital end up transferring to physician care and have their baby in the hospital. About half of these transfers happen during pregnancy, for conditions such as gestational diabetes and high blood pressure. During labor, the single most common reason for hospital transfer is actually not an emergency; most of our hospital transfers are due to stalled labor. Inanna Birth and Women's Care has a transfer rate of approximately 10%. If you need to be cared for in the hospital, the midwife will accompany you to the hospital to provide support and assistance. You can then transfer back to us immediately after discharge for post-partum care (including a 3 day visit for mom and baby, breastfeeding support, etc).

## How much does it cost and will my insurance pay for it?

Because we contract with many insurance companies, we cannot quote an exact price, but complete care at Inanna Birth and Women's Care costs about 1/3 of a typical delivery in a hospital. We have very affordable self-pay rates and payment plans can be arranged. Please call us to schedule a tour and interview so we can discuss your specific situation. Over the years, insurance companies have learned

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that birth centers provide a safe and cost-effective method of obstetrical care, and Inanna Birth and Women's Care is reimbursed by many major insurance companies. Please check with the office manager to determine insurance eligibility and payment options. Do not be discouraged if your insurance company is not on our list. Considering the high cost of using a hospital for delivery, and the increasing c-section rate, our out-of-network rates can sometimes mean fewer out-of-pocket costs for you. Even if it turns out that having your baby with us costs a few dollars more, we are certain that you will find the personalized, family-centered care you receive is well worth a small additional expense.

### What happens when I go into labor?

When your labor starts, you will call the midwife on call, who will meet you at the center. We expect you to labor some at home until your labor is active. When you arrive with your family at the center, you will get settled in to your private birth suite. We supply organic juices and filtered water but encourage you to bring nutritious snacks and energy drinks. Not only are you allowed to eat and drink during labor; you are encouraged to do so. Most hospitals have rules against laboring women having anything but ice chips, expecting you to rely on IV fluids for the strength to get through labor. You will wear your own comfy clothes, instead of a hospital gown. You may listen to your own music. The midwife

stays with you during your labor. A birth assistant will be present for the birth and stays with you until you leave the center after birth. We will closely monitor your labor and the baby's health during labor, but we do so in such a way as not to interfere with your mobility. We have a variety of tools to help you with labor – cold and hot packs, birth balls, massage, tens unit, hydrotherapy and the constant support and supervision of a skilled midwife. We offer water birth for those women who are interested and good candidates. Laboring in water may shorten labor, ease labor pains, make pushing easier, and protect your vagina from unnecessary trauma. It is also a gentle way for your baby to enter the world. Protected by the "Dive Reflex", the baby doesn't even know it is born until we lift him or her gently out of the water and into your arms. During labor and birth, we don't tell you what to do; instead, we guide you to the best way for you to get through the hard work of having your baby. You can be in any position you like for the birth. Basically, you will find the right way through labor and we will be there to support you. We encourage you to invite anyone you wish to be present at the birth. If you bring children, they must have their own support person, but they are welcome to be part of the magical experience. Your friends and family can participate in whatever way you wish. You may photograph or videotape any part of the birth, if you like.

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decision.

## How long can I stay at the birth center after I have my baby?

After your baby is born, you must stay for a minimum of 2 hours, according to Texas State guidelines. The maximum stay is 24 hours. Before you leave, the midwife does a thorough check of the mother and newborn to ensure that you are both safe and healthy for discharge.

Can't imagine going home so soon after having the baby? Most of our clients feel great after their unmedicated labor and birth and are ready and anxious to get back to their own bed and their own home. It is amazing how much energy you have after accomplishing your goal. Newborn Screening Tests are performed on the baby at the 3 day visit and again at the two week visit. Your baby should be examined by your choice of pediatrician at the time the pediatrician recommends, generally beginning at the age of 2 months.

## Can my family be present for the birth?

You can have as many people with you during labor and birth as you like. Some clients have multiple friends and family, others prefer the privacy of being alone with their partner. We have a separate waiting room where people can be close by without actually witnessing the birth, allowing you privacy while still having the important people nearby. Deciding whom to have at your birth is a personal

## Natural Labor sounds like a good idea, but what if I want pain medication?

Some women, especially those having their first baby, are frightened by the idea that they will be forced to labor without the option of pain medication. None of us knows ahead of time what labor will be like or how we will cope. Many women tell us that they have a low pain tolerance. That may be true for certain things, but labor is unlike any other experience of pain that you will have in your life. You will be thoroughly prepared through prenatal visits with the midwife. The continued presence of the midwife during labor will reassure you that you and your baby are safe. We strongly recommend childbirth preparation classes. We will be glad to make recommendations to you for a suitable class for you and your family. Should you desire some form of pain relief during labor, we have injectable pain medications available. We use it very rarely, because our clients usually surpass their own expectations of what they are capable of, but some like to know it is there just in case. We also welcome and encourage having your own private doula.

The newborn exam is done in the room with the family present.

## Can I have an epidural at the birth center?

Epidurals are not available outside of the hospital. While epidurals are

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commonly used and relatively safe, there are some risks to the mother and baby involved in using an epidural. Epidurals can only safely be used in a hospital, with an anesthesiologist and OB/GYN surgeon available in the event of complications.

## Is underwater birth safe?

Most people worry about the baby breathing under water and this is a very common question. When the baby is born in water, it is still attached to the umbilical cord and receiving oxygen exactly as it was in the womb. As a matter of fact, a baby born under water doesn't even realize it is born until you take him or her to the surface. The midwife brings the baby out of the water within a few seconds of birth, to minimize any risk. Waterbirth has been proved through thousands of births around the world to be quite safe for mother and baby.

## Can I become a client during pregnancy?

Women may transfer in to care at Inanna Birth and Women's Care prior to 28 weeks in their pregnancy. Some women need some time to realize that their fears about birth are misplaced and that they want to have their baby in a private, relaxed setting. Becoming a client during pregnancy is as easy as coming for a tour and interview. If you decide to transfer to Inanna Birth and Women's Care, we must first review your prenatal records to assure you are low risk. If all is well we can

then accept you as a client.

## What are your policies on episiotomies, intravenous fluids and newborn treatment?

The nurse-midwife does not cut routine episiotomies. Episiotomies are used occasionally in cases of fetal distress. Over the years, our episiotomy rate has remained less than 3%.

Intravenous fluids are used in the Center for women who become dehydrated, need IV antibiotics, have significant blood loss after the baby is born, and occasionally in other circumstances. Our philosophy about newborn care is to prioritize family bonding. At the moment of birth, the baby is passed directly to the mother. The newborn exam is done in the room, on mom's chest, with the family present if desired.

Immediate skin to skin bonding and delayed cord clamping is done with all births.

## What kind of post-partum care will I receive?

If the mother and baby are healthy, and the mother desires, the family may return home after a two hour post-partum stay. Most of our families are eager to go home to their own home and snuggle in bed with their new baby.

You and your baby will have a follow-up exam from the nurse-midwife after approximately 3 days. When the baby is 2 weeks old, you and your baby will have an appointment at the Center.

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The mother has a six-week post-partum visit with the nurse-midwife. The midwife is available throughout the post-partum period to answer breastfeeding questions or other concerns you may have.

### What happens if two people are in labor at once?

It has happened before! Most of the time, the midwife can easily care for two women at once. If both women are actively laboring and expected to deliver at the same time, we have a back up midwife on call to ensure that every woman in labor will receive the attention she requires.

### Who is your back up doctor?

We have the privilege of working with the doctors and midwives at Caring for Women, and will consult or refer to them accordingly. Your midwife will accompany you to THRP-Flower Mound and your care will be managed with one of the Caring for Women staff, should transfer be necessary. In the very unlikely event of an emergency transfer, you will be taken to THRP – Denton, where the OB Hospitalist will care for you.

### How many babies do you deliver per month?

We do not generally exceed 12 women with due dates in each month. Because some go early, some go late, and some right on time, we deliver approximately 10 babies a month.

### What routine prenatal tests do you require?

We will offer to you all tests recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse-Midwives (ACNM), as well as those of the State of Texas. We will offer education on the screening, so that you can make an informed choice.

Some of those screens are: “OB Panel” to show complete blood count (CBC), blood type, Rh factor, antibodies, rubella, hepatitis B, and syphilis status, and HIV screening. The State of Texas recently passed a law requiring that all pregnant women be screened for HIV initially during pregnancy and repeated in the third trimester. They are also required to repeat their syphilis and hepatitis testing when they enter labor. Your midwife will thoroughly discuss these changes with you and counsel you accordingly. Pap smears, Gonorrhea and Chlamydia cultures and genetic screening will be offered. Diabetes Screening Test and Anemia screening at 28 weeks, Group B Strep (GBS) screening at 36 weeks. Ultrasounds are also available at Caring for Women and other qualified sites.

Other tests may include; Urinalysis with culture & Sensitivity, Non-stress test (NST)\*, Biophysical Profile (BPP)\*

\* indicates test is not routinely indicated

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## What method of childbirth preparation is recommended?

Jean is a certified instructor of Birthing From Within. In these classes, parents practice a variety of proven pain-coping exercises and build their pain-coping confidence. You and your partner will explore feelings about pregnancy through lively discussion. Topics covered include birthing as a rite of passage, "losing it" in labor, suggestions to make labor easier and shorter, pitfalls of labor "coaching," and early postpartum issues. One class includes time dedicated to dads and issues and questions specifically for men. Jean offers a series of six evening classes in Jean's home, located near the birth center. Please call Inanna Birth and Women's Care to register for classes. Additional information and registration options available on the Education page of the Inanna web site.

Hypno-birthing, Bradley Method and Birth Boot Camp classes also offer excellent birth preparation. Of course, you are free to participate in whatever method of childbirth preparation best meets your needs and interests.

## What complications have you handled? How did you handle them?

Briefly, many complications can be and are handled at home or in the birth center without further incident. For instance, we have successfully handled a cord around the neck, shoulder dystocia, fetal distress, maternal exhaustion, dehydration,

postpartum hemorrhage, and newborn respiratory distress. If the situation cannot be stabilized, we will not hesitate to call for emergency assistance.

## What procedures do you require on the newborn?

We offer antibiotic eye ointment to prevent infection caused by undetected or untreated gonorrhea and/or chlamydia infection or other bacteria (screening for these infections is offered during prenatal visits, but not required).

State law now gives the parents the choice for the eye ointment. The midwife will gladly discuss this with you. Also offered is a one-time injection of Vitamin K to prevent Hemorrhagic Disease of the Newborn. A Newborn Screening Test for inborn metabolic errors, obtained by a heel stick for blood collection, will be offered between 2 and 5 days after birth and again at 2 weeks. We can administer the test at the birth center.

## What if I want a circumcision for my baby boy?

The American Academy of Pediatrics does not recommend routine circumcision. Studies have shown that there is little benefit to this procedure. However, the risks of the procedure are few. If you desire a circumcision for your son, Jean can do this simple procedure in the office. She uses comfort measures as well as local anesthesia to make the experience

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less stressful to your baby and to you. She requires you to wait eight days after birth to ensure your baby is nursing well and his blood clotting capabilities are at their peak. She also requires the vitamin k shot before performing circumcision.

### What do I need to do to transfer care to Inanna Birth and Women's Care?

We ask that you first attend a tour of the Birth Center. Tours are usually held on the weekend. The tour will help us to determine if you are a good candidate for Birth Center care and you can decide if Inanna is the right place for you. Before accepting you as a client we must review your prenatal records from your previous care provider. We do not generally accept clients after 28 weeks gestation. Once you have attended the tour and we have reviewed your records and deemed you low risk, we will contact you and invite you to enter our care. You will only need to sign for a release of records from your previous care provider.

### What if I have problems with breast-feeding?

All of our staff are very experienced with breastfeeding. However, sometimes help is needed. We have Lactation Consultants available for referral for any problems.

### Do you offer Placental Encapsulation?

Arrangements for encapsulation can be made with the specialist of your

choice.

### Is it safe to encapsulate or eat my placenta?

We know this is a hot topic! There has been recent debate by Center of Disease Control, American College of Obstetricians and Gynecology and the American College of Nurse-Midwives. There is not a lot of research out there yet, but the research that has been done suggests that eating your placenta may pass Group B Strep bacteria, Zika Virus and potentially other infectious diseases to your newborn. While it may have benefits of decreasing the risk of postpartum depression and improving milk supply, we cannot recommend this practice at this time. More research is definitely needed! You are free to make the decision that you feel is best for you. But it will be your responsibility for any POSITIVE OR NEGATIVE outcomes.

<http://www.evidencebasedbirth.com>