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Welcome to Choices in Childbirth’s
Fourth Edition of the National
Guide to a Healthy Birth!

The Guide to a Healthy Birth is a national resource packed full of information for families like yours engaged in making important maternity care decisions. We believe that knowledge is power and that the birth of your child is an important time to be as informed and empowered as you can be. We hope that the Guide proves to be a useful tool for you and your family as you navigate your childbirth options and determine the birth plan that is right for you. We invite you to visit our website for more information on your options and to learn more about Mother-Friendly providers in your area.

We would like to express our thanks to all of the Mother-Friendly providers listed on our Online Provider Network for the important work that they do. We are grateful to all of the brilliant article contributors for sharing their insight and expertise. Thank you to our supporters for making this publication possible. Finally, we give our thanks to all of the hearts and hands that came together to create this important resource.

We wish you and your baby a healthy, safe, respectful and deeply satisfying birth experience.

Founder, Executive Director

Choices in Childbirth is a NYC-based not-for-profit dedicated to educating the public about women’s options and rights in childbirth as well as advocating for access to optimal maternity care services for all. At Choices in Childbirth we believe that birth is a sacred event. We believe that how we come into this world matters. We believe that every family should have access to care that is both safe and deeply fulfilling.

Please visit our website at www.choicesinchildbirth.org for more resources and a schedule of free monthly workshops for expectant parents.
Becoming a New Mother: A Doorway for Transformation
Sheryl Paul

Transitions are profound opportunities for growth and healing. Each time we walk through a portal of transition – whether we’re graduating, moving, getting married, or becoming a mother – we leave behind the familiar and move into the unknown. Transitions, like earthquakes, shake up our foundations. In the midst of the tremors it’s natural to feel scared, sad and out of control, which will cause us to either hang on more tightly to the old, familiar life or, if we allow it, to surrender to the unfamiliar sensations and let go into the new life. It is in this letting go that we say goodbye to the old ways, surrender our illusions of control, grieve what will never be again and then make room for something new to be born: an identity, a way of life, new aspects of ourselves.

Sadly, our culture fails to provide a roadmap for those in transition to help them make sense of these emotional earthquakes. Imagine, for example, if alongside information about how your baby was growing and changing week-by-week, you received updates of your emotional development as a new, emerging mother! Imagine if alongside the nutritional recommendations you had a list of questions that you and your partner could be asking yourselves and each other to help you successfully navigate the tricky terrain of becoming parents. Imagine if you had someone guiding you down these new inner roads and saying, “Okay, the first trimester is the time to turn inward as the seeds of your new mother identity are gestating. The second trimester is the time to turn outward and explore your expectations of yourself, your partner and your baby. And during your third trimester you’ll form a cocoon as you disconnect from the outer world and prepare psychologically for labor. You see how you are contracting and expanding emotionally and psychologically to birth your new identity, just as your uterus will contract and your cervix will expand to birth your new baby? Isn’t it extraordinary?!”

Instead, our culture focuses on the more identifiable periods that bookend life’s changes, like the physical components of growing a baby and how to raise a healthy child. We offer pregnant women ultrasound reports and lists of things they need to buy without educating them on the spiritual aspects of pregnancy and preparing them for the seismic shifts that occur when the baby arrives. We see transitions as something to get through so we can collect the “happily ever after” prize that waits on the other side – i.e. the baby – and then continue on as if nothing has changed.

Not only does our culture fail to provide an emotional roadmap to pregnant women and their partners, it actually encourages women to “go, go, go” and covertly transmits the message that a baby is an inconvenience to the work environment. Where some countries offer new mothers one full year of paid maternity leave, we expect women to “get back on the horse” often within weeks of delivery. This cultural pressure hinders a woman’s natural instinct to slow down and turn inward as she knows that the values and ethics of the work world are tugging at her to return.

There is a significant downside to this approach: when a woman powers through her pregnancy, refusing to slow down into the natural rhythm that her body is begging her to follow and unwilling to let go of her old way of life and “non-mother” identity – her freedom, her lifestyle, the illusion of control over her life, her marriage, her body – she will be unable to truly embrace motherhood and be fully present for her baby. This is when we see new mothers having difficulty bonding with their babies. This is when we see women seeking the safety and familiarity of work before their maternity leave has ended. The old life and identity weigh her down; the unexplored expectations keep her awake at night; the ungrieved losses wedge a wall between her and her baby.

But it doesn’t have to be this way. In fact, when you understand that it’s normal to grieve during pregnancy, when you take time each day to address your expectations, explore your natural fears and learn effective tools for managing your anxiety, pregnancy becomes the transformational vessel inside which you prepare to birth your new identity as a mother. Guided by ancient wisdom that teaches that the rebirth of
spring can only follow the shedding of autumn, you do the only work that really matters: you grieve the old life so that you can make room for the new. Just as the butterfly cannot emerge until the caterpillar completely relinquishes its old identity, you can only emerge as a beautiful new mother when you let go of the identity as non-mother.

In other words, you are not only growing your baby; you are growing yourself. More important than buying the right car seat or stroller is tilling your inner soil so that your identity as a new mother can take root on a healthy foundation. By taking time each day to turn inward and journal through the questions, fears and expectations that are populating your mind, you give your baby the best chance for a healthy beginning: a prepared mother, ready to embrace her baby with open arms and begin the empowering and lifelong journey of motherhood.

Sheryl Paul, M.A., has counseled thousands of people worldwide via her private practice, her bestselling books and her website http://conscious-transitions.com. She has been featured several times on “The Oprah Winfrey Show”, as well as on “Good Morning America” and other media around the globe. Her home study course for pregnant women and new mothers, “Birthing a New Mother: A Roadmap from Preconception Through the First Year to Calm Your Anxiety, Prepare Your Marriage and Become the Mother you Want to Be,” can be found at http://birthinganewmother.com. She lives in Boulder, Colorado with her husband and two sons.

We love it when a woman asks questions, educates herself, and takes an active role in her maternity care decisions!

The birth of your child will be one of the most important and memorable experiences of your life. It is worth the effort and time to learn about all of your childbirth options so that you can make the decisions that are right for you and your family. Once you've identified what's important to you, you'll be able to clearly communicate your wishes and choose a care provider and birth environment that will respect and honor your choices.

We've put together a list of five basic steps that will help guide you through the process of making these decisions. We encourage you to identify a birth partner (spouse, partner, family member, close friend) and invite them into this process and to go through each step together. Your partner will ideally be your primary support person and advocate during labor and birth. The more prepared your partner is to ask questions and make requests on your behalf, the more you'll be set up for an empowered and healthy birth.

The Five Steps to a Healthy Birth

Step 1: Educating Yourself

Knowledge is power! Start this exciting new phase in your life from an empowered position! In today’s world you have access to a seemingly limitless amount of information about pregnancy and birth. Dive in! Sign up for a comprehensive childbirth education class, read healthy pregnancy and birthing books and magazines, and watch documentaries on childbirth. Reach out to parents, providers and birth organizations in your area to find out about local resources and to get a sense of what birth options are available to you in your community. Check the Choices in Childbirth website for resources, our list of recommended books and films, and to find childbirth educators and parenting support classes in your area.

Step 2: Listening to Your Body

Your body is about to embark on an epic journey! Pregnancy and childbirth will challenge you in all kinds of new and exciting ways. Despite the fast pace of life, this is a time for you to really listen and connect to your body’s messages. During this time your needs will be changing almost continually. Take time to check in with yourself each day and really listen to what your body is
Step 3: Creating Your Personal Birth Philosophy

Now that you’ve started to educate yourself about pregnancy and birth and are tuning in to your body’s changing needs, it’s time to make some choices. Step 3 is about identifying your own personal philosophy and creating a vision for your child’s birth. It is time to get really honest and clear with yourself. For example, do you believe the process of birth is: Safe? Scary? Sacred? Do you believe that labor and birth require medical assistance? Do you feel it is a normal, natural process? Do you fear labor is potentially dangerous? Do you want medical assistance throughout? Do you want to deliver in the most natural way possible? Do you fall somewhere in between, believing that birth is usually safe but feeling that you want a higher level of medical expertise on hand, just in case?

Ask yourself big questions and listen honestly to your answers. Notice what fears come up for you and talk them through with your partner, support people or a counselor. Once you have a sense of your beliefs about birth you will be ready to make the maternity care decisions that are right for you such as where, how, and with whom to birth. The Mother-Friendly Provider Listings and Choices in Childbirth Provider Network can help you find prenatal counselors and doulas who can assist you in this process.

Step 4: Choosing Your Care Provider

Choosing a maternity care provider is the single most important decision that you will make. Ask for referrals from sources you trust and take the time to interview at least 2 or 3 providers to ensure that you find the best possible match. Ask your provider many questions to make sure he/she supports and agrees with your personal birth philosophy (For some guidelines, see “Questions to Ask Your Provider). You should feel confident that your provider is skilled AND that they will respect your wishes. Trust your gut! Once you’re in labor you won’t be able to convince your care provider to go against their own birth philosophy and follow your wishes. This is an unrealistic and often disappointing expectation. Listen to your instincts NOW as to whether or not the provider is the right one for you. There are many different perspectives surrounding appropriate care during childbirth. Make sure to research the various models of care before choosing a provider. Options for maternity care providers include Obstetricians, Midwives, Family Physicians, and Osteopaths. Check the Listings in this Guide or on the Choices in Childbirth website for Mother-Friendly providers in your area.

“Then I’d known then what I know now.”

These are heartbreaking words.

Birth doesn’t always go the way that we expect it to. Sometimes women are disappointed when their birth takes an unexpected turn. This is understandable. But there’s a big difference between not having the birth that you hoped for because of unforeseen complications and not having the birth that you hoped for because you weren’t fully informed or the providers serving you didn’t share your philosophy or respect your wishes.

We strongly encourage you to take the time to become educated about your options, connect to your birth philosophy, develop your vision, and select the providers and setting that will support you to the fullest. And, finally, have a terrific birth!

For more information including local provider listings, resources and recommended books and films, visit www.choicesinchildbirth.org.
Questions To Ask Your Care Provider

Here are some suggested questions to encourage dialogue and help you get a sense of your care provider’s approach. These questions are not intended to apply to all women or all situations. It is a good idea to interview at least 2 or 3 providers and it is never too late to change providers if you are not comfortable with the answers you receive.

1. Will you be at my birth? At what point in the labor will you join me? Who cares for me before that?

2. Is there a limit to the number of people who can accompany me during my birth? How do you feel about a labor support professional such as a doula or massage therapist joining my birth team?

3. Will I be allowed to eat and drink in labor?

4. If I were interested in having a natural, unmedicated birth, how would you feel about it?

5. What comfort measures do you recommend?

Freely changing positions and walking around
Laboring at home as long as possible
Water therapy (shower/tub)
Vocalization and visualization
A doula
Narcotics (Stadol/Demerol)
Epidural

6. What would you recommend I do if my water breaks before contractions have begun? How long after my water breaks would you recommend induction if my labor doesn’t start on its own? Can I still use a tub/shower?

7. What are your protocols regarding my due date, i.e. inducing labor at 40 weeks? 41 weeks? 42 weeks? If I am approaching my due date and tests show that my baby and I are doing well, can I wait until labor starts on its own?

8. Do you believe in active management of the first stage of labor? For example, would progress of less than one cm per hour call for artificial rupture of membranes (AROM) or Pitocin? If everything is fine with me and my baby, will I be able to labor at my own pace and for as long as I need?

9. If you feel that labor has to be stimulated, what methods do you recommend? Does this change at 41 weeks or 42 weeks?

10. What is your protocol regarding the following procedures and how often do you perform them?

- Heparin Lock
- IVs
- Continuous versus intermittent fetal monitoring
- Internal fetal monitoring
- Catheterization
- Artificial rupturing of the membranes (AROM)
- Epidural
- Assisted vaginal delivery (forceps/ vacuum)
- Episiotomy

11. What is your cesarean rate? What factors do you believe contribute to that rate? What is your VBAC success rate and how many do you attempt each year? What are your standard protocols for VBAC mothers?

12. Will I be able to choose the position in which I will push and give birth such as side-lying, all fours, or squatting?

13. Do you believe in active management of the third stage, delivery of the placenta? If everything is fine with me and my baby, would I be able to birth my placenta at my own pace?

14. Can my baby remain with me at all times from the moment of birth? Do you support skin-to-skin contact between my baby and I immediately after birth?

15. How will you and your colleagues support me as I initiate breastfeeding? Can we delay newborn procedures until breastfeeding has been initiated?

16. (For home birth midwives) How long will you stay with me after my baby is born?

17. (For home birth midwives) What is your rate of transfer to the hospital? Which hospitals do you transfer to, and do you have admitting privileges there? Who are your consultant obstetricians? Will I be able to meet or interview them?

For more Questions to Ask Your Care Provider, visit our website: www.choicesinchildbirth.org
Lessons Learned: A Tale of Four Births
Leta Hamilton

Giving birth in a teaching hospital is a strange experience. Not only are there nurses and doctors, but also a parade of interns coming through to observe “woman in labor.” My first child was born under these conditions. We were living in London and the nearest hospital was a short walk away. Having our baby any place else was never a question. Life, however, is a learning process and we learn through experience. With so many staff putting needles in my arms and monitors causing so much noise, there was nothing about this birth that felt “mine” any longer. Being in labor for eighteen hours with what felt like zero privacy inspired strong opinions about what constituted the optimal birth experience. This was not it.

I knew I wanted a different birth experience the second time around, and having a friend who had a home birth solidified my resolve to do the same. I approached my due date with an open mind. We were still in the UK, where home birth is a much more common practice than in the US. And the hospital was only five minutes away if something were to go wrong. About a week before my due date and unable to fall asleep, I rested in the living room kneeling over a big purple yoga ball and listening to a CD of soothing music in the dark. After nearly three hours of this calm drifting in and out of sleep, I told my husband that I was in labor. Within a few minutes I went from preparing for birth to having full on contractions. My husband called the midwife and then, when it was obvious that this baby was coming quickly, the paramedics. As the baby’s head made its way out, our midwife arrived. My husband answered the door, then raced back in time to catch our son as he launched out. This birth experience, while nerve wracking for my husband, was the most empowering thing that has ever happened to me. Without drugs, I was able to feel my baby traveling down my birth canal, an indescribable feeling that has to be experienced to be believed. My body, my instincts and my soul knew what to do. It remains to this day my best birth experience with any of my four children.

Becoming pregnant a third time was not part of the plan, but we were not exactly scientific with our birth control. We were living in the United States by this time, and I decided to take a Hypnobirthing class and deliver in the kind of trance I had seen on Regis and Kathie Lee. We also planned to have a birthing pool and deliver in the water. But one person’s birth experience is not like another’s, and, in the end, I was not feeling “trance-like” during labor. Nor was I feeling drawn to the pool. Every time I sat in it everything seemed to slow down and all I wanted to do was get out. My big epiphany with this birth was: “It’s my birth and I can do what I want to do.” My first birth had been taken completely out of my hands by the hospital staff and my second had, in a weird way, been taken over by unseen forces that led me to act entirely out of instinct. I had different plans for this birth. I had an ideal scenario that included delivering my baby with my midwife, husband and best friend by my side, in the water and in some kind of blissful hypnotic trance. None of it turned out that way. My thundering “ah-ha” moment came on the couch when it dawned on me that if I screamed it would feel really good. After that, I screamed for each contraction. My son arrived within a few minutes. All my focus on calmness had been about taking on someone else’s birth experience and my belief that their way should be my way. I learned from this experience that my way was my way, and that was okay. Now I felt empowered to do anything and had the confidence to create a path unique to me.

After our third child, my husband had a vasectomy almost immediately. It came as an incredible shock when, two years later, I discovered I was pregnant again. Apparently, around 1 in 2,000 vasectomies can naturally reverse. Already four and a half months pregnant by the time I put all the clues together, the next stage was to transcend my resentful feelings and arrive at some sort of peace and happiness with this unexpected development. I turned again to the home birth midwives who had delivered my third baby. With their help, my husband’s support and a lot of soul searching, I began to embrace the new life coming into our lives. My final birth experience was traumatic because I was not expecting to have to go through childbirth ever again. I just wanted
to be done. I wanted the home birth experience again. There was no question of that. But it took a real toll on me physically to have to be there again, when I had believed that part of my life was over. I had been brought full circle from a hospital birth where I had completely surrendered all control over to hospital staff to this birth where I surrendered to an ultimate power that clearly knew something about my life’s purpose that I hadn’t yet discovered.

I have learned more than I bargained for through my four birth experiences. 1) Women frequently give away their power to “experts” who they believe know better than they do; 2) No one knows better than you when it comes to your body and its capabilities; 3) Only you know what is right for you in any given situation; and 4) When you are completely honest with yourself it isn’t always pretty, but it always leads to a better understanding of how your character is prepared for what you have been dealt in life. You are stronger than you think.

Leta Hamilton is Seattle-based blogger of “The Way of the Toddler: Spiritual Lessons from Our Zen Masters in Diapers.” She is a former radio show host, speaker and workshop facilitator teaching inner peace strategies for moms. Currently on maternity leave with her fourth son, she is the author of “The Way of the Toddler” (published by HALO Publishing).

Impact of Doulas

Having someone by your side who believes in you, trusts that you are capable of birthing your child, and stays with you for every step of your labor is often all a woman needs in order to find her strength and birth her child without the aid of costly medical interventions. Research shows that the continuous presence of a supportive doula not only leads to a more empowering birth experience, but also to fewer medical interventions, healthcare cost savings, and a host of improved birth outcomes, such as:

- 21% lower cesarean section rate
- Shorter labors
- Less need for anesthesia or analgesia
- Fewer vacuum and/or forceps births
- Higher APGAR scores
- Better mother-baby bonding
- Less postpartum depression
- More positive feelings about the birth

Taken from the New York Coalition for Doula Access Petition for New York State Medicaid Funding of Doula Support dated 10/31/2011.

What Is Shared Decision Making?

Amy Romano, CNM

During pregnancy and when it is time to give birth, you face lots of health care decisions. It is your choice to say “yes” or “no” to any blood test, ultrasound, medication, or procedure that your midwife or doctor may recommend. You want to make the decision that is right for you and your baby, but it can be hard to know what that is.

You have probably made other decisions as you prepare to welcome your baby. What kind of car seat should I buy? Where will my baby sleep? What kind of diapers will we use? Chances are if you have made a decision like this, you found out what you could about your options, weighed the pros and cons, thought about what was most important to you and asked for advice from people you trust. These same steps can help you make good health care decisions now.

Shared decision making can help you make decisions based on what is most important to you, while taking into consideration health care information from your doctor, midwife or other trustworthy sources. You communicate your priorities and concerns to your doctor or midwife and they communicate medical information to you. Whenever possible, this information should be based on good quality research and not just opinion. Then you and your care provider can decide together what the best option is for you.

Is Shared Decision Making the Same as Informed Consent?

Shared decision making is an important way to make an informed decision, but it is not the same as informed consent. If you give informed consent for care, you are saying that you understand the possible harms and benefits of a test or treatment. You sign an informed consent form to give a health care provider permission to perform that test or treatment, usually right before you get it. When you participate in shared decision making, you get to weigh all of the reasonable options ahead of time - including the option of doing nothing - and decide what is most important to you. It’s not just a form you sign, it is a process of sharing and gathering information, deliberating and carrying out your decision in partnership with your care providers.
What Steps Are Involved?
The first step is gathering answers to some simple questions.

1. **What are my options?**
Don’t forget that doing nothing is almost always an option. Make sure your care provider tells you about all the options - even those that might mean going somewhere else for your care. For example, if a care provider or hospital has policies restricting vaginal birth after cesarean (VBAC), you should still be able to weigh VBAC as an option and get care from another provider if you decide VBAC is right for you.

2. **What is involved with each option?**
Try to understand what to expect with each option. How do you need to prepare? What does it feel like? Does it involve other procedures or follow-up testing? What is the recovery like? For example, when you are deciding about induction of labor, it helps to know that it usually involves having a monitor record your baby’s heart rate at all times, and that you may be advised not to eat or drink anything while your labor is induced.

3. **What are the possible benefits and harms of each option and how likely are these to happen to me or my baby?**
This is where the research comes in. Research can tell you if a test or treatment is likely to help someone like you, and what side effects or other problems are possible. It can also help you understand the possible benefits and harms of choosing not to proceed. Sometimes research doesn’t give all the information you want, but your care provider should work to help you understand whatever information is available.

The next step is to think about what is most important to you. What are your goals, concerns, and preferences, and which option seems to line up with those the best? You might need to take some time to think, get a second opinion or talk to family or friends. For most kinds of decisions, there is plenty of time. Unless a situation is urgent, you should at least have the chance for some private time to collect your thoughts.

Finally, once you have made your decision, it is time to act. Ask: How do I carry out my decision? What do I need to do next? If you and your care provider don’t see eye to eye, now is the time to consider changing to a different care provider who shares your goals and will help you carry out your informed decision.

Are There Resources to Help with Shared Decision Making?
For some common decisions, Patient Decision Aids have been developed to help with shared decision making. A Decision Aid may be a booklet, DVD or website that guides you through each option, summarizes the research about possible harms and benefits and helps you clarify what is most important to you. Decision Aids have been shown to help people make decisions that are more consistent with their values and preferences, and to reduce the chance of regretting a decision afterward. Decision Aids for pregnancy and birth will be available in early 2013 at [www.expectingmore.org](http://www.expectingmore.org) and lots of information about options is available now at [www.childbirthconnection.org](http://www.childbirthconnection.org). You can also browse links to decision aids for all types of health topics, including pregnancy and birth, from the Ottawa Health Research Institute at [http://decisionaid.ohri.ca/AZinvent.php](http://decisionaid.ohri.ca/AZinvent.php).

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Amy Romano, CNM, directs the Transforming Maternity Care Partnership for Childbirth Connection and helps develop decision support tools for the Expecting More maternity shared decision making initiative.

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**Delayed Umbilical Cord Clamping**

Delaying the clamping of your baby’s umbilical cord for just two minutes is beneficial for newborns and has been shown to:

- Increase blood volume.
- Improve iron status in infants for up to six months after birth.
- Offer protection from complications such as brain hemorrhage.
- Contribute to improved outcomes for tiny preterm infants.
- Reduce the prevalence of neonatal iron deficiency and anemia, both of which are associated with impaired development.

**Early cord clamping:**

- Was developed without adequate medical evidence and may lead to damage caused by depleted plasma and oxygen in the blood.
- Causes variations in blood volume of up to 40%, which at any other time in life would have serious consequences.

**While delayed cord clamping is an evidence-based recommendation, it is not standard practice in all birth locations. Speak to your care provider in advance and at your birth if you would like to include delayed cord clamping in your birth plan.**
Know Your Legal Rights

This is a compilation of federal laws on a variety of topics relevant to maternity care and rights. The information below is adapted from various texts and is not intended to be legal advice.

THE AFFORDABLE CARE ACT

The Patient Protection and Affordable Care Act (PPACA) was signed into law in March 2010, and the Supreme Court ruled to uphold this law in June 2012. Below is a short summary of the benefits this will hold for childbearing women and their families. For more information visit: www.healthcare.gov/law.

The Patient's Bill of Rights:

- Provides coverage to people with pre-existing conditions. It prohibits exclusions or higher charges based on pregnancy and related complications, such as a previous cesarean section.
- Protects your choice of doctors and pediatricians, and prohibits the requirement of a referral for obstetric and gynecological care.
- Ends arbitrary withdrawals of insurance coverage.
- Restricts annual dollar limits and ends lifetime limits on coverage.
- Removes insurance company barriers to emergency services.
- Covers preventive care at no cost to you, including: annual exams; STI counseling; contraception; prenatal care; folic acid supplements; breastfeeding counseling and equipment; tobacco cessation services; and several screenings for mom and baby.
- Guarantees your right to appeal.

Important Gains for Maternity Care

Maternal and newborn care is included in the PPACA list of “essential health benefits” and therefore must be covered in healthcare policies beginning in 2014. There are specific gains for childbearing women and families in the following areas.

Medicaid

- Low income, uninsured women will be eligible to receive insurance coverage and healthcare services before they become pregnant, allowing them to better plan pregnancies and access prenatal care in a timely manner.
- Medicaid reimbursement of Certified Nurse Midwives (CNMs) at 100% of the physician rate.
- Medicaid coverage of free-standing birth centers.

New Services

- Pregnancy Assistance Fund for pregnant and parenting teens.

As well as the new federal Patient’s Bill of Rights, many states, hospitals and health care organizations, such as the American Hospital Association, have their own versions of a patients’ bill of rights, a code of ethics or code of conduct. These codes mandate compliance with certain practices and will give you an idea of the level and kind of care you can expect – and demand – from health care providers belonging to such institutions.

www.childbirthconnection.org/pdfs/rights_childbearing_women.pdf

CONSISTENT AND TIMELY TREATMENT

You have the right to be treated in a hospital if you arrive in active labor, unless the staff transfers you in a safe and timely manner. You are to be cared for from the time of contractions through the delivery of the baby and the placenta.

www.emtala.com

MATURENITY LEAVE

- You may be entitled to up to 12 weeks of unpaid, job-protected leave under the Family and Medical Leave Act (FMLA). This federal law applies to both women and men who work in a public agency, school or a company with 50 or more employees within 75 miles. The leave can be used for pregnancy complications as well as for the birth and care of your newborn. Many states have their own medical leave acts that might allow for additional time off or benefits. Check with your local State Department of Health for more information.

www.dol.gov/dol/topic/benefits-leave/fmla.htm

BREASTFEEDING

- You have the right to breastfeed your child at any location in a federal building or on federal property, as long as you and your child are otherwise authorized to be present at the location.
- You have the right to reasonable break time to pump breast milk for up to one year after the birth of your child. Your employer must provide a private place, other than a bathroom, for you to pump. (This federal law applies to employers with more than 50 employees).
- There are no laws in the United States forbidding breastfeeding outside the home. However, different
states have different legislation around breastfeeding. Check your local state legislation and the website below to find out your rights as a breastfeeding mother.

http://breastfeedinglaw.com

**INTERNATIONAL BREASTFEEDING ICON**

This symbol indicates baby-friendly areas and breastfeeding-friendly facilities, as well as increasing awareness of breastfeeding.

**INSURANCE COVERAGE**

You may have the right to have your maternity care and birth paid for by your health insurance company, even if it takes place with an out-of-network provider. Check with your state’s Department of Insurance to find out if such provisions exist in your area. See the section on insurance coverage for midwifery care on page 22 for more information.

**MATERNITY INFORMATION ACT**

A Maternity Information Act legally requires hospitals and birth centers to provide a leaflet for expectant parents and the public. This should contain clear information about the maternity care they provide, including both definitions and rates of induction of labor, cesarean section, episiotomy and other obstetrical interventions; the percentage of vaginal births after cesarean (VBAC) and vaginal breech deliveries; and other information including the percentage of deliveries by midwives and the availability of rooming-in (keeping your baby with you after birth).

At present only New York and Massachusetts have a Maternity Information Act, though other states are considering similar legislation.

www.mass.gov/legis/laws/mgl/111-70e.htm
www.health.state.ny.us/facilities/hospital/maternity/public_health_law_section_2803-j.htm

---

**Did you know**

- that acupuncture can help to relieve morning sickness?
- that a postpartum doula can help you with newborn care in your home after the baby arrives?
- that chiropractic care can help to position the fetus before birth?
- that many midwives provide annual well-woman care in addition to attending births?

There are over 35 types of care providers that offer specialty services to women and their families during pregnancy, birth and the postpartum period. Find out more about how each of these types of care can assist you during this exciting time - and visit our Online Provider Network to find these professionals in your neighborhood.

www.choicesinchildbirth.org/network

Choices in Childbirth can help connect you with Primary Care Providers and a range of specialty service providers. From Acupuncture to Well-Woman Midwifery Care, Breastfeeding Support to Parenting Classes, the Online Provider Network has you covered!
Insurance Coverage for Midwifery Care

There are often challenges associated with insurance coverage for birth choices that deviate from the norm of delivering at a hospital with an obstetrician. Below are some tips for navigating the process of obtaining insurance coverage for midwifery care.

Questions for your Insurance Company

- Does my insurance plan cover midwives?
- Is my midwife in the plan’s network?
- Does my employer fund the plan? (These plans are called “self-funded” and are exempt from various state laws protecting access to midwifery care.)

Insurance Tips

- Never accept the first answer that your insurance company gives you as the final answer.
- Always appeal a denial or low payment.
- Utilize your state’s Attorney General office for healthcare consumer complaints.
- If your midwife is considered out-of-network according to your insurance plan, be sure to find out what the out-of-network deductible and co-insurance are.

Planning a Home Birth?

You may be eligible for what some companies refer to as an “in-network exception.” This is when the plan grants coverage for your care at the preferred in-network benefit level, essentially treating your midwife as in-network for your care. In some cases, a hospital-based midwifery practice can be eligible for this type of authorization as well.

Haya Brant is a longtime doula turned billing expert. She works hard to maximize reimbursements for midwives and their clients every day.

US Cesarean Section Rates by State

<table>
<thead>
<tr>
<th>State</th>
<th>2000</th>
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For many families, the news of having a baby comes with a mix of excitement, anticipation and angst. These emotions, especially for first-time parents, are related to not knowing what to expect and figuring out what one must do to ensure healthy outcomes for mom and baby. One fact remains constant: it is always beneficial to be well informed about the range of options available. Cost effectiveness must be evaluated alongside parents’ preferences for a safe and fulfilling birth experience.

Prenatal and birthing costs depend on a variety of factors. First, is mom insured? What is covered? Most private insurance companies cover prenatal care and birth at an average of 87%. Out-of-pocket costs typically include co-pays for visits, deductibles and non-routine labs or tests. Provider care is sometimes distinct from facility charges depending on where mom delivers. For hospital births, insurance will pay the hospital for the birth and the hospital stay, but there may be a deductible. Birthing centers both within or separate from hospitals are generally cheaper in direct costs. Freestanding centers will have a list of participating insurance plans. Home births and midwives might be covered by private and public insurance. The out-of-pocket costs also depend on the plan, and whether there are extras such as rental of water-birth equipment.

Doula care is the perfect supplement to any birthing experience, but is almost always an out-of-pocket expense. Some private insurance carriers will pay a full or partial reimbursement if mom files a claim after she pays for services herself, but the process can be lengthy and tedious. Fortunately, for expectant moms who cannot afford the cost of this beneficial service, some not-for-profit organizations offer well trained and experienced doulas free of charge or at low cost. Most perinatal organizations, public health centers, clinics, and hospitals that serve expectant mothers offer free health education courses on topics such as family planning, parenting, breastfeeding and more.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) offers nutrition education, breastfeeding support, and nutritious foods to low-income pregnant, breastfeeding or postpartum women with infants and children up to age five, to promote and support good health.

Ekua Ansah-Samuels is a family health educator, lactation counselor, doula, and infant massage instructor. She has over 10 years of experience working with a range of private providers and non-profit organizations serving youth, pregnant and parenting women, and families.

Ekua Ansah-Samuels

Additional Resources:

National Advocates for Pregnant Women
212.255.9252
www.advocatesforpregnantwomen.org

Planned Parenthood
800.230.PLAN
www.plannedparenthood.org

text4baby
Phone: Text BABY to 511411 to receive free weekly info texts throughout your pregnancy and baby’s first year.
Envia BEBE al 511411 para Espanol.
www.text4baby.org

What to Expect Foundation
212.712.9764
www.whattoexpect.org

Women, Infants and Children Program (WIC)
www.fns.usda.gov/wic

© Amanda Gentile
Living an eco-conscious, healthy lifestyle may be the best thing you can do to prepare your body for having children. This goes for the gentlemen too - toxins are known to affect the health and mobility of sperm! Here are 6 tips to protect you and your baby from potentially harmful toxins during your pregnancy:

1. **Avoid produce with pesticides.**
   According to the Environmental Working Group, you can lower your pesticide exposure by 90 percent simply by avoiding the most contaminated conventionally grown produce, like peaches, strawberries, and lettuce.

2. **Ease up on animal fats.**
   When you buy meat, poultry, or dairy, look for low fat options. Fatty animal products contain the highest levels of toxins like DDT and PCBs because these chemicals are stored in fat and increase in concentration higher up the food chain. You can also do your body a favor by reducing how much meat you eat. Even one vegetarian meal a week can make a big difference.

3. **Get smart about plastics.**
   Some plastics contain chemicals suspected of causing harm - especially to developing fetuses. Avoid those numbered 1, 3, 6, or 7. Stop microwaving in plastic and ban the can! Canned foods and beverages are lined with a plastic resin that contains bisphenol-A, a hormone-disrupting chemical.

4. **Wet your whistle with water.**
   Skip the single-use bottled water, which can be contaminated by the plastic bottle. Make an investment in a water filter and reusable stainless steel water bottles.

5. **Use fewer personal care products.**
   Many personal care products contain chemicals that disrupt hormones your baby will rely on for proper development. The best thing for you and baby is to reduce how much you use and to choose the safest products.

6. **Clean without toxic chemicals.**
   Basic ingredients like baking soda and vinegar can tackle most household chores. Avoid products that say poison, warning or danger and products with unidentified “fragrance.”

Thanks to Healthy Child Healthy World for providing these tips. Find more information on protecting your children from harmful substances at www.healthychild.org.
Congratulations, you’re pregnant! Before you nurture your baby, you need to nurture your body. But eating for two (or more) doesn’t mean loading your plate with twice as much food. To get you started on healthy eating, here are some basic nutrition principles during pregnancy.

1. Eating for two does not mean doubling your daily calorie intake. In fact, your caloric needs only increase by about 300-400 per day, and only during the second and third trimester.

2. Optimal weight gain depends on your pre-pregnancy weight. Women in the healthy BMI range (18-24) should gain around 25-35lbs for one baby.

3. Typical weight gain is about 1lb in the first trimester, and 1lb per week in the second and third trimesters. Don’t worry if you gain slightly more or less - everyone is different. Talk to your care provider about what’s right for you.

4. Certain nutrient needs increase, including protein, iron, calcium and folate. Take a prenatal vitamin as prescribed by your healthcare provider and see the recommendations below for nutritious and tasty foods to include in your diet.

5. Avoid alcohol and minimize caffeine intake to less than 300 mg per day. 8-oz of brewed coffee has about 100 mg caffeine and 8-oz of brewed tea has 40-60 mg.

**Nutrients for Building a Baby**

Eating a colorful variety of foods will help supply the nutrients you need to support you and your growing baby. The best choices are fresh vegetables and fruit, lean protein, low-fat dairy, whole grains and healthy fats. A healthy diet can also alleviate some pregnancy side effects like heartburn, constipation and swollen feet.

Remember that food that is healthy for you during pregnancy is just as healthy when you’re not. Focusing on the foods you can eat rather than what to avoid can make your pregnancy more enjoyable. These nutrients (with daily requirements) are particularly important during pregnancy:

- **Protein** (70 g) - promotes growth. Protein is the building block of new cells, enzymes and hormones. Healthy choices include lean beef, poultry, fish, beans, lentils and nuts.

- **Iron** (27 mg) - helps prevent anemia. Blood volume increases significantly during pregnancy, so extra iron is needed for red blood cells. Iron is found in egg yolks, meat, nuts and seeds, dark leafy greens and dried fruit.

- **Folate/folic acid** (800 mcg) - prevents neural tube defects. It is naturally occurring in leafy greens, mushrooms, cruciferous vegetables like cauliflower and orange juice.

- **Calcium** (1000 mg/1300 mg pregnant teens) – crucial for cell function, nerve transmission and a regular heartbeat. It is also needed for your baby’s teeth and bone development. Dairy products such as milk and yogurt are high in calcium, as are collards, broccoli and black-eyed peas.

- **Vitamin D** (600 IU) - helps your body use and absorb calcium, which aids in bone development. Vitamin D is produced in the body through sun exposure. Dietary sources include mushrooms, eggs, liver, sardines and fortified milk.

- **Vitamin C** (85 mg) – necessary for tissue growth and repair and collagen synthesis. Citrus fruits as well as bell peppers, strawberries and tomatoes provide vitamin C.

**Pregnancy Nutrition Powerhouses**

Each of these foods provides two or more of the nutrients listed above:

- **Quinoa** - a terrific protein option for vegetarians and vegans, quinoa is a quick-cooking grain that provides all of the essential amino acids, as well as folate. Enjoy cold with chopped veggies like bell pepper and cucumbers.

- **Kidney beans** - beans of any variety offer folate in addition to protein and filling fiber. Use them as the base for soup and chili or as a side dish with brown rice. Experiment with lentils too!

- **Kale** - high in iron, folate, and vitamin C, this versatile leafy green tastes great chopped raw in a salad, sautéed with garlic and olive oil, or baked into chips.

- **Pumpkin seeds** - along with protein and iron, the popular Mexican pepita is high in copper, which works with iron to form red blood cells. Sprinkle toasted pumpkin seeds into oatmeal or into homemade trail mix.

- **Sardines** - canned with their bones, sardines provide vitamin D and calcium as well as omega-3 fatty acid, which is crucial for your baby’s development. Stir into marinara and spoon over whole grain pasta for a nutritious meal without a lot of prep.

- **Almond butter** - rich in protein, healthy unsaturated fat, and calcium. Spread onto a sliced apple for a satisfying snack.

- **Blackberries** - packed with vitamin C and a whopping 8 grams of fiber per cup, which encourages
normal bowel movements. Add to your morning cereal or yogurt.

**Yogurt (plain, nonfat)** - the only sugar in plain yogurt is lactose, which naturally occurs in milk. Greek and Skyr yogurts are super thick, creamy and provide up to 20 grams of protein in one cup.

**Foods to Avoid**

<table>
<thead>
<tr>
<th>Foods to Avoid</th>
<th>Safer Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unpasteurized/raw milk, cheese and juices</td>
<td>Pasteurized &amp; processed cheeses (American, cheddar, cottage cheese, parmesan, ricotta)</td>
</tr>
<tr>
<td>Raw and undercooked eggs, fish and meat (that includes sushi!)</td>
<td>Cooked sushi (eel, shrimp) or vegetable rolls; firmly cooked eggs; medium-well steak or well-done hamburger</td>
</tr>
<tr>
<td>Deli and cured meats; pates &amp; meat spreads</td>
<td>Freshly roasted turkey, chicken or roast beef</td>
</tr>
<tr>
<td>High mercury fish (shark, swordfish, king mackerel, tilefish)</td>
<td>Chunk light tuna; catfish, salmon or trout; small fish like anchovies &amp; sardines</td>
</tr>
</tbody>
</table>

**Morning Sickness**

Tips to handle pregnancy-related nausea and vomiting that can occur any time of day!

- Eat small, frequent meals and snacks to prevent overeating or an empty stomach.
- Avoid nausea triggers (certain foods and/or smells).
- Drink enough fluids - sip water throughout the day.
- Get plenty of rest and get up slowly in the morning.
- Keep a stash of crackers to nibble on if you start to feel queasy.
- Try sipping ginger or peppermint tea, or sucking on a hard candy.

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**Is Home Birth for You?**

Choosing the appropriate place to birth your child is an important maternity care decision. In the United States the vast majority of women choose to birth in a hospital setting. Most Americans consider the hospital to be the safest place to birth. Many believe that it is the only legal place to birth. This is not true. For many women, birthing at home or at a birth center with a qualified and experienced care provider is a safe and legal option.

**I’m Interested in Home Birth and...**

- I am healthy and have had a healthy pregnancy.
- I am considered low-risk by my health care provider.
- I want to labor, birth and meet my baby in a safe and familiar environment.
- I am concerned about the discomfort of the trip to the hospital.
- I want to avoid the risks of the routine interventions used in hospitals.
- I want to avoid an unnecessary cesarean section.
- I want to have access to my partner, family and support people at all times during labor, birth and the postpartum period.
- I want to be with my baby continuously from the moment s/he arrives in the world.
- I believe pregnancy and birth are normal, natural functions and not an illness to be medically treated.
- I believe in my body’s ability to give birth to the baby I have conceived, grown and protected.

Many countries support offering women the option of home birth. The Royal College of Obstetricians and Gynecologists of Britain states, “There is ample evidence showing that laboring at home increases a woman’s likelihood of a birth that is both satisfying and safe, with implications for her health and that of her baby.”

The American College of Obstetricians and Gynecologists stated in its opinion paper from February 2011 that, "Although the Committee on Obstetric Practice believes that hospitals and birthing centers are the safest setting for birth, it respects the right of a woman to make a medically informed decision about delivery."

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To learn more and to find resources to help you decide whether home birth may be right for you, please visit [www.choicesinchildbirth.org](http://www.choicesinchildbirth.org).

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Rachelle LaCroix Mallik is a Registered Dietician and holds a Master’s Degree in Food Studies. She is an Associate at B Nutritious, a private nutrition counseling practice in Manhattan.
Home Birth Consensus Summit

The Home Birth Consensus Summit was held October 2011 in Warrenton, VA to discuss the status of home birth within the greater context of maternity care in the United States. The Summit brought together stakeholders from parents to midwives, obstetricians to insurance companies, and more. Elan McAllister from Choices in Childbirth took part as a consumer advocacy representative. We continue to be involved as the discussion surrounding home birth in the US moves forward.

The goal of the summit was to establish what the whole system can do to support those who choose home birth, and to make home birth the safest and most positive experience for everyone involved. Its concluding statements found common ground across several areas.

1. We uphold the autonomy of all childbearing women. All childbearing women, in all maternity care settings, should receive respectful, woman-centered care.
2. We believe that collaboration within an integrated maternity care system is essential for optimal mother-baby outcomes.
3. We are committed to an equitable maternity care system without disparities in access, delivery of care, or outcomes.
4. It is our goal that all health professionals who provide maternity care in home and birth center settings have a license that is based on national certification that includes defined competencies and standards for education and practice.
5. We believe that increased participation by consumers in multi-stakeholder initiatives is essential to improving maternity care, including the development of high quality home birth services within an integrated maternity care system.
6. We recognize that effective communication and collaboration across all disciplines caring for mothers and babies are essential for optimal outcomes across all settings.
7. We are committed to improving the current medical liability system, which fails to justly serve society, families, and health care providers.
8. We envision a compulsory process for the collection of patient (individual) level data on key process and outcome measures in all birth settings.
9. We recognize and affirm the value of physiologic birth for women, babies, families and society and the value of appropriate interventions based on the best available evidence to achieve optimal outcomes for mothers and babies.

For more information and the full consensus statements, please visit www.homebirthsummit.org.

Unhurrying the Moment of Birth
Mary Esther Malloy, MA

The moment a child is born, the mother is also born. She never existed before. The woman existed, but the mother never. The mother is something absolutely new. —Osho

I am the mother of two children and am now expecting my third. Both my sons were born into the hands of midwives and passed directly to me. I will never forget the crazy, slippery, stunning moments in which I first held them. At the time, I couldn’t have imagined wanting to meet my children in any other way. And while I fully honor the victory and beauty of the quick delivery of my babies onto my chest, I have been witnessing something lately as a doula that has given me pause. And literally it is a pause, a birth pause, if you will. I have been deeply affected by a simple shift that allows a baby and its mother to find their own way to each other, unhurried, through the moment of birth.

I first observed this pause at a home birth with first-time parents, Laura and Neil. Laura was pushing on all fours, kneeling in the warmth of a brilliant, winter sunlight. Her midwife crouched behind her. I knelt in front of her, her arms wrapped around my thighs. After catching the baby, the midwife did not hand the baby directly to Laura. Instead she passed the baby through Laura’s legs and laid her on pads covering the floor. Laura’s eyes were closed and her head lowered as her whole body seemed to sigh from the effort she’d just made to birth her baby. For an impossibly long breath, she hung her head even lower in a gesture that spoke to a deep exhaustion.

Laura opened her eyes and quietly sat back on her heels. She and Neil stared down at their daughter, mesmerized, taking in this new being. Laura reached out to touch her baby and its mother to find their own way to each other, unhurried, through the moment of birth.

Within the space of these impossibly slow, sweet moments that added up to barely a minute or two, Laura and Neil arrived on the other side of birth in what appeared to me to be a very special way; they arrived, in their own time, as parents. They claimed their child.

What I saw at Laura’s birth made sense to me in light of midwife Karen Strange’s description of what she calls “the sequence of birth,” a sort of blueprint for what happens when we do not disturb birth. It consists of
The Guide to a Healthy Birth • choicesinchildbirth.org

Connection – mother and baby connected in pregnancy; Rupture – the moment of separation at birth; Rest – the pause as the baby lies before its mother, the mother seeing and touching her baby for the first time; and Repair – the trip the baby makes to the breast, thus completing the sequence. The idea of Rest – an unhurried moment as a baby is born – struck me as something to be explored.

The Baby
Laura’s midwife, Valeriana Pasqua-Masback, describes many benefits for a baby born in this way. She points out that the baby will stretch out its arms with the Moro reflex, which in turn expands its lungs for those first few breaths. Additionally, she notes, this pause is an important time for the placental transfusion, the return of the volume of blood that has backed up into the cord and placenta with the squeeze through the birth canal, a function that also aids in the transition to lung breathing.

The Mother
As a witness to the birth process and a mother myself, the words and phrases that I feel describe most mothers’ first moments after giving birth include a stunned kind of relief, bewilderment, and shock. Of course, the mother is eager to see her baby at long last, but she is still very right brain. Then, like a cruise ship changing course, coming now into port, her attention shifts. There is a coming back, a return, a shifting of focus to this new child who is also experiencing its own coming into port. This changing of course will happen at more of a clip for some women than for others. But it is with this turn of attention to the baby that the high begins to swell, and it will continue to swell over hours, days and months, until one day it is the tidal wave of love that we have for our children.

When a baby is delivered directly to a woman’s chest, many women are somewhat overwhelmed when the moment they finish the work of birth and the moment they take in their baby are one and the same. When a baby is guided down at birth, and mother and baby pause, a woman will have a moment for the stunned relief of delivering her baby. This part of the birth process will be accorded its own respect. A woman will exhale from the work of birth before she begins to inhale the presence of her child and her new identity as a mother.

As I think about birthing this new child on its way to me, I hope to remind myself of something very simple at the time of birth: Exhale and then inhale. Exhale the magnitude of the experience of birth and then inhale the unfolding moments in which I am receiving this child. Life is not one big inhale, one big gulping in of experience. It is the symmetry of exhale and inhale. Just as we breathe this rhythm through our labors, present to one contraction at a time, we can also breathe through our transition to motherhood, finding that moment between states and passing through as slowly as we need. Exhale and then inhale.


Mary Esther Malloy is a doula, Bradley childbirth educator, and now a mother of three. She received her undergraduate degree from Oberlin College in Ohio and has a Master’s Degree in Anthropology from New York University. For Mary Esther’s first meeting of her third child, visit www.thebirthpause.com.

Supporting Initiation of Breastfeeding

Do your care provider and birth site follow the American Academy of Pediatrics’ Recommendations on Breastfeeding?

“Healthy infants should be placed and remain in direct skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished.”

• Healthy babies can latch on to the breast without specific assistance within the first hour. Infants affected by maternal medications may require assistance.

• Dry the infant, assign Apgar scores, and perform physical assessment while the infant is with the mother.

• The mother is an optimal heat source for the infant.

• Delay weighing, measuring, bathing, needle-sticks, and eye prophylaxis until after the first feeding is completed.

• Except under unusual circumstances, the newborn infant should remain with the mother throughout the recovery period.

While these are evidence-based recommendations, they are not standard practice in all birth locations. Speak to your care provider in advance and at your birth if you would like to include these AAP recommendations on breastfeeding in your birth plan.

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www.twitter.com/HealthyBirth
The Mother-Friendly Childbirth Initiative

The Mother-Friendly Childbirth Initiative is the foundation of our work at Choices in Childbirth, and is the core philosophy of the care providers listed in our Online Provider Network, www.choicesinchildbirth.org/network.

The First Consensus Initiative of the Coalition for Improving Maternity Services Principles

Principles
The principles outlined below are an excerpt from the Mother-Friendly Childbirth Initiative. To read the full text of this document, please visit the Coalition for Improving Maternity Services website at www.motherfriendly.org.

We Believe the Philosophical Cornerstones of Mother-Friendly Care to be as Follows:

Normalcy of the Birthing Process
• Birth is a normal, natural, and healthy process.
• Women and babies have the inherent wisdom necessary for birth.
• Babies are aware, sensitive human beings at the time of birth, and should be acknowledged and treated as such.
• Breastfeeding provides the optimum nourishment for newborns and infants.
• Birth can safely take place in hospitals, birth centers, and homes.
• The midwifery model of care, which supports and protects the normal birth process, is the most appropriate for the majority of women during pregnancy and birth.

Empowerment
• A woman’s confidence and ability to give birth and to care for her baby are enhanced or diminished by every person who gives her care, and by the environment in which she gives birth.
• A mother and baby are distinct yet interdependent during pregnancy, birth, and infancy. Their interconnectedness is vital and must be respected.
• Pregnancy, birth, and the postpartum period are milestone events in the continuum of life. These experiences profoundly affect women, babies, fathers, and families, and have important and long-lasting effects on society.

Autonomy
Every woman should have the opportunity to:
• Have a healthy and joyous birth experience for herself and her family, regardless of her age or circumstances;
• Give birth as she wishes in an environment in which she feels nurtured and secure, and her emotional well-being, privacy, and personal preferences are respected;
• Have access to the full range of options for pregnancy, birth, and nurturing her baby, and to accurate information on all available birthing sites, caregivers, and practices;
• Receive accurate and up-to-date information about the benefits and risks of all procedures, drugs, and tests suggested for use during pregnancy, birth, and the postpartum period, with the rights to informed consent and informed refusal;
• Receive support for making informed choices about what is best for her and her baby based on her individual values and beliefs.

Do No Harm
• Interventions should not be applied routinely during pregnancy, birth, or the postpartum period. Many standard medical tests, procedures, technologies, and drugs carry risks to both mother and baby, and should be avoided in the absence of specific scientific indications for their use.
• If complications arise during pregnancy, birth, or the postpartum period, medical treatments should be evidence-based.

Responsibility
• Each caregiver is responsible for the quality of care she or he provides.
• Maternity care practice should be based not on the needs of the caregiver or provider, but solely on the needs of the mother and child.
• Each hospital and birth center is responsible for the periodic review and evaluation, according to current scientific evidence, of the effectiveness, risks, and rates of use of its medical procedures for mothers and babies.
• Society, through both its government and the public health establishment, is responsible for ensuring access to maternity services for all women, and for monitoring the quality of those services.
• Individuals are ultimately responsible for making informed choices about the health care they and their babies receive.

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To learn more about the Coalition for Improving Maternity Services and to read their excellent report, Evidence for the Ten Steps of Mother-Friendly Care, visit www.MotherFriendly.org
Like care providers, there are innumerable organizations and agencies that offer services of interest to birthing women in New York City. Here are a few we think you might find helpful:

**ADVOCACY**

**BirthNetwork National**  
www.birthnetwork.org

**Citizens for Midwifery**  
888.CfM.4880  
www.cfmidwifery.org

**Coalition for Improving Maternity Services (CIMS)**  
866.424.3635  
www.motherfriendly.org

**Free Our Midwives**  
www.freeourmidwives.org

**International Center for Traditional Childbearing (ICTC)**  
503.460.9324  
www.ictcmidwives.org

**National Advocates for Pregnant Women**  
212.255.9252  
www.advocatesforpregnantwomen.org

**National Latina Institute for Reproductive Health**  
212.422.2553  
www.latina institute.org

**SisterSong Women of Color Reproductive Health Collective**  
404.756.2680  
www.sistersong.net

**BREASTFEEDING**

**GotMom.org**  
www.GotMom.org

**Human Milk Banking Association of North America**  
817.810.9984  
www.hmbana.org

**Kellymom Breastfeeding & Parenting**  
www.kellymom.com

**La Leche League International**  
National 24 Hour Hotline: 877.452.5324  
Leader Locator: 847.519.7730  
www.llli.org
Online Breastfeeding Café  

National Breastfeeding Helpline  
800.994.9662  
www.womenshealth.gov/breastfeeding

United States Lactation Consultant Association (USLCA)  
www.uslca.org

United States Breastfeeding Committee (USBC)  
202.367.1132  
www.usbreastfeeding.org

World Alliance for Breastfeeding Action (WABA)  
604.658.4816  
www.waba.org.my/

World Health Organization Recommendations  
www.who.int/topics/breastfeeding/en/

**CESAREAN SECTION**

Childbirth Connection  
212.777.5000  
www.childbirthconnection.org

International Cesarean Awareness Network (ICAN)  
800.686.4226  
www.ican-online.org

VBAC.com  
www.vbac.com

**CHILDBIRTH EDUCATION**

Birthing from Within  
805.964.6611  
www.birthingfromwithin.com

The Bradley Method  
800.4.A.Birth  
www.bradleybirth.com

HypnoBirthing  
603.798.4781  
www.hypnobirthing.com

International Birth and Wellness Project  
877.334.4297  
www.alace.org

The International Childbirth Education Association (ICEA)  
800.624.4934  
www.icea.org

Lamaze International  
800.368.4404  
www.lamaze.org

**CHILDREN WITH SPECIAL NEEDS-EARLY INTERVENTION**

The Arc  
800.433.5255  
www.thearc.org

Family Voices  
888.835.5669  
www.familyvoices.org

The National Dissemination Center for Children with Disabilities (NICHCY)  
800.695.0285  
www.nichcy.org

Through the Looking Glass (TLG)  
800.644.2666  
TTY: 510.848.1005  
www.lookingglass.org

**DOULAS**

Childbirth and Postpartum Professional Association (CAPPA)  
770.932.7281  
www.cappa.net

DONA International  
888.788.DONA  
www.dona.org

International Center for Traditional Childbearing (ICTC)  
503.460.9324  
www.ictcmidwives.org

toLabor  
804.320.0607  
www.tolabor.com

**INTIMATE PARTNER VIOLENCE**

The Hotline  
24 Hour National Hotline: 800.799.SAFE  
TTY: 800.787.3224  
www.thehotline.org

National Coalition Against Domestic Violence  
24 Hour National Hotline: 800.799.SAFE  
TTY: 800.787.3224  
www.ncadv.org

**LESBIAN & GAY PARENTING**

Children of Lesbian and Gays Everywhere (COLAGE)  
855.4.COLAGE  
www.colage.org
Resources

MIDWIVES’ PROFESSIONAL ORGANIZATIONS

American College of Nurse-Midwives (ACNM)
240.485.1800
www.acnm.org

Foundation for the Advancement of Midwifery (FAM)
www.formidwifery.org

International Center for Traditional Childbearing (ICTC)
503.460.9324
www.ictcmidwives.org

Midwives Alliance of North America (MANA)
888.923.MANA
www.mana.org

National Association of Certified Professional Midwives (NACPM)
www.nacpm.org

The North American Registry of Midwives (NARM)
888.842.4784
www.narm.org

POSTPARTUM PERIOD

Postpartum Dads
www.postpartumdads.org

Postpartum Education for Parents (PEP)
Warmline: 805.564.3888
www.sbpep.org

Postpartum Support International
www.postpartum.net

Post Traumatic Stress Disorder After Childbirth

PREGNANCY/NEONATAL LOSS

HAND (Helping After Neonatal Death) (National)
24 Hour Helpline: 888.908.HAND
www.handonline.org

National Council of Jewish Women, Pregnancy Loss Support Program (non-denominational)
212.687.5030
www.ncjwny.org/services_plsp.htm

SHARE (Pregnancy and Infant Loss Support, Inc)
800.821.6819
www.nationalshare.org

PRE- & POSTNATAL SAFETY

American Lung Association (smoking cessation support)
800.LUNG.USA
www.lungusa.org

March of Dimes
212.353.8353
www.marchofdimes.com

Mother-Baby Behavioral Sleep Laboratory (Co-Sleeping Information)
www.nd.edu/~jmckenn1/lab

Lead Safety

EPA National Lead Information Center
800.424.LEAD
www.epa.gov/lead

Housing and Urban Development Lead Office
www.hud.gov/offices/lead/index.cfm

RESEARCH

Association for Improvements in Maternity Services (AIMS)
www.aims.org.uk

Association for Prenatal and Perinatal Psychology and Health
www.birthpsychology.com

Birthworks International
888.TO.BIRTH
www.birthworks.org

Centers for Disease Control and Prevention (CDC)
800.CDC.INFO
TTY: 888.232.6348
www.cdc.gov
The Guide to a Healthy Birth • choicesinchildbirth.org

Childbirth Connection
212.777.5000
www.childbirthconnection.org

The Cochrane Collaboration
410.502.4640
www.cochrane.org

The Guttmacher Institute
212.248.1111
www.guttmacher.org

National Child and Maternal Health Education Program
www.nichd.nih.gov

National Library of Medicine’s PubMed Database
www.pubmed.gov

Attachment Parenting International
www.attachmentparenting.org

Birthing Naturally
www.birthingnaturally.net

Circumcision Resource Center
www.circumcision.org

Holistic Moms Network
www.holisticmoms.org

Midwifery Info Online Community
www.midwifeinfo.com

Midwifery Today
www.midwiferytoday.com

Mothers of Supertwins
www.mostonline.org

Mothering Magazine Online Community
www.mothering.com

Our Bodies, Ourselves
www.ourbodiesourselves.org

Mothers Naturally
www.mothersnaturally.org

Waterbirth International
www.waterbirth.org

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www.choicesinchildbirth.org
www.facebook.com/ChoicesinChildbirth
www.twitter.com/HealthyBirth

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The renowned documentary, **The Business of Being Born**, has been modified into a 30-minute Classroom Edition for colleges and universities. Choices in Childbirth is leading the effort to reach young adults before they confront birth decisions. We aim to create a generation of people seeking systemic change and new policies supporting maternity care in the US.

**Want to get involved?**
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We are looking for students and volunteers to help bring **The Business of Being Born: Classroom Edition** into schools around the United States!
- Utilize local contacts to integrate new material into school curricula.
- Target professors, deans, and student groups in Sociology, Anthropology, Health Policy, Women’s Studies, and Public Health.
- Present **The Business of Being Born: Classroom Edition** to student groups and professors to cultivate interest in the program.

*For more information, or to purchase The Business of Being Born: Classroom Edition, please visit ClassroomBoBB.blogspot.com or e-mail ClassroomBoBB@gmail.com.*

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Thank you for ordering a copy of Choices in Childbirth’s Guide to a Healthy Birth.

At Choices in Childbirth, we believe that the birth of each child should be respected, revered and made safe and healthy for mother and baby. Each day, the Choices in Childbirth staff works toward a systemic change in U.S. maternity care through education, outreach and advocacy.

If you have found the contents of this guide useful, please consider a donation to Choices in Childbirth today. Individual contributions ensure that we can continue in our efforts to improve maternity care for all women and help keep this guide free to the public.

Visit choicesinchildbirth.org/donate to make your gift today. Thank you for your support!

Choices in Childbirth is a 501(c)3 organization, and your gift is tax-deductible to the fullest extent of the law.

Be sure to check out our online Mother-Friendly Provider Network for the most up-to-date provider listings.

choicesinchildbirth.org/network
Visit choicesinchildbirth.org to search for Mother-Friendly care providers in your area who can work with you during your childbearing year!

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