



How Low-Tech Can We Go?

Many of our clients seek a very simple approach to pregnancy and birth healthcare, hoping to avoid technological interventions as much as possible. We support this approach, to the best of our ability, while still maintaining our supportive connection with the hospital and medical community. It is our heartfelt wish to be trusted. If we discuss or do these things, our actions are based on long experience with more than 4,000 normal births, and represent, in our best judgment, the safest and best management of the situation. We strive to end the day with a healthy mother holding a healthy baby.

When all appears normal, here is a discussion of what we can and can't do:

In Pregnancy

Other than basic, routine blood work, and pap smear, all other prenatal blood tests are discussed with their risks and benefits and offered as optional at the appropriate window of time.

Doppler/Fetoscope

We have both hand-held Doppler and acoustic fetoscope for office checks of baby's heartbeat. Most mothers like to hear the baby's heartbeat during the exam by Doppler, which uses about 5-10 seconds of ultrasound beam. In the second half of pregnancy, we can use the fetoscope instead, at the patient's request.

In Labor

Upon admission to the hospital, a blood sample is drawn, and a 20-30 minute electronic fetal monitoring strip is done. If all is normal at that time, we discontinue the continuous fetal monitoring and encourage the mother to be out of bed, moving and choosing any positions that help her labor. We do listen electronically to the baby's heartbeat every 15 minutes thereafter, with a hand-held unit. We do not use a fetoscope for labor. If concerns arise that require continuous fetal monitoring, wireless telemetry monitors can be used which are also waterproof, allowing full mobility and use of the bathtub.

In Normal Labor Situations

IVs are not required routinely. We don't routinely use Pitocin augmentation. We discuss pros and cons of all procedures, including rupturing membranes, prior to doing anything. We do vaginal exams when the information is useful for making management decisions or evaluating progress, and as infrequently as possible. We don't routinely cut episiotomies. We do support the perineum and dads can help catch the baby and/or cut the cord. We do place the baby directly on a warm towel on Mom's tummy. We can leave the cord pulsating if you request it. Research has also shown that one intramuscular injection of Pitocin in the mother's leg, after the baby is out, can dramatically reduce the possibility of maternal hemorrhage. The midwife may recommend this.

When Things Are Not Going Normally

When a mother's bag of waters breaks at term, labor usually begins within a few hours. If no labor ensues, there is concern that the risk of infection may increase both in the baby or mother, especially after 24 hours. If the mother has tested negative for Beta Strep (GBS), and fluid is clear, we are comfortable waiting up to 8 hours in first-time moms and up to 12 hours in mothers who have already

had one or more babies prior to inducing labor. If this 8-12 hour window is reached without active labor, admission to the hospital and Pitocin augmentation is necessary. We recognize that infection is also minimized by performing as few vaginal exams as possible, particularly before contractions have begun. For women who have tested positive for GBS, admission to the hospital and antibiotic treatment should begin as soon as possible after rupture of the membranes.

Other indications that intervention may be needed include:

- Meconium noted in amniotic fluid
- Lack of progress in labor over many hours
- Dehydration
- Fever
- Vomiting
- Rising blood pressure in the mother
- Abnormal fetal heart rate changes

Sometimes we do recommend IV hydration, Pitocin augmentation, internal monitors, epidural anesthesia, or even, as a last resort, Cesarean Section. We can cut episiotomies, stitch up lacerations, give emergency drugs for bleeding, and participate in surgery, if needed. None of this is routine, and your birth wishes are very important to us.

We believe that careful and judicious use of technology and interventions can help achieve a vaginal birth and preserve safety.