Arlington Women's Center, PLLC

Information for CNM Patients

We are thrilled that you have chosen us to be your midwives during this wonderful journey. The following are our preferences for our patients we would like to share. Please ask early on if any clarification is needed. Midwifery care is based on high touch and low tech care, and partnership with our patients.

Karen King CNM, Michelle Powers CNM & Debbie Smith CNM

1. Giving you optimal care is a team effort. Open communication and trust between us are vital to a safe and healthy pregnancy and childbearing process. Decisions will always be made jointly, but trust needs to be the foundation of our professional relationship. We believe in low intervention care for low risk women. That being said, we also believe in appropriately recommended medications and interventions. About half of our patients will choose to get an epidural. We are lucky to have state of the art technology and wonderful physicians to support us when needed.

2. Our physicians are our partners in your care. They are very supportive of the midwifery model and are our back-up for consultation regarding complications, operative deliveries and other emergencies. We ask that you make two visits with an MD. Please be sure your appointments are with a midwife unless we tell you to schedule with someone else.

   We also work with a wonderful team of maternal-fetal medicine specialists. We respect their opinions and take their recommendations seriously. They are very flexible and kind to our midwifery patients. Almost all of the time we are present at deliveries of midwife patients. On a rare occasion a physician from our practice may cover our patients.

3. We feel strongly that good nutrition reduces the risk of nearly every complication of pregnancy, labor, and birth. This means working hard to avoid processed foods and those with white flour and/or sugars. Excessive carbohydrates will quickly lead to excessive pregnancy weight gain; this increases your risk of gestational diabetes, hypertension, and other complications. A little treat from time to time is fine, but the majority of your diet should be lean proteins, vegetables, small amounts of complex carbohydrates and a bit of fruit. For most women, a weight gain of no more than 25 lbs is appropriate. If you are starting out at a higher than ideal weight, 15 lbs is more reasonable. When a trend of excessive weight gain is occurring, we may discuss it to review your diet and offer suggestions.

4. Exercise is good for your body and your baby. It keeps you happy and reduces stress and helps manage weight gain. We strongly encourage our patients to choose some form of exercise during pregnancy – some good choices are brisk walking or swimming. Prenatal yoga in wonderful. Sleep is also an important component of growing a healthy baby.

5. If you are planning an un-medicated labor and birth, we encourage you to look for classes specifically geared towards this. These may include Hypno-Birthing, Lamaze, Bradley Method or Virginia Hospital Center unmedicated Classes. Preparing for an unmedicated delivery is like training for a marathon – with practice you will be much more likely to succeed.
   Please visit childbirthconnection.org for information about understanding labor pain and comfort measures. This website also has a reading list which we recommend. They also have great resources on Vaginal Birth After Cesarean.

6. We strongly encourage hiring a doula, someone who will be present and dedicated to you throughout your labor and birth. We support and encourage your unmedicated birth, however, we often are pulled in different directions or have multiple patients laboring at the same time. There is an extensive list of doulas with whom we have worked. We also have the VHC doula policy for your review. The role of a doula is labor support.

7. Please consider writing down your preferences for labor and delivery and bring these to an office visit by 34 weeks so we can review it together. This helps us discuss your expectations and plans. We have handouts on writing of birth preferences.

Induction

If you are healthy and your pregnancy is uncomplicated, we are happy to wait until nearly two weeks past your due date for your induction. Generally, we schedule induction between 41 and 41 5/7 weeks' gestation. We believe this to be an evidence-based approach to your care, weighing both the risks of induction with the risks that may arise after 42 weeks or pregnancy. It is important to realize that induction can be a very long process. We take a very patient approach during the induction itself (2 or even 3 days in some scenarios). If you are 38+ years old we will schedule an induction closer to 41 weeks to avoid risks of waiting longer.

There are medical reasons that may occur where induction of labor would be recommended.

Monitoring

There is good evidence for intermittent fetal monitoring in labor. This means that we will listen to baby for 20 minutes out of every hour (40 min off). It is very important to note that we only monitor intermittently in the setting of a very happy baby with no signs of stress. If baby needs closer monitoring then we will do continuous fetal monitoring. Continuous fetal monitoring is always necessary in the setting of induction medications (such as Pitocin) or administration of pain medications (such as epidural). While monitored (without epidural or narcotics) you can be out of bed, sit on a birthing ball, sit in a rocker, lean on the bed or be in any position you desire where baby is happy.

We have telemetry (wireless) monitoring to allow freedom of movement even in the setting of continuous fetal monitoring. Telemetry can also be used in the shower.

Newborn and Postpartum Care

Once the baby is born we put the baby on your chest to facilitate skin to skin contact. Whenever possible we will let the cord stop pulsing before cutting. Please understand, this is not possible in emergencies. If you are collecting blood for banking we want to maximize the cells we collect. If a pediatrician is called to the delivery for any reason, it will ultimately be the decision of the pediatrician whether we can allow the cord clamping to be delayed.

After the placenta delivers we will give you an IM or IV infusion of Pitocin to help the uterus contract and to prevent excessive post-partum bleeding. We feel strongly about using this small but life saving intervention. It can take only seconds to lose dangerous amounts of blood.

A Vitamin K injection is strongly recommended for your newborn because it helps prevent Hemolytic Disease of the Newborn. Vitamin K is given within one hour of birth, ask the nurses to give this while the baby is in your arms. We encourage you to discuss this issue with us personally if you have questions. We also strongly advise a flu vaccine at any point in pregnancy and a Tdap (Pertussis) between 28 and 36 weeks.

We will see you 6 weeks after delivery for routine follow-up. If you are in pain, struggling with breastfeeding or feeling persistently depressed or anxious, please call sooner. Consider and discuss birth control options with your partner during pregnancy so that we can help you choose a good method at your postpartum check up. If you need brochures or have questions, let us know.

We are privileged to take care of you during your pregnancy and birth. Thank you for choosing the midwives at Arlington Women's Center.