

Midwife-led care has been proven to offer physical and emotional

You might call Noelle Collins Taylor of Centennial, Colorado, an expert at giving birth—after all, she’s done it six times. And after having three of her children with the help of midwives, she’s convinced they’re the best choice for moms-to-be and their families.

When Taylor went into labor with her third child, she, like many women, arrived at the hospital to find that her ob-gyn was unavailable. She was put under the care of a Certified Nurse-Midwife who worked on call. “I felt okay about it, and thought that if something did go wrong, I’d be able to get a real doctor to help,” Taylor says. But not only did her labor go smoothly, Taylor was happy with the experience overall: “Instead of having me labor on my back, my midwife asked me which position I felt most comfortable in,” she says. When Taylor requested a numbing shot before the baby’s head started to crown (a practice the OB had performed for her first two births), her midwife said that it would likely make postpartum recovery more difficult. “No one told me that before. So I chose to go without the shot. Later, my body felt different than before—better.”

Taylor chose to work with a midwife during her next pregnancy, and was glad she did. After the birth, the midwife encouraged Taylor to walk from her labor room to her maternity room. “It was kind of surprising, but it made sense. It reminded me that there wasn’t anything wrong with me, and I didn’t need to be wheeled 50 feet—I’d just had a baby, not a major surgical procedure,” she says. And she felt in control: “Midwives are quick to affirm that it’s the moms-to-be who know their bodies best,” she says.

That’s exactly the idea, midwives say: “We provide the guidance, experience, and knowledge that empower women to be active partners in their pregnancy and labor. Midwives are collaborators who educate, oversee, and provide support to pregnant women and their families,” says Eileen Ehudin Beard, a Certified Nurse-Midwife, Family Nurse Practitioner, and senior practice advisor of the American College of Nurse-Midwives.

There are health benefits to midwife care, too: Far fewer medical interventions, such as unnecessary c-sections, take place with midwife-attended births, and hospital stays are shorter. But still, Noelle Taylor doesn’t have a ton of company in her experience: Only 8 percent of all U.S. births are attended by a midwife, according to the 2007 National Vital Statistics Reports (the most recent reports available). Here’s what goes into midwife care—and what’s keeping women from choosing it.

8
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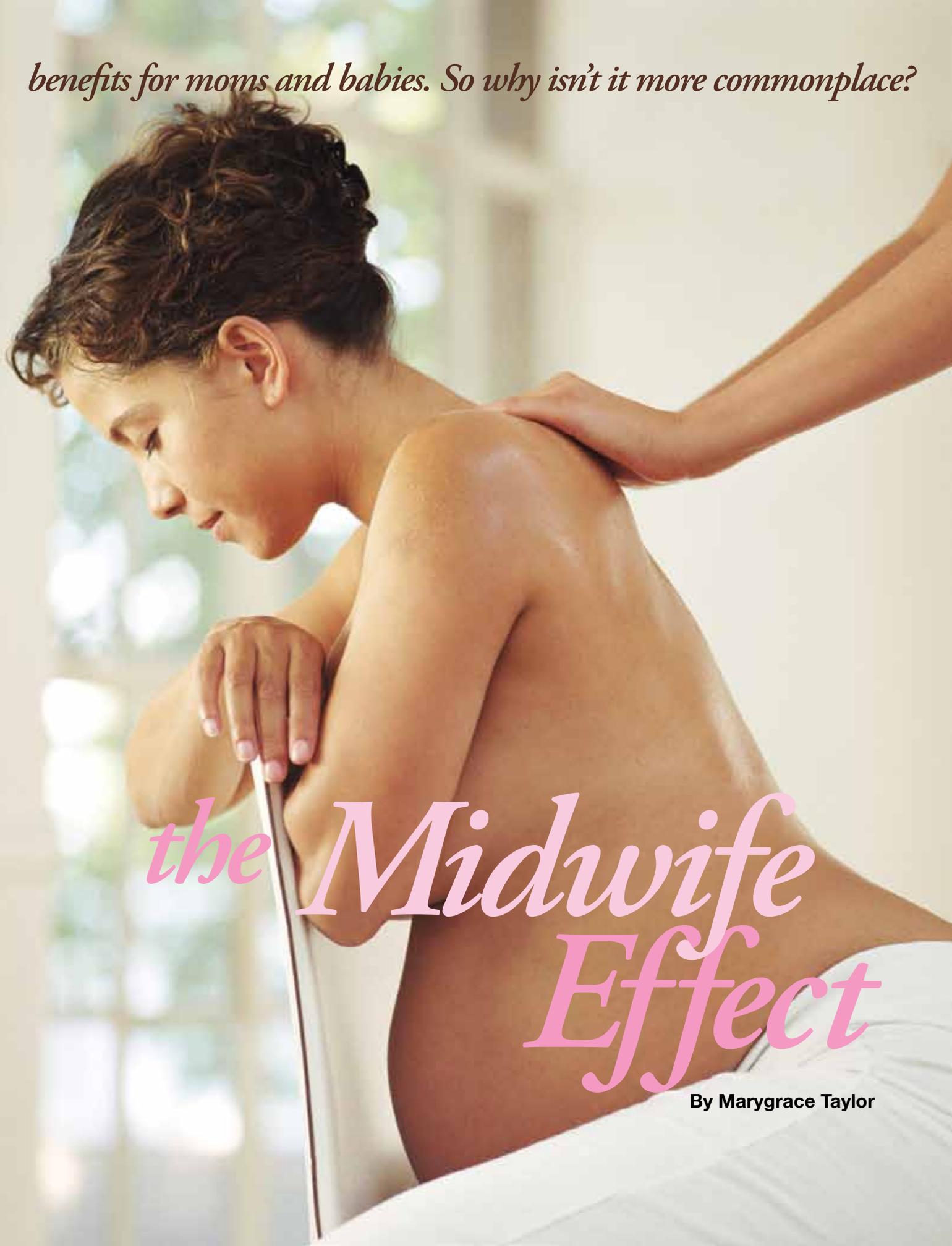
A Different Approach

The experiences of more than 12,000 women made up a major review of studies published in 2008 by the Cochrane Collaboration, a nonprofit that conducts research on health care. By comparing conventional pregnancy and birth care to midwife-led care, the group found enough medical and emotional benefits—and no adverse affects—to conclude that most women should be offered midwife-led care. Women who worked with midwives were less likely to have episiotomies, instrumental deliveries, and epidurals. Plus, they were more likely to be able to labor with the midwife they saw during pregnancy, and were more likely to have control during the labor process over positioning, pushing, and even some medical procedures, such as numbing shots. Studies not included in the Cochrane review have found similar benefits.

Why the different experiences? Aren’t midwives delivering babies—just as doctors do? The answer lies in their philosophies. “Midwives see pregnancy, labor, and birth as normal states as opposed to medical ones,” says Amy Alpern, a Certified Nurse-Midwife and cofounder of the childbirth education organization Bklyn-Birth in Brooklyn, New York. Further, equal focus is placed on the mom-to-be, her family, and her baby. “When you get medical prenatal care [from an ob-gyn], that care focuses just on the fetus. Midwives look at all aspects of a woman’s life,” says Beard.

When a woman works with a midwife, she receives routine prenatal care, and sees her midwife as often as she would see an ob-gyn. The midwife tracks the baby’s growth with a tape measure,

benefits for moms and babies. So why isn't it more commonplace?

A photograph of a woman with dark, curly hair tied back, sitting on a massage table. She is leaning forward, resting her head on her hand. A person's hands are visible, massaging her back. The background is a bright, out-of-focus window with greenery outside.

*the Midwife
Effect*

By Marygrace Taylor

listens to the baby's heartbeat, checks the baby's position, and can order ultrasounds and lab tests that can be performed by a radiologist or an obstetrician. If complications or risk factors arise, the midwife will refer her client to a doctor.

In fact, doctors—and doctors' organizations like the American Congress of Obstetricians and Gynecologists (ACOG)—agree that midwives who collaborate with M.D.s are a great option, at least for women with low-risk pregnancies. "One of the best virtues of Certified Nurse-Midwives is their attention to detail and continuity of care," says James Meserow, M.D., former director of obstetrics and maternal-fetal medicine at the now-closed Michael Reese Hospital in Chicago, who has collaborated with midwives for 30 years. "It depends on the specific setting, but the best approach involves a Certified Nurse-Midwife, a general OB, and any necessary specialists for high-risk pregnancies. That combination gives women the best of care," he says.

Barriers to Using a Midwife

Slowly, midwife-attended births are growing: They jumped from 240,000 per year in 1996 to nearly 320,000 in 2007. Still, the number as a whole is small, accounting for less than a tenth of U.S. births.

"There are several misconceptions that prevent midwifery from becoming even more popular," says Beard. These are some of the biggest concerns women have:

► "CAN I TRUST THEM?"

Some people think midwives lack an educational background, which may only be true for some midwives. These are four common types of midwives:

● Certified Nurse-Midwife (CNM)

Midwives who are also registered nurses with college degrees, CNMs practice mostly in hospitals and/or birthing centers and are required in almost all states to have agreements with local doctors so that a birth can occur in a hospital with backup support. Their certification comes

ods. These might include apprenticeships, workshops, and formal programs. Direct-entry midwives usually attend home births, are not typically required to have an agreement with a local doctor, and are not supported by ACOG. Their legal status varies by state; find out their status in your area at mana.org/statechart.html.

● Certified Professional Midwife (CPM)

CPMs can be Certified Nurse-Midwives or direct-entry midwives who have met the certification standards of the North American Registry of Midwives, which requires out-of-hospital training in addition to clinical training. CPMs usually attend births outside of the hospital setting.

► "I DON'T THINK THERE ARE ANY NEAR ME."

CNMs are licensed to practice in all 50 states: "It's just a matter of taking that extra step to find them," Alpern says. Begin by calling a local hospital or obtaining a list of CNMs, CMs, CPMs and—if your state licenses them—direct-entry

Midwives promote labor and birthing practices that are as natural

Midwives promote labor and birthing practices that are as natural and noninvasive as possible. They encourage women to explore different birthing positions, and if a woman needs stitches, medication, or other procedures, many midwives can administer them or ask a physician for assistance. A midwife will also promote immediate skin-to-skin contact. "She'll help initiate breastfeeding and provide ongoing support. She'll see her client for postpartum checkups and offer birth control options," Alpern says. "Women may get any or all of these things from an ob-gyn, but American obstetrics has routines and patterns—like having a woman labor on her back or whisking the baby away before a mother has had a chance for immediate contact—that don't always support these practices. Midwives work to protect these normal activities, unless extra medical assistance is needed."

through the American Midwifery Certification Board and integrates apprentice training with a formalized education. Many ob-gyns, including Meserow, see CNMs as the gold standard in midwifery: "The CNM license is an important qualification that's essential for a safe practice."

● Certified Midwife (CM)

CMs are midwives who do not have nursing degrees, but who receive training and education identical to CNMs as it relates to midwifery. "They take the same midwifery exam as CNMs, and in terms of ability to attend pregnancy and birth, are the same," says Beard. CMs are only licensed to practice in New York, New Jersey, and Rhode Island.

● Direct-entry Midwives

Midwives who may or may not be certified by a state or national organization, direct-entry midwives typically receive training through a combination of meth-

midwives from your state government. All types of midwives commonly work in private practice, and can be found in health directory listings like birthpartners.com or at the American College of Nurse-Midwives website, acnm.org. You can also ask your regular ob-gyn about any midwives she may collaborate with. There are doctors who choose not to work with midwives; that's why it can be helpful to start with a midwife, as most have already made the contact needed with an ob-gyn.

► "I DON'T WANT TO GIVE BIRTH AT HOME."

Though 92 percent of midwife-attended births occur in hospitals, many people believe midwifery is reserved for home births. When it comes to working inside a hospital for deliveries, "nurse-midwives have no problem in most areas of the country if they have a relationship with

a doctor who's willing to provide consultation or referral and has privileges in a hospital," says Katy Dawley, Ph.D., a Certified Nurse-Midwife and director of the Midwifery Institute of Philadelphia University. Plus, a new trend is emerging where midwives are becoming laborists (midwives who just attend births) who cover hospital floors and are assigned to attend births as moms come in—like Noelle Taylor's first midwife experience. Dawley says this can decrease a woman's continuity of care, which isn't ideal, but can increase the number of midwife hospital births overall, thus raising awareness to the benefits of a midwife-assisted birth.

▶ **"MY INSURANCE PROBABLY WON'T COVER IT."**

Many insurance plans cover midwife service: 33 states require midwife coverage from private plans (including HMOs), and it's mandatory in all 50 states through Medicaid. What's more, midwifery care has a lower reimbursement

and noninvasive as possible.

rate (read: costs less) than care from an ob-gyn, since fewer invasive procedures are used during labor and pregnancy. Two of Noelle Taylor's midwife-attended births were covered, but after switching to a different insurance plan, she couldn't get coverage for her fifth child. "I wasn't happy about it, but we had to go back to an ob-gyn," she says.

▶ **"WHAT IF SOMETHING GOES WRONG?"**

Midwife-attended births in hospitals have been shown to be just as safe as those attended by an ob-gyn. "I haven't found any drawbacks," Meserow says. "However, if a woman reaches a level of risk during labor where more help is needed, it's important that the midwife is quick to seek consultation from a physician." Since so much can change—even in a matter of seconds—during labor,

Meserow and ACOG do not support home births, whether they're attended by a midwife or a physician. Also, it's less common, but some midwives attend collaborative births with doctors, especially for high-risk births in which a woman needs a greater level of care but still desires a more personalized experience.

Making Midwifery Work for You

Though the vast majority of births with midwives occur in hospitals with Certified Nurse-Midwives, there are other options: working with one of the other types of midwives, and laboring at a birth center or at home. Even women with high-risk pregnancies can reap the benefits of midwifery when they create a collaborative plan with their ob-gyn or specialist, says Meserow. "There's a multitiered level of care available: Moms can

have the birthing experience they want, as well as the backup security they may need," he says.

Perhaps the most important thing to remember? Pregnant women—and their families—are consumers of health care, and should feel free to explore their options, says Beard. Research midwives and birth sites in your area, and talk with other moms to learn about their birth experiences. Once you find a potential match, interview the midwife to learn more about her practice and approach before committing. "Even once you've made a decision, if you find you aren't happy with it or aren't able to communicate effectively, you shouldn't feel locked in," Beard says. "There are a lot of choices, and you should be comfortable shopping for the best fit." ●

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