

AP Parents' Notebook

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6/12/2012

Dear Parents,

Thank you for asking us to be a part of your baby's birth. We look forward to spending time with you as we prepare and plan for your birth! We try to schedule ample time for your prenatal visits, which are usually 30-60 minutes long. If you are in a hurry on a particular day or need extra time for discussion, let us know when you first arrive so we can try to accommodate your needs. We need to hear your wishes, needs, joys, and concerns in order to give you good care. We pledge to do everything we can to help you to have the kind of birth experience you desire.

Our services include:

Prenatal checkups, with nutritional counseling and routine laboratory testing

Every four weeks until 28 weeks' gestation, then

Every 2-3 weeks until 36 weeks' gestation, then

Every week until the baby arrives

Additional visits as needed

Labor and Delivery

Infant evaluation and exam, immediate and postpartum through six weeks

Breastfeeding counseling

Postpartum care for mother and baby through six-eight weeks postpartum

Visits at: 2-3 days, 1-2 weeks, and 6-8 weeks postpartum (and as needed)

You too have a responsibility to ensure that your birth will be the safe and beautiful experience that you desire. As mature parents, you will want to know everything possible about having a baby. Make use of the many available resources to enrich your childbirth experience. As the mother of the baby, you will feel confident that you have obtained optimal health through sound nutrition and good prenatal care, while refraining from substances that could prove harmful to the developing fetus. You will have prepared for a safe and sanitary birth, and we will have secured an emergency back up plan.

After much careful planning, the time for your "Birth Day" will come, and you will feel secure in the knowledge that you have made an educated decision. Always bear in mind that an out-of-hospital birth remains contingent upon the health and safety of both the mother and baby.

To the mother: You have a special responsibility as the guardian of your unborn child, so the following are important guidelines for you:

- 1. You should be a non-smoker and abstain from all harmful drugs, including aspirin, caffeine, alcohol, antihistamines, etc. Please be aware that no drug has been proven safe for use during pregnancy! Please check with me before using any herbs, for though many herbs are beneficial foods, some are strictly medicinal and may be harmful when used during pregnancy.*
- 2. You should have a commitment to breastfeeding your infant, and I encourage you to attend at least one series of La Leche League meetings before the birth of the baby.*
- 3. You must achieve and maintain radiantly good health by studying and applying the principles of good nutrition.*
- 4. Feed and nurture yourself spiritually. BE HAPPY! Happy mothers make beautiful babies.*

Please like us on Facebook (House of Birth / Natural Birth Services) and spread the word!

Yours in waiting,

Hillary Lindsey, LM

Informed Consent/Refusal for Group B Strep (GBS) Testing

What is Group B Strep?

Group B Streptococci (GBS) is a type of bacteria that 25% of healthy women carry in their vagina or intestines. Women may carry GBS but not be sick. The GBS bacteria may not cause problems for the mother, but can cause a very serious infection in the baby, including meningitis, but most commonly: bloodstream infections, pneumonia, skin and soft-tissue infections, and bone and joint infections. In early-onset GBS, babies become ill between birth and 6 days of age (most often in the first 24 hours).

How do I know if I have GBS?

To test for GBS, the lower part of the vagina is swabbed and cultured at 35-37 weeks. With this test, most GBS is detected.

How can GBS affect my baby?

When a fetus comes into contact with GBS bacteria either before or during birth, he/she may become colonized. It is not known why some healthy, full-term babies exposed to GBS are susceptible to the bacteria and develop infection and others are not.

| Babies of <u>GBS positive mothers without risk factors and no treatment</u> | Babies of <u>GBS negative mothers without treatment</u> |
|---|---|
| 1 in 200 will culture positive for GBS | |
| 1 in 400 will get sick with GBS Disease | 1 in 1,000 will get sick with GBS Disease |
| 3 in 10,000 babies will die of GBS Disease | |

Maternal risk factors for newborn GBS infections:

- ◆ A previous baby with GBS infection
- ◆ Premature rupture of the membranes
- ◆ GBS in maternal urine during this pregnancy
- ◆ Prolonged rupture of membranes with or without labor (≥18 hours)
- ◆ Preterm birth
- ◆ Fever during labor

| Babies of <u>GBS positive mothers with risk factors and no treatment</u> | Babies of <u>GBS negative mothers with risk factors and no treatment</u> |
|--|--|
| 1 in 200 will get sick with GBS Disease | 1 in 10,000 will get sick with GBS Disease |
| 4 in 10,000 of sick babies will die of GBS Disease | |

| Babies of GBS positive mothers with IV antibiotic treatment | Babies of GBS positive mothers without IV antibiotic treatment |
|---|--|
| 1 in 4,000 babies will have GBS Disease | 1 in 200 babies will have GBS disease |
| | |

GBS disease in the newborn can be very serious. GBS is the most common cause of newborn infection. Some babies that survive may have long-term medical problems, including hearing or vision loss, varying degrees of physical and learning disabilities, and cerebral palsy.

Newborn illness may occur anywhere from a few hours after birth to months after birth. Symptoms may include: poor feeding, grunting sounds, fever, seizures, rapid breathing and heart rate, irritability, stiffness or extreme limpness, inconsolable screaming, fever, loss of consciousness, or vomiting. Meningitis and Pneumonia may also be caused by GBS. Babies who show signs of a GBS infection after birth are treated with antibiotics.

Common medical practice is that all women with positive GBS status be treated with IV antibiotics during labor for at least 4 hours before delivery. Using antibiotics in labor does not eliminate the risk of GBS infection, but prevents about 70-86% of cases that otherwise would have developed in the first week of life. If women are not screened and are only treated if risk factors develop, the number of cases prevented is lower (68.8%).

Some studies say there are fewer infections when the mother is treated with antibiotics, but the same number of deaths. One study showed no difference in the number of infections or deaths. Also, babies whose mothers were treated with antibiotics are at greater risk for other infections, including *E. coli*.

What are my risks?

Women should know whether a risk is large or small before making choices about prevention strategies. Women who have never before had an allergic reaction to penicillin may have a reaction or even die.

- 1 in 10 women will have a mild allergic reaction (such as a rash)
- 1 in 10,000 women will have an anaphylactic reaction, for which she may die

What are my options?

Testing

You can choose to be tested or refuse to be tested. If for some reason you are transported to the hospital in labor, they generally give you antibiotics if your GBS status is not known.

Alternative treatments (may be used in pregnancy or labor)

Experimental data show that some alternative treatments can be effective in combating GBS colonization near the end of pregnancy, thereby minimizing infant exposure. These include:

- oral garlic/Echinacea regimen
- vaginal garlic or acidophilus capsules
- tea tree oil vaginal suppositories
- oral grape seed extract
- homeopathic treatment
- Hibiclens douche every 4-6 hours in labor

However, because these are non-medical treatments, there is no statistical data to support their effectiveness, only anecdotal data. A few studies have shown that douching with Chlorhexidine soap (Hibiclens) (0.2%, 2 Tbsp to 20 oz water) every 6 hours during labor can reduce transmission to the baby, but there are not a lot of studies to determine the effectiveness of this protocol. Chlorhexidine may cause a mild allergic reaction in a few women, usually in the form of a mild rash. More severe reactions are extremely rare and no known adverse effects to the newborn have been noted.

Conservative management (in labor)

Do nothing to the mom in labor and treat the newborn if symptoms are present (understanding that symptoms often arise rapidly and irreversible damage may occur before treatment can be started).

IV Antibiotics (in labor)

If you are positive or have risk factors for GBS, antibiotics are the most common medical treatment. Labor seems to be the best time to give antibiotics to prevent GBS Disease. Ideally, antibiotics should be given at least 4 hours before delivery; this means getting antibiotics every 4 hours in labor.

Maternal treatment with antibiotics decreases the risk of GBS disease when the mom has risk factors. However, it is estimated that 14-30% of GBS infections (and the resulting percentage of deaths) are not prevented by this treatment. When antibiotics are given in labor, a GBS positive woman with no other risk factors has a 1 in 4,000 (.025%) chance of delivering a baby with GBS Disease. IV antibiotics are not usually offered at House of Birth and must be prearranged.

According to HOB policies, women who culture positive for GBS near the end of pregnancy and desire IV antibiotics during labor must transfer out unless antibiotics are available.

I consent for Group B Strep screening between 35 and 37 weeks of pregnancy

I do not consent to Group B Strep screening between 35 and 37 weeks of pregnancy

If I culture positive for GBS near the end of my pregnancy:

I request IV antibiotics during labor as available. If unavailable, and I still desire IV antibiotics, I will transfer out.

I desire alternative treatment.

I desire chlorhexidine used as a vaginal wash during labor.

I desire no treatment at all.

Other _____

I understand the risks of this decision and take full responsibility for my child. I understand the symptoms of infection, and should my child show signs of infection, I will ensure he/she is seen as quickly as possible by a health care provider with pediatric expertise.

Signature _____

Date _____

GBS Information Sheet from House of Birth

For more detailed information about Group B Strep (GBS), we recommend you start with this link: <http://evidencebasedbirth.com/groupbstrep/> . This information sheet is provided as a quick reference that includes our recommendations and protocols.

How likely are you to become colonized with GBS?

10-20% of all women are “colonized” with GBS. – The good news is that that means 80 – 90% of women are not colonized. Furthermore, most women who are colonized with GBS will never have any symptoms, will never have an infection and they will give birth to normal healthy babies. That’s the good news.

Why are we concerned about GBS?

We are concerned because even though the percentage is small, babies still die from GBS infections that they get from their colonized mothers during pregnancy or birth. There are two types of GBS infections: early and late onset. This document will focus only on early onset GBS infection of the newborn because it is early onset that comes through the colonized mother and because there are things we can do to help prevent this from occurring. Late onset is another topic and has more to do with transmission of GBS after birth. GBS colonization of newborn is not the same as GBS infection. A GBS infection is life-threatening to a newborn, especially when it occurs prior to birth. Our aim is lower your baby’s risk of infection with as few interventions as possible by using a holistic approach.

How will you know if you are colonized and at risk?

At HOB we screen for GBS two ways. We test your urine at the beginning of your pregnancy. We also do a swab culture of your vagina and perineum around 35-37 weeks gestation. If any GBS test results are positive during your pregnancy, we will also perform a urine test at the end of the pregnancy. If GBS is found in your urine it is because you already have a GBS infection and you will require antibiotic treatment.

If GBS is found only in your vaginal area, this tells us that you are colonized but it doesn’t necessarily mean you have an infection. If your urine was clear, your risk of becoming infected is much lower than if your urine is positive. However, because you are colonized, you and your baby are still at risk of infection.

Here are some Numbers for You to Consider

Of the 10-20% of women who are colonized at the time of birth; up to 2% of them will have babies who develop a life-threatening GBS infection. That 2% can be lowered to as low as .2% with treatment. Of the women screened for GBS at 35-36 weeks, 17% who tested positive will actually be negative at the time of birth and 9% of the women who tested negative will actually be positive at the time of birth. We test between 35-37 weeks at HOB.

How will you be treated if you are positive for GBS?

Our first line of defense against GBS at HOB is a good offense, but first we will review what happens if you test positive for GBS.

GBS Information Sheet from House of Birth

“Group B strep lives in the intestines and migrates down to the rectum, vagina, and urinary tract. All around the world, anywhere from 10-30% of pregnant women are “colonized” with or carry GBS in their bodies (Johri et al. 2006). Using a swab of the rectum and vagina, women can test positive for GBS temporarily, on-and-off, or persistently (CDC 2010).”

If GBS is found in your urine, it is because you are already infected. You will be referred to our consulting physician for antibiotics during pregnancy. Your baby will also be at higher risk for getting a GBS infection, IV antibiotics are recommended during labor to lower baby's risk. The degree of risk will be assessed but this does not necessarily mean you will be risked out of our care. But it does mean we may have to obtain a prescription to use antibiotics during labor.

If vaginal GBS is found at 35-37 weeks and your urine is clear, you will be given three options under our care. Each option has its own set of risks and benefits. We encourage you to weigh out all the known evidence and make a careful informed choice in the matter. Increased risk factors will be treated per HOB Protocols (Table 1).

*We recommend to clients:
--Avoid processed foods, especially sugar while pregnant.
--Use high quality probiotics daily during pregnancy.*

Option 1: Treat with **Chlorhexadine (Hibiclens) vaginal washes** (2T. in 10 oz. water) every 4 hours during active labor, transporting for a hospital delivery if membranes are ruptured >18 hours and/or if maternal

temperature $\geq 101^{\circ}\text{F}$ for over 1 hour. (See our handout on the research behind this protocol.)

INCREASED RISK FACTORS

If the mother is GBS positive, the following increase the baby's risk of early GBS infection:

- Being African American (CDC 2012)
- *Being born at less than 37 weeks (Boyer & Gotoff 1985; Velaphi et al. 2003; Heath et al. 2009) *Denotes major risk factors.
- *A long period between water breaking and giving birth (Boyer & Gotoff 1985; Velaphi et al. 2003; Heath et al. 2009) *Denotes major risk factors.
- Water breaks before going into labor (PROM) (Adair et al. 2003)
- *Fever during labor ($> 101^{\circ}\text{F}$ or 38°C) (Boyer & Gotoff 1985; Adair et al. 2003; Velaphi et al. 2003; Heath et al. 2009) *Denotes major risk factors.
- Infection of the uterus ("chorioamnionitis") (Adair et al. 2003)
- Mother previously birthed an infant with early GBS infection (CDC 2010)
- Intrauterine monitoring during labor (Adair et al. 2003)

HOB Protocols:

- ✓ We do NOT deliver babies before to 37 weeks gestation.
- ✓ We transport to the hospital after 12-18 hours of ruptured membranes unless the mother is on IV or IM antibiotics during labor.
- ✓ We will transport to the hospital if a mother's temperature is $\geq 101^{\circ}\text{F}$ or if she has any other signs of infection such as elevated fetal or maternal heart rate.
- ✓ If a mother had a previous baby with a GBS infection, she is high risk and must have IV or IM antibiotics in labor.
- ✓ At HOB we never do intrauterine monitoring of the baby during labor and limit vaginal exams.

**About 60% infants who develop early GBS infection have no major risk factors, except for the fact that their mothers carry GBS (Schrag et al. 2002).

Table 1

Option 2: Treat with **IV Antibiotics during labor**

(requires a prescription), if membranes rupture after labor begins, you will be allowed to labor as long as you are making progress and if there are no signs of infection (e.g, maternal temperature $\geq 101^{\circ}\text{F}$ more than an hour or elevated maternal or fetal heart rate. If membranes rupture prior to the start of labor, you may be required to transport if labor does not begin within 12-18 hours.

Option 3: Refuse any

treatments, transporting for a hospital delivery if membranes are ruptured >18 hours and/or if maternal temperature $\geq 101^{\circ}\text{F}$ for more than an hour. This is NOT our recommendation, but we respect your right to make this informed choice.

Our FIRST Defense against GBS is a Good Offense!

We want to take a holistic approach: Reduce the chance of becoming colonized in the first place!

Use Probiotics: There has not been as much research in this area as we would like. Most research so far has focused on screening and how to lower the risk for the baby of the mother who is already colonized. But if there is a way to lower your risk of becoming colonized in the first place, why not start there?

To do that, we need to first look at where GBS begins. It starts in your intestines. So it is logical to assume that having a healthy gut would be very important if you want to prevent GBS colonization and infection. We know from research that both antibiotics and probiotics kill GBS. We also know that taking antibiotics kills healthy bacteria along with the GBS, but taking probiotics only increases healthy bacteria in the gut.

At HOB, we recognize that antibiotics are sometimes necessary and can even mean the difference between life and death in certain situations. We also recognize that the current research on GBS supports the use of antibiotics to lower the risk of GBS infection; yet by comparison, there needs to be additional research on treating women with probiotics before we will know how well it does or does not work.

Our current approach is to use probiotics to help prevent colonization in the first place. We screen all women at 35-37 weeks and use the more aggressive treatments if the woman tests positive. We believe our approach offers a good balance and is still a more holistic way to care for our clients. We are not against the use of antibiotics. We just prefer to do what we can to avoid needing them in the first place.

Research shows that a healthy gut has plenty of healthy bacteria, and **healthy bacteria strongly inhibit the growth of GBS**. We could write a whole paper on how to increase healthy bacteria in your gut. But keep in mind that a healthy diet is vital to a healthy gut: avoiding processed foods, especially sugar, is very important. But you can also help the process along by taking a good **probiotic (lactobacilli)** supplement. We ask all clients to take a probiotic supplement during pregnancy and to avoid processed foods, especially sugar.

We recommend that our clients take

- ✓ Ultraflora Balance until 28 weeks' gestation
- ✓ Ultraflora Spectrum beginning 28 weeks' gestation

Strengthen Your Immune System: A strong immune system helps repel disease. There are many anecdotal stories discussing how someone used garlic, Vitamin C, Echinacea, Grape Seed extract, Tea Tree oil, etc., in fighting GBS. Research can help you make wise decisions in this area.

Reduce Other Risk Factors: Statistically speaking, some women are more likely to become colonized with GBS than others. Obviously, you won't be able to change your race or your age. But we hope you will consider our comments and recommendations in the second column on the other risks because we believe they could lower your risk for becoming colonized. See Table 2.

| Risk Factors for GBS Colonization | CCBC Comments/Recommendations |
|---|--|
| <ul style="list-style-type: none"> • Under 20 years old • African-American • Tampon use • Not washing hands enough • Multiple sexual partners • Frequent or recent sex • Male-to-female oral or anal sex | <p>Obviously your race and age are nothing you can change. It is doubtful that genetics have much to do with the elevated risk. Whether or not cultural considerations influence this statistic is not stated in the research but might be worth considering.</p> <p>We recommend against the use of tampons by anyone. Tampons have been linked to Toxic Shock Syndrome, menstrual cramps, and other symptoms, as well as a link to GBS.</p> <p>Wash your hands frequently, especially after a bowel movement. Wipe front to back. Keep underwear clean and dry.</p> <p>It is important to understand that men can carry GBS in their urinary tract (without symptoms of colonization). For this reason, GBS could be transmitted to the woman during intercourse. The more sexual partners you have, the higher the risk that you would have intercourse with a colonized male. Only having one sexual partner lowers the risk of GBS colonization.</p> <p>Because we know that there are many benefits to healthy sexual relationships during pregnancy we don't recommend abstinence unless you are at high risk for preterm labor. But we do recommend that women to practice "clean" sex, meaning washing the penis prior to intercourse to reduce the risk of spreading GBS from the male to the female. Using a solution of Chlorhexadine (Hibiclens) to wash the penis is more likely to kill GBS.</p> <p>We recommend against the practice of male-to-female oral sex during pregnancy because of the related risk of GBS colonization. Because GBS commonly resides in the intestinal tract, we recommend avoiding anal sex during pregnancy, especially anal sex followed by vaginal sex.</p> <p>We recommend that women bathe daily</p> |

Table 2

Things we will discuss with you:

- Research (You are strongly encouraged to do your own research!)
- Testing (Urine & Vaginal Cultures)
- Diet
- Probiotics
- Treatment options

Informed Consent/Refusal for Group B Strep (GBS) Testing

What is Group B Strep?

Group B Streptococci (GBS) is a type of bacteria that 15-40% (about 1/3) of healthy women carry in their vagina or intestines. Many women are "colonized," which means she carries GBS but may or may not be sick. Normally, the GBS bacteria do not cause problems. However, sometimes the GBS bacteria can cause a serious infection in the baby.

How do I know if I have GBS?

To determine if a woman carries GBS, the lower part of the vagina is swabbed and cultured at 35-37 weeks. If GBS bacteria grow, the woman is colonized (positive). If no bacteria grow, the test is negative. With this test, almost 100% of GBS carriers are detected.

How can GBS affect my baby?

When an unborn child comes into contact with GBS bacteria either before or during birth, he/she may become colonized. It is not known why some healthy, full-term babies exposed to GBS are susceptible to the bacteria and develop infection and others are not.

| Babies of GBS positive mothers without treatment | Babies of GBS negative mothers without treatment |
|--|--|
| 0.25% will get sick with GBS Disease | 1 in 1,000 will get sick with GBS Disease |
| 3 in 10,000 babies will die of GBS Disease | |

Maternal risk factors for newborn GBS infections:

- ◆ A previous baby with GBS infection
- ◆ Prolonged rupture of the membranes with or without labor (>24 hours)
- ◆ Preterm birth
- ◆ An elevated temperature in the laboring mother
- ◆ Premature rupture of the membranes

| Babies of GBS positive mothers with risk factors and no treatment | Babies of GBS negative mothers with risk factors and no treatment |
|---|---|
| 0.5% will get sick with GBS Disease | 1 in 10,000 will get sick with GBS Disease |
| 0.04% of sick babies will die of GBS Disease | |

GBS disease in the newborn can be very serious. GBS is the most common cause of newborn infection. Some babies that survive may have long-term medical problems, including hearing or vision loss, varying degrees of physical and learning disabilities, and cerebral palsy.

Newborn illness may occur anywhere from a few hours after birth to months after birth. Symptoms may include: poor feeding, grunting sounds, fever, seizures, rapid breathing and heart rate, irritability, stiffness or extreme limpness, inconsolable screaming, fever, loss of consciousness, or vomiting. Meningitis and Pneumonia may also be caused by GBS. Babies who show signs of a GBS infection after birth are treated with antibiotics.

CDC recommends that all women with positive GBS status be treated with IV antibiotics during labor for at least 4 hours before delivery. Using antibiotics in labor does not eliminate the risk of GBS infection, but prevents about 70-86% of cases that otherwise would have developed in the first week of life. If women are not screened and are only treated if risk factors develop, the number of cases prevented is lower (68.8%).

Some studies say there are fewer infections when the mother is treated with antibiotics, but the same number of deaths. One study showed no difference in the number of infections or deaths. Also, babies whose mothers were treated with antibiotics are at greater risk for other infections, including *E. coli*.

What are my risks?

Women should know whether a risk is large or small before making choices about prevention strategies. Women who have never before had an allergic reaction to penicillin may have a reaction or even die.

- 1 in 10 women will have a mild allergic reaction (such as a rash)
- 1 in 10,000 women will have an anaphylactic reaction, which may cause maternal death

What are my options?

Testing

You can choose to be tested or refuse to be tested. If for some reason you are transported to the hospital in labor, they frequently administer IV antibiotics if your GBS status is not known. The baby may also be tested and/or treated.

Alternative treatments (may be used in pregnancy or labor)

Experimental data show that some alternative treatments can be effective in combating GBS colonization near the end of pregnancy, thereby minimizing infant exposure. These include:

- oral garlic/Echinacea regimen
- oral grape seed extract
- vaginal garlic or acidophilus capsules
- homeopathic treatment
- tea tree oil vaginal suppositories
- Hibiclens douche every 4-6 hours in labor

However, because these are non-medical treatments, there is no statistical data to support their effectiveness, only anecdotal data. A few studies have shown that douching with Chlorhexidine soap (Hibiclens) (0.2%, 2 Tbsp to 20 oz water) every 6 hours during labor can reduce transmission to the baby, but there are not a lot of studies to determine the effectiveness of this protocol. Chlorhexidine may cause a mild allergic reaction in a few women, usually in the form of a mild rash. More severe reactions are extremely rare and no known adverse effects to the newborn have been noted.

Conservative management (in labor)

Do nothing to the mom in labor and treat the newborn if symptoms are present (understanding that symptoms often arise rapidly and irreversible damage may occur before treatment can be started).

IV Antibiotics (in labor)

If you are positive or have risk factors for GBS, antibiotics are the most common medical treatment. Labor seems to be the best time to give antibiotics to prevent GBS Disease. Ideally, antibiotics should be given at least 4 hours before delivery; this means getting antibiotics every 4 hours in labor.

Maternal treatment with antibiotics decreases the risk of GBS disease when the mom has risk factors. However, it is estimated that 14-30% of GBS infections (and the resulting percentage of deaths) are not prevented by this treatment. When antibiotics are given in labor, a GBS positive woman with no other risk factors has a 1 in 4,000 (.025%) chance of delivering a baby with GBS Disease. IV antibiotics are not usually offered at House of Birth.

According to HOB policies, women who culture positive for GBS near the end of pregnancy and desire IV antibiotics during labor must transfer out unless IV medication can be authorized and administered by an authorized person.

- I consent for Group B Strep screening between 35 and 37 weeks of pregnancy
- I do not consent to Group B Strep screening between 35 and 37 weeks of pregnancy
- If I culture positive for GBS near the end of my pregnancy, I will transfer out as I desire IV antibiotics during labor.
- If I culture positive for GBS near the end of my pregnancy, I desire an alternative treatment.
- If I culture positive for GBS near the end of my pregnancy, I desire chlorhexidine used as a vaginal wash during labor.
- If I culture positive for GBS near the end of my pregnancy, I desire no treatment at all.
- If I culture positive for GBS I request retesting prior to delivery.
- Other _____

I understand the risks of this decision and take full responsibility for my child. I understand the symptoms of infection, and should my child show signs of infection, I will ensure he/she is seen as quickly as possible by a health care provider with pediatric expertise.

Signature _____ Date _____

Be honest

One would think that this would go without saying, but unfortunately, it does not. Not only does this quality stand as the first and foremost obligation of a woman to her midwife (and the midwife to her client, of course), but it permeates all the other qualities listed below, as well. Without honesty there can be no trust, and without a trusting bond between midwife and client, there can be no safe working relationship.

There are many reasons why a woman would be untruthful. Perhaps a woman has had several abortions and has not told her husband. If an oral history is taken with the husband present, she may hide the information from her midwife. A woman may be too embarrassed to let her midwife know that she has herpes. Or perhaps she has learned from interviewing other midwives that she has a certain risk factor that would preclude a homebirth. She may think that if she hides the information from the present midwife, she can get the homebirth she wants. But there are dangers inherent in these scenarios. Each woman has the right to choose her birth place and attendant. Conversely, midwives have the right to choose their clients according to self-imposed limits and protocols. Some midwives do not hesitate to take women who have had multiple abortions or who have herpes; others do not feel comfortable doing so. Most midwives will not assist at the delivery of twins or breeches; others do not take VBACs. There are some conditions for which few midwives would agree to be the primary caregiver, such as pre-existing medical/health problems which require the care of an OB. In these cases, the midwife might be able to co-manage your care with her backup doctor.

Unfortunately, there are some women who so desperately desire a homebirth and/or midwifery care that they are willing to do almost anything to get it. This is unfair and potentially dangerous to everyone involved. If you have any medical condition or significant past OB history, you must tell your midwife, even if other midwives have turned you down. Without thorough knowledge of your history, the midwife cannot make safe decisions regarding your care. Remember, however, that what one midwife may not feel qualified to handle, another may feel perfectly comfortable handling.

If you have special requirements or requests of a midwife, such as religion, lifestyle, philosophy, education/training or legal status, make these clear during the initial phone contact and ask if she can meet them. There is no point in signing up with a midwife only to discover later that there is something about her that you find unacceptable. Most midwives know other midwives in their area, and can refer you to another who might better suit your needs.

Agree to abide by the midwife's protocols

The safest midwife is the one who knows her own limitations and does not exceed them. Of course, these limits change as she gains more experience, either becoming stricter or more lax as she sees fit. But they are her limits, and no one has the right to try to get her to change or exceed them.

If she does not feel qualified, comfortable or experienced enough to handle a situation, then it may well be dangerous for her to do so. It is disappointing to be turned down, transferred out or transported from the place and personnel you planned for your baby's birth, but no midwife wants to endanger the health and safety of mother or baby for any reason.

Protocols cover more than just delivery choices, however. They also apply to the ways in which your midwife handles your pregnancy. Most midwives rely on good nutrition as their main ally in preventing complications. But they also have other tools available to them, such as herbs, homeopathics, chiropractic, acupuncture or allopathic medications to treat problems that may arise. She may order certain tests from a lab to screen her clients for potential medical problems. These are all procedures that you may wish to discuss with her before you hire her as your caregiver. Once you are working with her, it is unfair to refuse tests or procedures which she has stated her protocols require.

Be on time for appointments

Most midwives want to see clients once a month through 28 weeks, once every two weeks from 28 to 36 weeks, then once a week until delivery. Extra visits may be scheduled under certain circumstances. If you must be late for an appointment, call. This allows the midwife to either tell you to come in as soon as possible; come in later in the day; or reschedule for another day. Whatever she decides, she will know when to expect you, and she can plan some other way to fill your missed appointment time. This of course, also applies if you must cancel an appointment. And, unless you are experiencing an emergency or personal crisis, if you cancel less than 24 hours before your appointment time you may be expected to pay for the missed visit. Even if your midwife does not ask for payment, offer it. It shows her that you acknowledge and appreciate that her time is valuable.

Please honor your midwife's prenatal visit schedule. Midwives are willing to be flexible when scheduling appointments, but they need uninterrupted family time, too. Many midwives schedule occasional evening or weekend appointments and will do their best to accommodate their clients' work schedules. However, that doesn't mean a client should ask for an appointment at any time that is convenient. If you had chosen a doctor, you would have been seen during regular office hours. Extend the same courtesy to your midwife.

Ask your midwife what her policy is for accepting phone calls at home, and how late you can call her. If your question is not urgent, call during normal weekday business hours, 9-5. Your midwife will accept an emergency call from you anytime.

Understand and meet your obligations to your midwife

Most midwives require their clients to become knowledgeable about pregnancy, labor, delivery, midwifery care, homebirth preparation, parenting, basic childcare/first aid, and other subjects by reading and/or attending classes. This basic information is necessary for you to become a responsible partner in your own health care; you cannot give an informed consent if you are uninformed. If you know what normal is, you won't become frightened unnecessarily. And more important, you will be able to immediately report to your midwife anything outside of normal, so she can move quickly to take care of it. In addition, if you know ahead of time how your midwife handles various complications, her actions will allay your fears rather than add to your anxiety.

Most midwives also require their clients to meet certain physical requirements regarding the birth site. These may include having running water available and a way to boil it; having a telephone or other communications device; maintaining a certain level of cleanliness; and having certain supplies on hand. If the midwife arrives for your birth and these obligations are not met, it could jeopardize the health of mother or baby. If you are having difficulty meeting any of these requirements, discuss it with your midwife as soon as possible so that other arrangements can be made well ahead of the due date.

Pay your midwife what she asks

There are a few spiritual communities that still provide for their midwives by paying for housing, food, vehicles and other needs. But most midwives charge for their services. Fees may range from a barter of goods, to a sliding scale, to a set fee. Whatever it is, if you engage the midwife's services you need to honor your obligation to pay her fee. If a client does not pay for services rendered, she is robbing the midwife of money she needs to meet her own family's expenses.

It is best if you and your midwife can agree in advance on a payment schedule. Some midwives ask for a deposit up front; some ask for a minimum amount payable at each visit; others ask that the full fee be paid by a certain date; some practitioners offer a discount if the fee is paid early or require a penalty if it is paid late; still others will accept barter for some or all of their fee.

Of course, we all occasionally have emergencies which stretch our budgets. If such an event occurs, call your midwife and renegotiate your payment plan. Do not expect her to absorb the cost of your financial emergency by not paying her. And please, do everything in your power to pay the full fee before your baby is born.

While a national study comparing doctor/midwife care has found that midwives spend 10 times as many hours with their clients during the course of pregnancy, labor, delivery, and postpartum, you would be hard-pressed to find a midwife who is paid what any physician is paid. Most midwives charge between $\frac{1}{4}$ to $\frac{1}{2}$ the fee charged by doctors in the same area. And there is an even greater savings to consumers seeking a homebirth, because unless there is an emergency, they don't have a hospital fee to pay. So, if you can, give your midwife a bonus above her normal fee: if she offers a sliding scale, pay the upper fee for your income bracket; buy her a nice gift; offer her your services, whether it's mending a fence or typing letters for her. This not only helps to compensate her for those who have not paid, but allows her to serve at reduced rates to women of more modest means.

Trust in birth and in your midwife

If you have been honest with your midwife, a bond of trust will develop during the prenatal visits. She will trust you to accept her advice and information, and you will trust your midwife to help you to make those decisions that are in the best interest of you and your baby. The more you and your midwife honor and respect one other, the more each of you can just relax and allow the birth to unfold naturally. This, of course, means that you need to trust in birth as well. If you believe that the birth process can work without medical intervention, then it probably will. But not always.

Dutch midwives have a saying, "Nature is not always mild." Just because you do everything "right," there is no absolute guarantee that you will have a perfect birth and perfect baby. Sometimes birth needs technical assistance. Sometimes a baby is born sick or malformed. Sometimes a baby dies, regardless of what the mother did prenatally to ensure a healthy birth. You must be willing to accept responsibility for your decisions and actions and not assign "blame" to another. No one has all the answers: not doctor, midwife, or you. Together, you and your caregiver make the decisions that affect your pregnancy, labor, delivery and postpartum. But the final responsibility is yours.

All of the above suggestions apply whether you birth at home, at a birth center or in a hospital. If you act responsibly throughout your pregnancy, labor, delivery and postpartum, chances are greatly in your favor for having a positive experience.

Happy birthing and bright blessings!

DANGER SIGNALS

It may be expected that pregnancy will be a time that you will experience many new feelings. Not all of these feelings will be comfortable ones, as your body adjusts to its new passenger. However, if the following symptoms occur, please call us immediately, as they are warnings of possible problems.

- 1. Vaginal bleeding at any time**
- 2. Abdominal pain, with or without bleeding**
- 3. Severe headache or blurred vision**
- 4. Sudden or persistent swelling, particularly of the hands or face**
- 5. Pain upon urination, or a sensation of pressure or burning**
- 6. Any illness with fever, vomiting or diarrhea which lasts over 24 hours**
- 7. No fetal movement in over 24 hours, after established**

If the following occur, please call us as well, as labor may be beginning, even if you are far from your due date.

- 1. Waters break, or are leaking**
- 2. Bloody show or heavy discharge**
- 3. Contractions which become closer or stronger**

If you have any questions or concerns, please don't hesitate to call us. Your peace of mind is very important to us, and little problems that occur today have a way of becoming bigger problems tomorrow! You may have questions pertaining to your general health, about something that you have heard or read, about nutrition, sex, infant care, or just things that go bump in the night! We are always as close as your telephone.

PROTEIN IS IMPORTANT

Pregnant woman should eat ***at least*** 80 grams of protein daily. Aim for 90 grams of protein or more. **IN GENERAL: When eating, choose protein first, then whole grain, then raw fruit or vegetable. Then, something else is okay.** For more help, go to www.blueribbonbaby.org and www.bradleybirth.org and click on the nutrition section.

| FOOD | MEASURE | GRAMS PROTEIN |
|---|------------------|---------------|
| Whole or skim milk | 1 qt. | 33 |
| Yogurt | 1 cup | 8 |
| Non-instant powdered milk | ½ cup | 35 |
| Instant powdered milk | 1 1/3 cups | 35 |
| Egg | 1 | 6 |
| Brewer's yeast | 1 Tablespoon | 10 |
| Peanut butter | 2 Tablespoons | 9 |
| Wheat germ, raw or toasted | ½ cup | 24 |
| Cooked cereal | 4 oz (1 serving) | 5-7 |
| Cottage cheese | ½ cup | 20 |
| Meat, fish, or poultry | 4-6 oz serving | 12-24 |
| Soy beans | ½ cup | 20 |
| Whole wheat bread | 1 slice | 2 |
| Nuts (Almonds are the King of Nuts – the best!) | ½ cup | 14-22 |
| Sunflower seeds | ¼ lb. | 13 |

Suggestions for Increasing Protein In the Diet:

- Add powdered milk to fresh milk, or make instant milk double strength.
- Add powdered milk and wheat germ to cooked cereal.
- Add wheat germ or Brewers yeast to cold cereal, pancakes, meatloaf, meatballs, enchiladas, baked goods.
- Use chopped nuts or wheat germ as dessert topping or mix with peanut butter.
- Use yogurt in baking, delicious in pancakes; try frozen yogurt as a special treat instead of ice cream. Use to make creamy salad dressings instead of mayonnaise.
- Cottage cheese, one of the best & least expensive sources of protein, is high in calcium. Top a baked potato with it & chives. Whipped, it is excellent in salad dressings. Dollop on top of a salad, whip into gelatin, etc.
- Substitute ground turkey for ground beef. Turkey contains much more protein and is lower in fat and calories than beef. In casseroles, ground turkey is almost indistinguishable from beef.
- Liver is an excellent source of just about everything! Cook and grind to combine with hamburger.

Nutritious Snacks:

- Keep nuts, seeds, trail mix, fresh fruits & vegetables within easy reach for a nutritious snack.
- Try banana slices topped with peanut butter and raisins.
- Yogurt, perhaps with fruit and/or nuts or wheat germ.
- Protein shakes, either from a mix or homemade. See A. Davis' "Pep-Up Shake," from [*Let's Have Healthy Children*](#)

Recipe:

Hi-Pro Candy...Mix well by hand, roll in waxed paper, and chill. Slice and nibble.

By V. ElHalta

1 cup instant powdered milk

½ cup brewers yeast

1 cup peanut butter

½ cup molasses or honey

Sources: G. Brewer, Bradley, A. Davis, V. ElHalta

SOME SOURCES OF QUALITY NUTRITION

Nuts are really dry stone fruits, high in B-Complex, minerals, other vitamins, protein, and some are high in Vitamin A. Chew thoroughly for maximum absorption. Nuts can be eaten raw (best), roasted (less nutritious), in baked goods, trail mix, in nut butters, or ground into flour and used. [*The Miracle of Organic Vitamins for Better Health*, C. Wade, p. 225]

Seeds contain the whole embryo of life, and are capable of sustaining themselves without outside help. The seed was created as an all-purpose complete source of life. Raw, non-processed seeds are the most powerful source of Vitamin F (essential fatty acids). Seeds also contain substances to protect against formation of stones in the system, help improve resistance to infectious ailments because they create strong cellular connective tissues. They are high in Vitamin D. It could be said that sunflower seeds may be the one plant source of Vitamin D that your body needs to build strong bones. Sunflower & pumpkin seeds are the two seeds highest in needed nutrients. Store seeds dry and cool. Seeds can be eaten raw, roasted, or toasted. They are delicious in granola, trail mix, on salads, and in recipes with nuts. About ½ pound of seeds daily will supply a treasure of just about all known vitamins that are needed for youthful vitality. [*The Miracle*, pp. 29-230]

Sprouts are a powerhouse of potent vitamins. Sprouting seeds could be referred to as, “Growing vitamins in a jar.” Seed sprouts are so nutritiously powerful, they can sustain life in the absence of other foods. On the average, vitamins grow by leaps and bounds during sprouting. Sprouted soybeans increase 500% in Vitamin C. Sprouting oats jump 1350% in Vitamin B2. Sprouting wheat rises 106% in Folic Acid. Fat-soluble Vitamins A, E, & K also soar during sprouting. Sprouts are most beneficial when eaten raw, as in a vegetable salad, on soups, over a dessert, added to home baked bread goods, omelets, sandwiches, etc. Use in stir fry. Try the “**Vitamin Energy Breakfast**”: 1c. Seed Sprouts, a handful of dried Dates or Figs, ½ c. Raisins. Serve with milk and honey. This recipe is a powerhouse of essential nutrients. [*The Miracle*, p. 231]

Sun Dried Fruits (no sulphur) can be dried at home or bought pre-dried. They are an excellent source of Vitamins A, B-Complex, and some E and K. Dried, the fruit is naturally preserved, and only needs to be kept cool and dry for storage. [*The Miracle*, p. 231]

Tofu is soy bean curd, and can be purchased in the grocery store in 1-pound tubs. Drain and use with recipes. Add mustard, celery, and spices to make Eggless Salad. Slice, sprinkle with soy sauce, and fry for a main or side dish. Crumble and sprinkle over a tossed salad. Cut into chunks and use in stir-fry. Blend tofu and add spices to make dipping sauces for vegetables. Per pound: 14 g. protein, 10 g. carbohydrates, no cholesterol. Store in refrigerator, rinsing and changing water as necessary. [*Sunset Menus & Recipes for Vegetarian Cooking*, Lane Pub. Co., Menlo Park, Ca., pp. 61, 69]

Alfalfa is one of the richest mineral foods, whose roots grow as much as 130 feet deep. It contains calcium, iron, phosphorus, magnesium, potassium, plus all known vitamins. The minerals are in a balanced form, which promotes absorption. High in chlorophyll and nutrients, alfalfa alkalizes and detoxifies the body, especially the liver. Good for all colon disorders, anemia, hemorrhoids, asthma, high blood pressure, bleeding gums, infections, hemorrhages, diabetes, ulcers, and arthritis. It promotes pituitary gland function and contains an antifungal agent. The leaves, petals, flowers, and sprouts may be used. Alfalfa sprouts may be used alone or in foods; leaves and petals may be found in teas and capsules, as well as in liquid form. [*Prescription for Nutritional Healing*, Balch & Balch, pp. 38, 47]

Kelp can be eaten raw, but is usually dried, granulated, or ground into powder. Granulated and powdered kelp are used as condiments or for flavoring. Kelp is a rich source of vitamins, minerals, and many trace elements, and has been used in the treatment of thyroid problems because of its iodine content. Kelp is recommended as a daily supplement in the diet and can be used as a salt substitute. It can be purchased in a health food store in tablet form if the taste is unappealing. [*Prescription For Nutritional Healing*, p. 43]

SPROUTS

Sprouting seeds could be referred to as “growing vitamins in a jar.” Sprouts are a powerhouse of potent vitamins. Seed sprouts are so nutritiously potent, they can sustain life in the absence of other foods. On the average, vitamins grow by leaps and bounds during sprouting. Sprouted soybeans increase 500% in Vitamin C. Sprouting oats jump 1350% in Vitamin B2. Sprouting wheat rises 106% in Folic Acid. Fat-soluble Vitamins A, E, & K also soar during sprouting. The secret of the incredible nutritional value of this food may be that when a sprout is eaten, the entire plant is being eaten: root, stem, and flower, along with all the nutrients found in each plant part. During war, the Chinese would survive on sprouts grown in their shacks, huts, or even hideout caves and were strong, healthy and vigorous enough to fight off enemies and regain and hold their freedom. Throughout the Orient, seed sprouts are revered as the supreme source of life.

Sprouts are chemical-free, and can be enjoyed in wintertime when other plant foods are in scarce or costly supply. Sprouts may be purchased in the produce section of grocery stores, or seeds, beans, or peas may be sprouted at home. They can be grown in your kitchen in a glass jar or pan, or even when wrapped in a wet towel, with a minimum of bother. They offer a maximum of life-giving nutrients.

Directions for Sprouting:

1. Use whole, untreated seeds, available at health food stores.
2. Soak the seeds overnight.
3. Rinse and place in a glass jar or pan and cover the opening with cheesecloth. (Place jar at an angle to facilitate drainage of excess water to avoid molding.)
4. Place the container in a warm (not hot) place such as your cupboard or shelf.
5. Water (jar) or sprinkle (pan) seeds three times a day, without removing the covering – just pour or sprinkle through the cheesecloth.
6. Within 3-5 days, sprouts will be ready to eat. For top-level vitamin value, let seeds sprout up to 5 days. Longer growth periods seem to allow the sprouts to taste rancid. Store sprouts in the refrigerator, rinsing daily to retain top freshness.
7. For maximum nutritional benefit, eat sprouts raw: alone, on or in vegetable or fruit salads, on cooked casseroles, on desserts. Add to home baked breads, chop and add to scrambled egg dishes or stir fry recipes. Eat them for a **Vitamin Energy Breakfast!** (Recipe Below) Use your imagination!

Vitamin Energy Breakfast (Serve with milk and honey) A powerhouse of nutrients!

1 cup seed sprouts

1 handful sun-dried figs or natural dates

½ cup sun-dried raisins

Adopted from: *The Miracle of Organic Vitamins for Better Health*, by Carlson Wade, pp. 210-213.

6/12/2012

Reading List

Included are some books about pregnancy, birth, and related topics. There are many more books than are listed here, so don't limit yourself to this list.

Understanding Pregnancy and Birth

- *Ina May's Guide to Childbirth*, by Ina May Gaskin, Bantam 2003.
- *The Birth Book*, by William and Martha Sears, Little Brown 1994.
- *The Complete Book of Pregnancy and Childbirth*, by Sheila Kitzinger, New York: Knopf 1988. (Read any and all of her books)
- *Gentle Birth Choices*, by Suzanne Arms, 2005.
- *The Natural Pregnancy Book*, by Aviva Jill Romm
- *Homebirth*, by Sheila Kitzinger

Childbirth Education and Preparation

- *Natural Childbirth the Bradley Way*, by Susan McCutcheon-Rosegg, New York: Dutton, 1996.
- *Birthing From Within*, by Pam England, 1998.
- *Hypnobirthing*, By Marie Mongan, 2005.
- *Mind Over Labor*, by Carl Jones, New York: Penguin 1988.
- *The Experience of Childbirth*, by Sheila Kitzinger, New York: Penguin, 1984.
- *Easing Labor Pain: The complete guide to achieving a more comfortable and rewarding birth*, by Adrienne Lieberman, Garden City, NJ: Doubleday 1987.

Birth Plans

- *The Thinking Woman's Guide to a Better Birth*, by Henci Goer, NY: Berkley, 1999.
- *Creating Your Birth Plan*, by Marsden Wagner, NY: Penguin, 2006.
- *Your Baby, Your Way*, by Sheila Kitzinger, NY: Putnam, 1987.

Nutrition

- *What Every Pregnant Woman Should Know: The Truth about Diets and Drugs in Pregnancy*, by Gail Brewer, 1985.
- *Let's Have Healthy Children*, by Adelle Davis, Mass Market: 1981.
- *Let's Get Well*, by Adelle Davis,
- *Your Vegetarian Pregnancy*, by Holly Roberts, NY: Rockefeller, 2003.

History and Politics of Childbirth

- *The American Way of Birth*, by Jessica Mitford, Dutton Adult, 1991.
- *Immaculate Deception* (Bantam 1981) and *Immaculate Deception II*, by Suzanne Arms, Berkley: Celestial Arts, 1994.
- *Birth Reborn*, by Michel Odent, New Jersey: Birth Works Press.
- any books by Michel Odent

Breastfeeding

- *The Womanly Art of Breastfeeding*, La Leche League, 2004.

(Mostly) Online Resources for Pregnancy and Birth

(All websites begin with http//www. unless noted)

Birth Supplies

- In His Hands (800-247-4045) inhishands.com
- Cascade 1cascade.com
- Birth With Love birthwithlove.com

Breastfeeding Support and Supplies

- Breast cancer, breast self exam komen.org
- Breastfeeding.com breastfeeding.com
- Breastfeeding online, and links to Dr. Jack Newman breastfeedingonline.com
- La Leche League International lalecheleague.org
- American Academy of Pediatrics' policy aap.org/healthtopics/breastfeeding.cfm
- Promotion of Mother's Milk promom.org

Cesarean Section/VBAC

- VBAC Information childbirth.org
- International Cesarean Awareness Network (ICAN) ican-online.org

Childbirth Education

- Bradley bradleybirth.com
- Lamaze lamaze.org
- Birthing From Within birthingfromwithin.com
- International Childbirth Education Association icea.org

Circumcision

- NOCIRC nocirc.org
- American Academy of Pediatrics aap.org/healthtopics/stages.cfm#inf
- Intact care information babyboy.info

Doulas

- Birth Partners (doula search) birthpartners.com
- Doulas of North America (DONA) dona.com

Family Planning

- Fertility charting fertilityfriend.com

Group B Strep (GBS)

- Center for Disease Control (CDC) cdc.gov/groupbstrep
- CDC handout cdc.gov/groupbstrep/docs/GBS_Patient_Info.pdf
- Washington Midwives GBS page midwivesofwa.org/groupb.htm
- Childbirth.org (type gbs in search box) childbirth.org
- Holistic Pediatric Association hpakids.org/holistic-health/articles/172/1/Treating-Group-B-Strep

Herbs

- Natures Sunshine (for 5-W) (800-453-1422)
- Kathy Trabel, distributor for 5-W (972-529-6237)

Magazines

- Birth Gazette birthgazette.com
- Midwifery Today midwiferytoday.com
- Mothering Magazine (701-852-2822)
- The Compleat Mother compleatmother.com

Midwifery

- Citizens for Midwifery
- Midwifery Today
- Association of Texas Midwives
- Midwives Alliance of North America

cfmidwifery.org
midwiferytoday.com
texasmidwives.org
mana.org

Nutrition

- Dr. Brewer Diet
- another Dr. Brewer Diet
- Protein counter

blueribbonbaby.org
drbrewerpregnancydiet.com
learntobirth.com/NutWSreg.pdf

Parenting

- Hearing Screen Information (800-422-2956, ext 3829)
- Growth Chart
- Mothering Magazine
- Parents Place
- The Compleat Mother

thd.state.tx.us/audio/newbornhear.htm
kellymom.com/babyconcerns/growth/weight-gain-calculator
mothering.com
parentsplace.com
compleatmother.com

Pregnancy and Birth Information

- Pregnancy resources, baby calendar
- Guide to making your birth plan
- Childbirth.org
- Baby Center
- The Online Birth Center
- Safety and benefits
- MANA Homebirth Statistics
- HAND

baby-gaga.com
birthplan.com
childbirth.org
babycenter.com
moonlily.com/obc
gentlebirth.org
mana.org/CPM2000.html
homebirthdallas.org/HANDWebResources

Studies

- BMJ: Safety of midwife-attended homebirth

bmj.com/cgi/content/full/330/7505/1416?ehom&eaf

Teratogens

- Texas Teratogen Information Service

800-733-4727

Vaccinations

- National Vaccine Info Center

http://www.nvic.org

Water birth

- Water Birth Website

waterbirth.org

NBS Testing: All Texas Newborns Are Screened For These Disorders

Biotinidase Deficiency (BIOT)

BIOT is an enzyme deficiency that occurs in about 1 in 60,000 U.S. newborns and can result in seizures, hearing loss, and death in severe cases. Treatment is simple and involves daily doses of biotin. (1)

Congenital Adrenal Hyperplasia (CAH)

21-Hydroxylase Deficiency - CAH is caused by decreased or absent production of certain adrenal hormones. The most prevalent type is detected by newborn screening in about 1 in 9,000 Texas newborns. Early detection can prevent death in boys and girls and sex misassignment in girls. Treatment involves lifelong HRT. (1)

Congenital Hypothyroidism (CH)

Inadequate or absent production of thyroid hormone results in CH and is present in about 1 in 2,000. Thyroid hormone replacement therapy begun by 1 month of age can prevent intellectual and growth disabilities.(1)

Cystic Fibrosis (CF)

An inherited disease that affects the lungs, digestive system, and overall growth. People with CF have thickened secretions, which clog the lungs and cause breathing problems. It can also affect the pancreas and make it hard to break down and absorb food. (1)

Galactosemia (GAL)

Galactose-1-Phosphate Uridyltransferase (GALT) Deficiency - Failure to metabolize the milk sugar galactose results in GAL and occurs in about 1 in 50,000 U.S. newborns. The classical form detected by newborn screening can lead to cataracts, liver cirrhosis, mental retardation and/or death. Treatment is elimination of galactose from the diet usually by substituting soy for milk products. (1)

Homocystinuria (HCY)

HCY is caused by an enzyme deficiency that blocks the metabolism of an amino acid that can lead to mental retardation, osteoporosis and other problems if left undetected and untreated. The incidence is approximately 1 in 350,000. Treatment may involve a special restricted protein diet and supplemental medicines, including Vitamin B6. (1)

Maple Syrup Urine Disease (MSUD)

MSUD is a defect in the way that the body metabolizes certain amino acids and is present in about 1 in 200,000 U.S. newborns. Early detection and treatment with a special restricted protein diet can prevent death and severe mental retardation. There is an increased risk in Mennonites. (1)

Medium Chain Acyl-CoA Dehydrogenase (MCAD) Deficiency

The most common disorder in the way the body metabolizes fatty acids is called MCAD deficiency. Undetected, it can cause sudden death. Treatment is simple and includes ensuring frequent food intake. The incidence from newborn screening is not yet known, but is thought to be approximately 1 in 15,000 U.S. newborns. (1)

Phenylketonuria (PKU)

An enzyme defect that prevents metabolism of phenylalanine, an amino acid essential to brain development, is known as PKU and occurs in approximately 1 in every 23,000. Undetected and untreated with a special restricted protein diet, PKU leads to irreversible mental retardation. Persons of European descent are at increased risk. (1)

Severe Combined Immunodeficiency (SCID)

SCID is a rare, serious group of disorders involving the immune system. The immune system is composed of T and B lymphocytes or T and B cells, the white blood cells that are responsible for fighting infections caused by viruses, bacteria and fungi. Babies with SCID are not able to fight infection. They appear healthy at birth but can become

sick very quickly when exposed to common illnesses. SCID is so rare that medical providers might not diagnose it until it is too late to provide lifesaving treatment.

Sickle Cell Disease (SCD)

Includes Sickle Cell Anemia (Hb SS), Sickle Beta Thalassemia (Hb S/?Th) and Sickle-Hemoglobin C Disease (Hb S/C) - Sickle cell anemia (Hemoglobin-SS-Disease) is the most prevalent SCD and causes clogged blood vessels resulting in severe pain and other severe health problems. Other common SCDs include Hemoglobin-SC-Disease and various thalassemias. Newborn screening detects about 1 in 2,500 Texas newborns with SCD annually. Persons of African or Mediterranean descent are at an increased risk. Early treatment with daily penicillin prevents death in the first few years of life. (3)

Tyrosinemia Type I (TYR 1)

Caused by a deficiency in the liver of one enzyme that breaks down tyrosine. If not treated, the condition causes severe liver disease and other serious health problems. Treatment consists of medication including vitamin D and nitisinone, and a special restricted protein diet. The estimated incidence is 1 case in every 100,000. (1)

Other Fatty Acid Oxidation (FAO)

Disorders include Carnitine Uptake Defect (CUD), Long-Chain Hydroxyacyl-CoA Dehydrogenase Deficiency (LCHAD), Trifunctional Protein Deficiency (TFP) and Very-Long-Chain Acyl-Co A Dehydrogenase Deficiency (VLCAD) - Disorders besides MCAD deficiency, other FAO disorders may be detected through newborn screening. They are usually described in categories based on the length of the fatty acid involved. Undetected and untreated they can cause seizures, coma, and even death. Treatment may include a low fat diet, frequent food intake, supplementation with L-Carnitine (Carnitor) and medium chain triglycerides. The incidences of various FAO disorders are not known since it is only recently that early detection through newborn screening has occurred. (4)

Organic Acid (OA)

Disorders include 3-Methylcrotonyl-CoA Carboxylase Deficiency (3MCC), Beta-Ketothiolase Deficiency (BKD), Glutaric Acidemia Type I (GAI), Hydroxymethylglutaric Aciduria (HMG), Isovaleric Acidemia (IVA) Methylmalonic Acidemia(MMA) (Cbl A and Cbl B forms) (Cbl A,B), Methylmalonic Acidemia (mutase deficiency form) (MUT), Multiple Carboxylase Deficiency (MCD) and Propionic Acidemia (PROP) - Organic acidemias are a group of metabolic disorders that lead to accumulation of organic acids in the blood and urine and may be detected in newborn screening through analysis of acylcarnitine profiles. Symptoms can be diminished by restricting protein in the diet and supplementation with vitamins and/or L-Carnitine. Because newborn screening for these disorders is relatively new, the degree of occurrence in newborns is not yet known. (9)

Urea Cycle Disorders (UCD)

Include Argininosuccinic Acidemia (ASA) and Citrullinemia (CIT) - A UCD is a genetic disorder caused by a deficiency of one of the enzymes responsible for removing ammonia from the blood stream. Some UCDs may be detected as a part of newborn screening. They are characterized by seizures, poor muscle tone, respiratory distress, and coma, and result in death if left undetected and untreated. Treatment is by a special restricted protein diet and medications including phenylbutyrate to remove ammonia. Because newborn screening for these disorders is relatively new, the degree of occurrence in newborns is not yet known. (2)

Total number of disorders screened for is 28.

LABOR

Early Labor (until 4cm and active labor pattern)

Between 6:00am and 10:00pm

During the day, give us a call when you think, "This is the day." We will talk with you, ask questions, and come up with a plan. We can put our birth team on call. Assemble your supplies and pack them in the car.

During the day, please call us periodically with updates, even if just to say that contractions stop. Be sure to call one last time before 10:00pm so we can notify our team of the labor status and be prepared to rush to the birth if necessary.

Between 10:00pm and 6:00am

If early labor signs occur during the night, be sure you are well fed, hydrated, and sleep. Call us in the morning unless you have concerns that need to be addressed. (If we are both well rested when active labor sets in, it is much better.)

Call us if your water breaks, if labor intensifies, if you need assistance, or if you need your midwife.

Active Labor (at least 4 cm.)

It is usually in our clients' best interest to stay home until active labor is well established. If you come in and we find that your labor is still in the early phase, we may send you home to rest and await active labor. We will discuss your situation with you and together we will make a plan.

Generally, we like our clients to come to the center sometime after contractions have been five minutes apart and last at least 45 seconds for at least an hour. (Not all labors fit this pattern, and your situation may be different.)

Coming to the Birth Center/Home

Please give us at least an hour's notice before coming to the birth center (or in the case of home birth, before you would like us to arrive). We may not be on the premises when you call, and need time to get there. In an urgent situation, we may be able to get there sooner, depending on where we are at the time, and the time of day.

When you come to the center, we will perform an examination to admit you. Vital signs will be taken, fetal heart rate and fetal position/descent will be checked, cervical dilation and effacement will be checked. If all is within normal limits and you are in good, active labor, we can admit you.

While at the Birth Center

Many women wonder what monitoring is done at the birth center.

Vital signs: We will check your vital signs (blood pressure, etc.) about every four hours, or more often if warranted.

Baby: We will listen to the fetal heart beat at regular intervals, and more frequently as labor progresses.

Vaginal exams: We will perform exams when needed to determine dilation, station, effacement, and fetal position.

Labor support

We will try to support and assist you as needed during labor. We need your feedback to know how to best help you while here. Our goal is to be as unobtrusive as possible, but as involved as you need.

You need to eat, drink, use the restroom, change positions, and do what you can to facilitate labor.

Pushing and Delivery

We will work with you to deliver your baby. Remember, pushing is a stage which can take time. We will actively work with you during this time. You can help “catch” your baby if you wish.

Postpartum

After the birth, your focus will be on recovery so you can go home. You will breastfeed, eat, drink, and get up to use the restroom. We will examine your baby, and your vital signs and bleeding will be monitored.

Discharge

You will be given postpartum instructions. You will be released to go home when you are stable, and at least 2 hours after the placenta is delivered. You will be in contact with your midwife, and the first postpartum visit will usually be in your home. Subsequent visits will be in the office.

7/16/2013

House of Birth

222 W. Brockett Street Sherman, Texas 75090 903-891-8617
Hillary mobile 214-478-9787 Pam mobile 214-769-9338

Postpartum Instructions for BABY **In case of emergency, call 911**

- Call Baby's pediatrician. The pediatrician will usually want to see Baby within the next few days.
- Keep **Baby's cord** dry. There is no need to do anything special. It usually takes less than a week for the stump to fall off. After the stump falls off, you can use alcohol to clean the umbilical area if needed. If at any point it smells bad or appears infected, call me.
- Keep **Baby's hat on** for a few days, and dress Baby in one more layer than you need.
- **Do not submerge Baby in water** until the cord falls off.
- If Baby **appears yellow** to you, give me a call.
- Baby needs to **urinate** and have a **bowel movement** within the first 24 hours. If this doesn't happen, call me.
- Baby should **eat every (2) hours** until your milk comes in. After your milk comes in: every (2) hours during the day and wait no longer than every (4) hours at night. (If she/he does not eat at least this frequently, call me.)
- **Lay Baby on her/his back** or side when you are not in the room or you are asleep. (Side-lying will help Baby to clear air passage in case of spitting up.)
- **If Baby chokes:** First, try allowing baby to clear mucus him/herself by turning her/him onto side or sit him up. **IF** Baby cannot clear, depress bulb syringe, place bulb in Baby's mouth, and gently allow bulb to expand while sweeping through mouth.
- Take the baby's temperature at least twice daily for a few days. If Baby seems **feverish**, take his temperature. Normal axillary (armpit) temp is 97.6. If temperature is more than (1) degree higher than normal, call me.
- If Baby should show any **signs of respiratory distress**, i.e.; continuous grunting, continual nostril flaring when inhaling, or chest retractions, **seek medical help immediately!! Do not hesitate to call 911.**
- You may obtain copy of your baby's birth certificate about two weeks after we release it to the state. Go to your local registrar (take photo I.D. and cash/money order) or apply online at texas.gov.

RELAX AND ENJOY YOUR BABY!!!

House of Birth

222 W. Brockett Street Sherman, Texas 75090 903-891-8617
Hillary mobile 214-478-9787 Pam mobile 214-769-9338

Postpartum Instructions for MOTHER

In case of emergency, call 911

- **You MUST have an adult in the house** within earshot at all times for the first 72 hours.
- **Keep visitors to a minimum** for a few days so you can adjust to your new schedule and lack of sleep.
- **Sleep when your baby sleeps** (especially the first 48 hours). He/she will be changing sleep patterns frequently over the next few days and you are going to need extra sleep.
- It is very important to keep a good routine **every two hours until your milk comes in**.
Beginning immediately every two hours you should:
 - First - **Empty your bladder** (So your uterus may contract properly while you nurse.)
 - Second - **Drink 12 ounces** of fluid while you nurse your baby.
 - Third - **Nurse Baby every two hours**, 10 minutes or so on each side.(Keeping up this routine will assure a good milk supply and keep your breasts from becoming painfully engorged. Also it will help keep bleeding and after-birth cramps to a minimum.)
- **Take time for rest now! Your body cannot heal properly if you are too active!**
 - First 24 hours - Remain in bed, reclining. Keep your weight off your perineum. (You may get up to shower.)
 - 24 thru 48 hours - You should spend no more than 1-2 hours sitting. Do not do any standing on this day.
 - 48 thru 72 hours - You should spend no more than 3-4 hours sitting. Stand for less than 5 minutes at a time.
 - After 72 hours - Gradually increase your time up daily.**You should do only light household chores, i.e.; fold clothes, load/unload dishwasher, etc. for the next week. Again, gradually add daily, rather than jump in all at once.**
- **LIFT NOTHING HEAVIER THAN YOUR BABY** for 3 weeks to allow your organs and pelvic floor time to recover.
- **Begin your Kegels** immediately. Nursing is a good reminder. Do several at each feeding, working up to 100/day.
- **Use peri bottle with Hibiclens** mixture after urinating for the next week.
- If you have perineal tears or have stitches, remember to keep your knees together and weight off your perineum.
- Do not take tub baths or insert anything into your vagina until your bleeding has stopped for 5 consecutive days.
- If your **bleeding increases** to more than double your normal period, empty your bladder, massage your uterus and do nipple stimulation. If your bleeding doesn't slow right away, seek medical help immediately by calling 911.
- If at anytime you feel **feverish**, take your temperature. If it is over 100.0, call me. (Up to 101.0 is normal when your milk comes in.)
- If your **abdomen is tender** to the touch or your discharge is "stinky," call me immediately, as these are signs of infection.)
- Postpartum Depression is very real and can affect any woman, and can manifest in many ways. If you are concerned about any thoughts or feeling you may have, please take it seriously and call me right away. (Remember to get as much rest as possible when the baby is sleeping. Lack of sleep/rest is a big contributor to PPD.)

6/12/2012

POSTPARTUM DEPRESSION RESOURCES & TOLL-FREE TELEPHONE ASSISTANCE LINES

If you think you might be seriously depressed, call 911 or go to the nearest hospital emergency room.

Texas DSHS - Family Health Services, Information & Referral Line: 1-800-422-2956

2-1-1 in Texas: Free, bilingual information and referrals to critical nonprofit and government agencies, health and human services, community organizations.

Texas Information and Referral Network On-line Assistance: www.hhsc.state.tx.us/tirn/tirnhome.htm

B Bexar County Resources

Alamo Area Home Couns'g Svcs
P.O. Box 500064
San Antonio, TX 78280
(210) 521-6392

Alpha Omega In-Home Services
4538 Centerview Dr., Ste. 218
San Antonio, TX 78228
Toll-Free # 1-866-730-2674
Counseling

Avalon Social Services
3707 N. St. Mary's
San Antonio, TX 78212
(210) 735-7275
In home counseling, psychosocials

Benitia Family Center
4650 Eldridge Ave
San Antonio, TX 78237
(210) 433-9300
Counseling

**Community Counseling Service of
Our Lady of the Lake University**
590 N. Gen McMullen
San Antonio, TX 78228
(210) 434-1054

**Ecumenical Center for Religion &
Health**
8310 Ewing Halsell
San Antonio, TX 78258
(210) 616-0885

Family Life Center
One Camino Santa Maria
San Antonio, TX 78228
(210) 436-3133

Family Service Association
230 Pereida
San Antonio, TX 78228
(210) 226-3391
Counseling, groups

**Jewish Family & Children's
Services**
12500 NW Military Hwy
San Antonio, TX 78231
(210) 302-6920
Counseling, groups

**Mental Health Association of
Greater San Antonio**
8431 Fredericksburg Road, Suite
110
San Antonio, Texas 78229
210-614-7566 Office
healthymindconnection.org

Mexican American Unity Council
2300 W. Commerce, Ste 200
San Antonio, TX 78207
(210) 978-0500
Counseling

Methodist Women's Center
803 Castroville, Ste. 131
San Antonio, TX 78207
(210) 575-0355
Groups every Tuesday 1-2

St. Peters St. Joseph
919 Mission Rd
San Antonio, TX 78210
(210) 533-6545

**Postpartum Depression Center of
San Antonio**
921 Proton
San Antonio, TX 78258
(210) 490-4540
Counseling

Bowie County Resources

Community Healthcare
1002 Texas Blvd.
Texarkana, TX 75501
903-831-7602 Local
1-800-832-1009 24 hr Crisis Line
1-800-446-8253 Intake & Adm. Line

**Southwest Arkansas Counseling
and Mental Health Center**
2904 Arkansas Blvd
Texarkana, AR 71854
870-773-4655 Local
1-800-652-9166 24 hr Crisis Line

Brooks County Resources

Coastal Plains Center
101 West Potts
Falfurrias Texas 78355
(361) 325-3676 or Crisis Hotline -
1800-841-6467

C Collin County Resources

Supporting Moms
www.supportingmoms.org

D Dallas County Resources

Dallas Association for Parent Ed.
777 S. Central Expressway, Ste 1-T
Richardson, Texas 75080
Phone: 972-699-0420
www.dallasparents.org

**Mental Health Association of
Greater Dallas**
624 N. Good-Latimer, Ste. 200
Dallas, Texas 75204
Phone: 214-871-2420
www.mhadallas.org

F Fort Bend County Resources

Mental Health Ass'n of Ft Bend
10435 Greenbough Drive
Suite 200
Stafford, TX, 77477
Phone: 281-261-1876
www.mhafbc.org

H Harris County Resources

BERING SUPPORT NETWORK

1440 Harold
Houston, Texas 77006
Phone: 713-526-1017
www.beringumc.org

CRISIS HOTLINE NUMBERS FOR HOUSTON

Phone: 713-HOTLINE
Spanish hotline: 713-526-8088

DEP'N SUPPORT GROUPS

Depression & Bipolar Support Alliance
Multiple sites
Phone: 713-528-1546

KINGWOOD HEALTH CTR

2001 Ladbroke
Houston, Texas 77339
Phone: 281-358-1495
www.kingwoodhealthcenter.com

Mental Hlth Ass'on of Gtr Hstn

2211 Norfolk, Suite 810
Houston, Texas 77098
Phone: 713-523-8963
Info & Referral Line: 713-522-5161
www.mhahouston.org

MOM-TO-MOM GROUP

Columb.-Clear Lake Reg. Med'l Ctr
Phone: 713-371-5666

MONTROSE COUNSEL'G CTR

701 Richmond
Houston, Texas 77006
Phone: 713-529-0037
www.montrosecounselingcenter.org

POSTPARTUM ADJUSTMENT GROUP,

WOMEN'S HOSPITAL OF TX
Phone: 713-791-7593

POSTPARTUM EDUCATION FOR PARENTS (PEP)

Phone: 1-805-564-3888
www.sbpep.org

J Jefferson County Resources

Mental Health Ass'n of Beaumont

670 North Seventh
Beaumont, TX 77702
Phone in Beaumont area: 833-9657
Phone outside of Beaumont: 1-800-240-9657
www.mentalhealthbeaumont.org

Jim Hogg County Resources

Border Region MHMR

517 West Viggie
Hebbronville, Texas 78361
(361) 527-5771 or Crisis Hotline 1-800-687-4241

Jim Wells County Resources

Coastal Plains Center

(provides for Jim Wells, Duval)
1165 East Main
Alice, Texas 78332
(361) 664-9587 or Crisis Hotline 1-800-841-6467

Alice Counseling Center

63 South Wright
Alice Texas 78332
(361) 664-8829

K Kleberg County Resources

Coastal Plains (Kleberg)

914 East Fodyce
Kingsville, Texas 78363
(361) 592-6481 or Crisis Hotline 1-800-841-6467

L Lubbock County Resources

Covenant Beh'l Health Care Svcs
1-800-972-7575

N Nueces County Resources

Nueces Cnty MHMR Com'ty Ctr
102 North 4th St.
Robstown Texas 78380

(361) 387-3588 or Crisis phone number (361) 814-8633

P-R Potter/Randall County Res's

Family Support Services

1101 South Polk
Amarillo TX 79101
(806) 342-2500
Crisis Hotline 800-749-9026
Website www.fss-ama.org

Samaritan Pastoral Cns'g Ctr

200 NW 7th, 3C
Amarillo TX 79107
(806) 353-1668

Pavilion- NW Tx Hlthcare Sys

1501 South Coulter
Amarillo TX
(806) 354-18010
www.nwtexashealthcare.com

T Tarrant County Resources

Mental Hlth Ass'n of Tarrant Cty

3136 W. 4th Street
Fort Worth, Texas 76107
Phone: 817-335-5405
www.mhatc.org

Taylor County Resources

Mental Health Ass'ciation of Abilene

500 Chestnut Street, Suite 1807
Abilene, Texas 79602
(915) 673-2300
www.abilenementalhealth.org

Tom Green County Resources

San Angelo Community Med'l Ctr

SACMC Postpartum Group
3501 Knickerboker Road
San Angelo, Texas 76904
Phone: 325-947-6388
Email:
Evelyn.Ashley@TriadHospitals.com

Supply Checklist for Birth Center Births

Note: The refrigerator and microwave are at your disposal! Please eat/drink only in the birth room or restroom to facilitate cleanup. Also, no red drinks please!

For Labor:

- Clothes for Labor (such as: Large, long T-shirts or gowns, Sports bra(s), underwear, robe)
- Dirty Clothes bag
- Labor Food: Light Food or snacks (yogurt, soup, nutritious crackers, cheese, fruit, nuts, sandwich fixings, etc.) – Bring the ice chest!
- Labor Food and Drink for your family and helpers
- Juices and Gatorade or Recharge (no red drinks please)
- Honey
- Camera, extra film/batteries/chargers/memory cards
- Video equipment
- CDs (music), Aromatherapy, etc.
- Vitamins and Supplements

For After the Birth:

- Food for you (Think protein and blood sugar helpers: soup, sandwich, frozen food, etc.)
- Food and Drink for your family and helpers
- Orange juice (or similar)
- Going home clothes
- Depends underwear
- Hibiclens
- For the next days - Sanitary napkins - extra large, extra long
***Consider homemade ice pad: Sanitary napkin, watered and frozen

For Baby:

- Diapers, clothes, socks, hat
- Blankets
- Car seat

If Desired:

- Nursing gown
- Nursing bras

Other:

-
-

Please remember to bring Photo ID, Social Security card, and Insurance Information in the unlikely event of transfer to the hospital.

SUGGESTIONS FOR BIRTH CENTER BIRTHS

Birth Place:

You have chosen to give birth at House of Birth. Your comfort is the most important consideration! We will do our best to work with you and your needs for comfort.

You may choose to give birth in the position and area most comfortable for you. We can be very flexible and will accommodate you as much as possible. The important thing is that we have a firm surface beneath you, and that you are comfortable.

Labor

We will be in contact frequently during your labor. You may be asked to come to the office for assessment if needed during early labor. Usually we will meet at the birth center when you are in well-established active labor. That may be hours before the actual birth, as birth is much more than just a physical process. You will be discharged after you and baby are stable, and the baby has nursed and been examined.

Small Considerations:

Since you may be at the birth center for many hours, come prepared. Remember that you and your family need sustenance, so bring some snacks, food, and fluids, both for you and dad!

People at Birth:

There will be people, who, when told that you are planning an out-of-hospital birth will be anxious to attend. Do not feel obligated towards such people unless your reason for inviting them is that **you** need their love and support! Birth is not party time! Do not feel that you are being selfish with your birth experience, as you need to direct all your energy to the task at hand. *It is said among the midwives that for each extra (non-essential) person present, one hour can be added to the length of the labor.* Try to have with you only the most positive, supportive friends or relatives. Remember to ask them to come **without perfume** that day, as perfume and birth don't mix.

If you choose to invite people to be present at your birth, I recommend assigning jobs/responsibilities to each person in order to maintain a harmonious, unified birth team effort. Ask for a copy of my sample "What to Expect At My Home Birth" handout, courtesy of a previous client.

Children at Birth:

In general, children do beautifully at the actual birth, but may have some difficulty coping with labor, which often makes them feel quite anxious. It is important that a responsible, trusted adult is assigned and present for any children involved - to provide supervision and answer their questions as well as alleviate their fears.

BACKUP PLAN FOR HOME BIRTH

| |
|---|
| <p>PREFERRED Hospital for Mother _____, Ph# _____ Address _____</p> <p>Directions: _____</p> <p>OB & Ph# _____ Pedi & Ph# _____</p> |
| <p>PREFERRED Hospital for Baby _____, Ph# _____ Address _____</p> <p>Directions: _____</p> <p>Pediatrician and Phone# _____</p> |
| <p>NEAREST Hospital _____, Phone # _____ Address _____,</p> <p>Directions: _____</p> |
| <p>AMBULANCE-if you prefer to use a private service, or if the community ambulance has a private phone #, fill out this section.</p> <p>Ambulance Service & Ph# _____ Are police or firemen dispatched? _____</p> <p>Give these directions _____</p> <p>What hospitals do they transport to? (Nearest?) _____</p> <p>Fees & Time from dispatch to arrival _____</p> <p>Mandatory procedures/protocols _____</p> |
| <p>INSURANCE: If you have insurance, make a copy of your insurance card, front and back, and attach it to this document.</p> |
| <p>In case of emergency call _____ at phone # _____ to take care of our children.</p> <p>If possible, please notify these people at the following ph#s _____</p> |
| <p>In an <u>Obstetrical Emergency</u> we do / do not wish the newborn to accompany us.</p> <p>If not, _____ at ph# _____ will care for the baby.</p> |

HOME BIRTH SUPPLY CHECKLIST

(Please have these items gathered by 36 weeks)

- Birth Kit - order "House of Birth Homebirth Kit" from *In His Hands* at 800-247-4045, www.inhishands.com (See below)
- Disposable underpads, at least 18, extra large ("Assure")
- Olive oil, unopened
- Recharge, Gatorade, or similar Electrolyte drink (*or make your own)
- Orange, apple, or grape juice...Broth, yogurt, fruit, tea, toast, etc., for mom (& food for after birth)
- Food (& paper plates?) for birth attendants, family
- Place for others to nap if labor is long
- Crock pot
- Electric heating pad
- 6 Depends underwear, Menstrual pads (extra large, extra long), Consider homemade ice packs: Pads, watered and frozen
- Extra pillows, music, tapes, or anything necessary or desired for comfort in labor
- **Extra set of bed sheets*
- **6 receiving blankets, preferably used
- **8 large towels, 8 washcloths **Must be very clean. Prepare 2 weeks before EDD by washing in detergent and hot water, re-rinse, then dry and store in a clean, dry container.
- Big, comfy T-shirt(s) for mom (cotton absorbs well, less irritating)
- Plenty of ice
- Video Camera, Camera, and plenty of film/memory card space and batteries
- Nursing gown, Nursing bras, Nursing pads
- Vitamins and Supplements
- Have Photo ID, Social Security Card, and Insurance Card in the unlikely event of transfer to the hospital.
- For Baby: Baby cap, Clothes, & diapers for baby (Consider disposable diapers for at least the first week)

For Water Birth:

- Tub or pool
- New garden hose (white-for RVs)
- Floor covering
- 1 goldfish net
- Extra towels
- Swimsuit top or sports bra (if desired)

Birth Kit contents: If you wish, you can do the shopping yourself.

1 Peri Bottle, 8 oz
1 Hibiclens (generic), 4 ounces
1 bottle alcohol
12 Gauze sponge, 4 X 4 12-ply (2/pkg)
1 Bulb Syringe, 2 oz.
6 Glove, Sterile, Single (MED)
3 Glove, Sterile, Pair (MED)
Depends undergarment, Large
1 Infant hat
1 Tape Measure, infant, 2 ft/60 cm

2 Plastic Cord Clamp - Sterile
6 Lube Jelly packets, 3 grams, Sterile
2 Flexible Drinking Straws
1 Birth Certificate
1 deluxe Footprinter, disposable
1 alcohol, 16 oz
1 hydrogen peroxide, 16 oz
1 plastic covering, 9x12
2 33-gal trash bags
Thermometer

Have ready in case of unexpected transport:

- Overnight bag with going-home clothes for mom and baby
- Toothbrush, hairbrush, etc.
- Photo ID
- Social Security card
- Insurance card

SUGGESTIONS FOR HOME BIRTH

Birth Place:

You may choose to give birth in any room you desire. Your comfort is the most important consideration! An appropriate birth site must be clean, and free from dust and animal hair.

You may choose to give birth in bed, on a mattress or pad on the floor in your favorite room, in water, or standing. We can be very flexible. The important thing is that we have a firm surface beneath you, and that you are comfortable.

You may make your bed ready for the birth, either shortly before labor or during early labor, using the sheets you have already cleaned and stored. Put a fitted and flat sheet over the mattress, then a plastic cover, and then another fitted sheet. After the birth we will remove the extra layers, leaving a clean bed for you and your baby.

Labor

We will be in contact frequently during your labor. You may be asked to come to the office for assessment if needed during early labor. Usually your midwife will come to you once you are in well-established active labor. That may be hours before the actual birth, as birth is much more than just a physical process. Your team will stay with you until you and baby are stable, and the baby has nursed and been examined.

Small Considerations:

In case the labor takes awhile, it is really nice if some provision is made for the birth team to rest. Also, remember that everybody seems to get hungry at births, so try to have some snacks available for everyone, especially for dad!

People at Birth:

It is said among the midwives that one hour can be added to labor for each extra (non-essential) person present. Don't have extra people there. There will be people who will want to be present at your birth. Do not feel obligated to have them present **unless you need their love and support!** Birth is not party time! Do not feel that you are being selfish with your birth experience: You need to direct all your energy to the task at hand. Try to have with you only the most positive, supportive friends or relatives. Unsupportive or fearful people can undermine your birth, even unintentionally, in very subtle ways.

If you choose to invite people to be present at your birth, we recommend assigning responsibilities and/or jobs to each person in order to maintain a harmonious, unified birth team effort. Ask for a copy of our sample "What to Expect At My Home Birth" handout, courtesy of a previous client.

Children at Birth:

In general, children do beautifully at the actual birth, but may have some difficulty coping with labor, which may make them feel very anxious. It is important that a responsible, trusted adult is assigned and present for any children involved - to provide supervision and answer their questions as well as alleviate their fears.

Maintaining and Raising Your Iron Levels

When attempting to boost your iron levels, it is vital to drink plenty of fluids – at least 32oz every day to avoid constipation, and to give your body the fluid base to rebuild the hemoglobin (iron). Rest as much as possible, and avoid strenuous activity. If you are rebuilding your iron stores after birth, the rest and fluids are vital to getting your energy level back to normal, and controlling your postpartum bleeding. Do not push your activity level- stop at the first sign of fatigue. If your iron level is low, you will not have much endurance or energy. Two weeks of rest and relaxation and careful attention to your diet will replenish your energy.

A serving each day of some foods listed below will help maintain your blood iron levels. To maximize absorption, take your iron source with a good source of Vitamin C. Cook in an iron skillet to increase your iron intake. Try to avoid taking iron at the same time as calcium.

| | | | |
|------------------------------------|------------------------|---------------------------|------------------------|
| Soybeans | 1 cup, cooked | Wheat bran | ¼ cup |
| Tofu (Soy curd) | ½ cup | Butternut Squash | 1 cup, baked |
| Spinach | 1 cup, cooked | Broccoli | 1 cup, cooked |
| Braunschweiger | 2 pcs | Brewer's yeast | 1 Tablespoon |
| Beef liver | 3 oz, fried | Asparagus | 1 cup, cooked |
| Peach halves | 10 dried | Whole wheat bread | 1 slice |
| Lima, Navy, or Kidney beans | 1 cup, cooked | Mushrooms | 1 cup, raw |
| Black-eyed peas | 1 cup, cooked | Seaweed, kelp | 1 oz, raw |
| Parsley, fresh | 1 cup, chopped | Loose-leaf lettuce | 1 cup |
| Sauerkraut | 1 cup, canned | Summer squash | 1 cup, cooked |
| Shrimp | 2.5 oz, broiled | Cauliflower | 1 cup, raw |
| Prune juice | 1 cup | Cantaloupe | ½ |
| Sirloin steak | 3 oz, lean | Tomato | 1 whole, raw |
| Beet greens | 1 cup cooked | Peanuts, unsalted | 1 oz |
| Wheat germ | ¼ cup | Chicken breast | ½ roasted |
| Beef pot roast | 3 oz, lean | Cabbage, shredded | 1 cup, raw |
| Sardines, canned | 3 oz | Sole/flounder | 3 oz, baked |
| Split peas | 1 cup, cooked | Apple | 1 fresh, medium |
| Dandelion greens | 1 cup, cooked | Cheddar cheese | 1 oz |
| Bok choy | 1 cup, cooked | Orange | 1 fresh, medium |
| Apricot halves | 10 dried | Milk, whole | 1 cup |
| Oatmeal | 1 cup, cooked | Yogurt, non-fat | 1 cup |
| | | Green beans | 1 cup, cooked |

Floradix: One of the best herbal iron supplements. It is quickly and efficiently absorbed. Take according to directions or as directed.

Herbal Iron Sources: (Many of these are great brewed in teas- hot or cold. They can be frozen into ice cubes and added to cold drinks in the hotter months.)

| | | | | |
|---------------------------|---------------|--------------|-------------------|----------------|
| Dandelion leaf and root | Sage leaf | Watercress | Calendula flowers | Raspberry leaf |
| Yellow Dock root | Parsley | Dulse | Nettles | Burdock root |
| Alfalfa leaf (tablets***) | Mullein leaf | Red Clover | Sorrel leaf | Caraway seeds |
| Anise seeds | Rosemary leaf | Fennel seeds | | |

***Dosage for alfalfa tablets – Take one in the AM and one in the PM for 3-4 days, increase to two in the AM and PM for 3-4 days, then three, four, five and up to six tablets in the AM and PM. Stop at the first sign of GI upset (gas, nausea), and return to former dose level.

Iron Tablets:

Ultimate Iron by Enzymatic Therapy: Another great product. Enzymatic Therapy also makes “Energizing Iron” (choose the one without Ginseng).

Optional: Ferrous fumerate, ferrous gluconate, or ferrous succinate. Avoid ferrous sulfate, which is poorly absorbed.

Hearing Testing for Your Newborn

We will contact a newborn hearing screen provider upon your request. The following office has agreed to accept our babies for testing:

HearCare, Inc.
1800 N Travis Street
Sherman, Texas
903-868-2650
www.hearcareinc.com

We offer referrals to the hearing clinic of your choice for newborn hearing screen tests. Feel free to request referral to any office that provides newborn hearing screens.

Other Local Newborn Hearing Screen Providers:

1. Hearing Healthcare Center
903 N. Travis Street
Sherman, Texas
903-892-1597
2. The Hearing Clinic
119 W Main St
Denison
(903) 463-9900
www.thehearingclinic.org
3. ENT Centers of North Texas
2600 US Hwy 75 N
Sherman, TX 75090
(903) 416-6225

6/12/2012

Breastfeeding Resource List

House of Birth encourages all moms to breastfeed their babies!

IBCLC Services:

Lactation consultants:

Sharon Mattes, AAHCC, IBCLC
Board Certified Lactation Consultant
Bradley Childbirth Educator
Parent Education Instructor
(972) 495-2805
www.naturalbeginningsonline.com

Breastfeeding hotlines:

The *breastfeeding* community throughout the United States has access to a toll-free *helpline* service by calling 877 4 LA LECHE (1-877-452-5324).

WIC breastfeeding hotline: For our toll-free **Breastfeeding Hotline**, call **1-800-514-MOMS (6667)**.

Breastfeeding support:

WIC - **FREE** breastfeeding education and services to WIC mothers and their breastfed babies. **(512) 719-3010**

La Leche League, Sherman, Texas facebook page <http://texaslll.org/group/sherman>

La Leche League, Durant, Oklahoma facebook page <http://www.facebook.com/LLLDurant?ref=ts&fref=ts>

Web resources for breastfeeding:

www.momsplace.org

www.kellymom.com

www.voices.yahoo.com/top-5-breastfeeding-web-sites-forums-nursing-2462161.html

www.breastfeedingbasics.com

House of Birth

222 W. Brockett Sherman, TX 75090 903-718-0900

Client Evaluation

Name _____ Baby's Birth Date _____

May we have your permission to use your comments on our website or printed materials? Yes No

| | Yes | No |
|---|-----|----|
| 1. The office was clean and pleasant. | | |
| 2. I did not have to wait more than ten minutes past my appointment time. | | |
| 3. The person who greeted me was courteous and helpful. | | |
| 4. People were courteous and helpful when I called on the telephone. | | |
| 5. The midwife explained all procedures and care to me. | | |
| 6. The midwife explained options and answered my questions. | | |
| 7. The midwife was respectful, courteous and knowledgeable. | | |
| 8. The midwife helped me during labor. | | |
| 9. The assistant helped me during labor. | | |
| 10. The midwife was calm and knowledgeable at the delivery. | | |
| 11. The midwife examined me and the baby thoroughly before discharge. | | |
| 12. My birthing experience was bad. | | |
| 13. My birthing experience was good. | | |
| 14. The midwife was available for my postpartum questions and concerns. | | |
| 15. My postpartum care was thorough. | | |
| 16. I would come to House of Birth again for my care. | | |

Please write any other suggestions or comments below. Thank you.

Benefits of Breastfeeding

Conditions in Infants and Children who are breastfed (compared to formula fed):

- Lower Respiratory Tract Infections 72% lower
- Gastrointestinal Infections 64% lower
- Otitis Media 50% lower
- Atopic Dermatitis 42% lower
- Asthma: infants 27% lower, children 40% lower
- Diabetes:
 - Type 1 Infants 19% lower, children 27% lower
 - Type 2 39% lower
- Obesity: infants 7% lower, children 27% lower
- SIDS 36% lower
- Childhood Leukemia: infants 15% lower, children 19% lower

Conditions of Mothers who breastfeed (compared to those who don't)

Breast Cancer 28% lower

Ovarian Cancer 21% lower

*From: Breastfeeding and Maternal & Infant Health Outcomes in Developed Countries, Evidence Report/Technology Assessment No. 153 (Tufts-New England Med'l Center Evidence-based Practice Center.) AHRQ Pub No 07-E007. Rockville, MD: Agency for Healthcare Research and Quality. April 2007

Did you know?

1. Infants exclusively breastfed for about six months will have:

- a. fewer episodes of diarrhea
- b. fewer episodes of lower respiratory infection
- c. both of the above
- d. none of the above

(answer: C both of the above)

2. Compared to formula, human milk contains higher levels of:

- a. iron
- b. lipase
- c. vitamin A
- d. vitamin D
- e. none of the above

(answer: b lipase)

3. It is especially important that an infant with a strong family history of allergy should be exclusively breastfed for:

- a. 2 months
- b. 6 months
- c. 8 months
- d. 10 months

(answer: b. 6 months)

4. The most common cause of poor weight gain for breastfed infants during the first four weeks is:

- a. infant metabolic disorders
- b. infrequent or ineffective feedings
- c. low fat content of breast milk
- d. maternal endocrine problems
- e. maternal nutritional deficiencies

(answer: b. infrequent or ineffective feedings)

5. Jaundice in a normal full term breastfeeding infant is improved by:

- a. breastfeeding frequently (at least 8 or more times in 24 hours)
- b. giving glucose water after breastfeeding
- c. giving water after

(answer: a. breastfeeding frequently-at least 8 or more times in 24 hours)



In His Hands Birth Supply
 P. O. Box 467, Liberty Hill, TX 78642
 1-800-247-4045
 www.InHisHands.com

Custom Birth Kit

Baby Due Date

Revision Date

| | |
|--|--|
| Midwife | SHIP TO (Name, Address, Phone Number) |
| House of Birth Pam Holland & Hillary Lindsey 222 W. Brockett Street Sherman, TX 75090 | |

| QTY | DESCRIPTION | COST | Total |
|-----|--|-------|--------|
| 1 | Peri Bottle, 8 oz | 0.60 | 0.60T |
| 1 | Betasept, 4 ounces | 5.00 | 5.00 |
| 1 | Alcohol Bottle, 16 ounce | 1.75 | 1.75 |
| 1 | Hydrogen Peroxide, 16 ounce | 1.25 | 1.25 |
| 12 | Gauze sponge, 4 X 4 12-ply (2/pkg) | 0.25 | 3.00T |
| 1 | Bulb Syringe, 2 oz. | 1.40 | 1.40T |
| 6 | Glove, Medline, Sterile, Medium, Single | 0.30 | 1.80T |
| 3 | Glove, Medline, Sterile, Medium, Pair | 0.60 | 1.80T |
| 4 | LARGE - Depends Brief, Extra Absorbency, LARGE | 1.25 | 5.00T |
| 1 | Infant hat | 1.50 | 1.50T |
| 1 | Tape Measure, infant, 2 ft/60 cm | 0.05 | 0.05T |
| 1 | Plastic Cord Clamp - Sterile | 1.25 | 1.25T |
| 6 | Lube Jelly, 3 grams, sterile | 0.10 | 0.60T |
| 2 | Flexible Drinking Straws | 0.00 | 0.00T |
| 2 | Plastic Covering, 2 mil, 9'X12' | 5.00 | 10.00T |
| 2 | Trash Bag, 30 gallon plastic | 0.30 | 0.60T |
| | Shipping and Handling | 12.00 | 12.00T |
| | Tax | 6.75% | 2.67 |

To Order Custom Birth Kit, SEND completed form with check or money order to address above OR CALL 1-800-247-4045 to order with a credit card OR VISIT www.INHISHANDS.com

| | |
|--------------|---------|
| Total | \$50.27 |
|--------------|---------|