Preparing your home
Your home should ready for birth by 37 weeks, at the time of the home visit. Ready means:

- Neat and Tidy – not sterile and not perfect, but comfortably clean and uncluttered
- Birth supplies ready
- Pet Hair and Cigarette Smoke under control
- Turn up water heater for tub use (or do this when labor begins)
- Make up your bed (handout)
- Have food in the house
    - Easy-to-digest foods for mom! Very important! Since we don't use an IV at home, you must eat and drink
    - Juices
    - Sustenance foods for birth team, peanut butter, cheese, fresh fruit, eggs, etc.
    - Food in freezer for the first few days after the baby is born

Who to Invite to Your Birth
I am often asked this question. Ultimately, it's your birth and you can invite whom you wish, However, please consider these factors:

- How many people do you want to give birth in front of?
  Is the person going to be supportive and helpful, or are they there to "watch"? There is a big difference between Birth Gawkers vs. Birth Supporters. Gawkers treat birth like a spectator sport, Supporters are willing to be put to work and contribute to the mom and baby during the birth. Choose people who believe in your and your ability to birth your baby naturally, and will not do anything to undermine your plans.
- You can change your mind (even after labor has begun) if someone who is present isn't working out. Just let me know and I'll take care of it.

Sometimes people invite themselves to your birth when they learn you are having it at home or the birth center. This can be challenging, but ultimately, remember that it is YOUR birth and you have to be comfortable with everyone who is there.

Children at Birth
If you have other children, you may want to have the option for them to remain in your home and possibly be present for the delivery. My suggestions for this are:

- If they might be there, PREPARE them! I have books and videos I can loan you. They should also have met me, so that I won't be a stranger. So bring them to your prenatal visits
- You must have someone designated to be present specifically FOR the child/children. This should be someone that you would be comfortable having present at the delivery if the child wants to be present for that; who understands birth and can explain in simple terms to the kids what is happening and reassure them that things are OK; and who will be OK with NOT being present for the birth if the child wants to be elsewhere in the house when the birth occurs. Your midwives can <u>not</u> be responsible for your children, as our job is to oversee your labor and delivery.
- Dad should not be responsible for looking after the kids, as he is going to be busy with you.
- Know that labor is boring for kids. Be OK with your child coming and going; the sitter needs to be OK with it too.

What Happens When Your Midwife Arrives

- Midwife enters with minimal equipment and checks on mom and baby by:
    - Observing signs and symptoms
    - Vaginal exam possible
    - Listening to fetal heart tones
- Calls to update assistant, if she hasn't already been contacted

- Brings in the rest of her equipment and begins to set up. If labor seems advanced, midwife does this immediately and will be very focused on it for a few minutes. Don't worry, she is still observing you and will be able to focus on you soon!
- Offers as much support as you want
- Continues to monitor the mother-baby duo
- May rest if labor is long

Giving Birth at Home
What room do you think you might want to give birth in? Place supplies in that room, but know that you can always change your mind. You are free to move and can give birth in any room big enough to hold you and the midwife.

Positions utilized at home
- For labor, lying, standing, sitting, squatting, on the toilet, hand/knees, - pretty much anything you can imagine.
- For pushing, the most common are hands and knees and side lying. You can push in any position you want to, we may make suggestions
- We love to see birth in any position but the semi-sitting position, because it compresses the sacrum and contracts the pelvic diameter.
- There is a time and place for the stranded beetle (flat on your back) position. Although I prefer for women to choose the position(s) that work for them, there are times that we may need to use the supine position to help move the baby down. Trust me if this is the case. I will only ask you to do this if I feel it is in yours/your baby's best interest.
- Bearing down/pushing in the out-of-hospital setting is:
    - Spontaneous – meaning that it will arise out of your body spontaneously
    - Not holding breath for 10 secs like in the hospital
    - Optimal descent of baby occurs with 3 good pushes in each ctx
    - It's not a race to get the baby out; slow descent allows you time to stretch
    - Pushing is not usually silent (neither is labor)

What your midwives are doing after your baby is born
For the first twenty minutes or so, we are monitoring mom and baby.
- Listening to baby's heart and lungs
- Monitoring mom's blood loss
- Assisting with delivery of placenta
- Helping mom and baby with first latch

Then we give you and your partner alone time with baby. This doesn't mean we will leave the building, but will try to remain unobtrusive. During this time we will be:
- Draining the pool
- Tidyiing the birth room (and any other room we labored in)
- Scrubbing and repacking equipment
- Feeding Mom
- Feeding ourselves!
- Helping mom get up to pee when she is ready.

At the 2 hour mark, we will:
- Perform the newborn exam – weighing and measuring baby
- Administer Vitamin K injection and/or eye medication, if parents desire
- Suture mom's perineum if needed
- Help mom shower if she feels up to it or clean her up if not
- Strip soiled sheets off bed
- Give postpartum instructions
- Stay at least 2 hours after birth, but usually 3-4

Transport to Hospital
Part of any homebirth plan is that under certain circumstances, it may be necessary to go to the hospital during labor or the immediate postpartum time. Please know that your midwives do not take the decision to transport lightly; please try to trust our advice on this. I assure you that I do NOT want to go to the hospital and will only advise you to do so if I believe it is medically best for you or baby.

Hard Reasons to Transport
- Mom says *I need to go in", has a gut feeling that something is not right, or if she chooses to do so for pain medication
- Previously undiagnosed breech presentation
- Maternal fever before or after birth
- Abnormal bleeding during labor
- Maternal shock during or after labor
- Cord in or outside vagina before delivery – called prolapsed cord
- Fetal heart rate below persistently below 110 or above 180, weak, irregular, or non-variable
- Excessive bleeding before/after placenta that does not respond to tx at home
- Baby born limp and or white and unresponsive to our resuscitation efforts
- Tearing of the perineum that involves the rectal sphincter

Soft Reasons to Transport
- Mother not coping well between ctx
- Meconium in amniotic fluid when water breaks

Situations that need further evaluation:
- Labor 3 weeks early
- Labor 2 weeks late
- Rupture of membranes without established labor for more than 18 hours
- Prolonged labor or no progress for 5 hours in active1st stage
- Lack of fetal descent after 2 hours of effective pushing in 2nd stage
- Placenta not delivered within 1 hour
- Placenta incomplete – parts are missing

Do we call 911 or drive ourselves?
Usually we drive ourselves. It's easier, quicker and less traumatic most of the time. However, there are times that an ambulance can be very helpful. If we call 911:
- Clear route from door to mom/baby.
- Someone will stay with mom/baby to continue care until ambulance arrives.
- Someone needs to go to street to flag the ambulance.
- We make mom's labor chart available to paramedics.
- If at all possible, one of us will ride in the ambulance with mom. The rest of us will follow in our cars and meet you there.

If we drive ourselves:
- Someone will put bags and car seat in car.
- Someone will help mom dress, or cover her with robe.
- Your midwife will call ahead to the hospital (and doctor, if applicable)

To facilitate this process, which we hope doesn't happen, please place your pre-packed hospital bags with the rest of your birth supplies.

Remember, once we enter the hospital setting, your midwife is no longer in charge of your care. She will provide information to the staff as to the reason we have come, but has no authority in the hospital setting. She will stay with you to provide on-going support and continuity of care, facilitate communication with the doctor, and help you make decisions.