

Giving birth at home

Midwives give expectant mothers another alternative

HOME DELIVERY — Rebecca Britt Walton, left, opted to have son, Logan, at home, using midwife Nancy Harman. Harman has "caught" or delivered 950 babies in her eight years as a Certified Nurse Midwife.



Claudia Hughes / The Courier-Tribune

By Judi Bringer
Staff Writer, The Courier-Tribune

ASHEBORO — Giving birth is a challenge — and a choice. This is the reason more women in North Carolina are considering the use of midwives as an alternative method for having a child.

Rebecca Britt Walton is one of those women.

Walton, 25, lives in Carthage, and in February, she chose to have son, Logan, at home. She knows a lot of people harbor preconceived notions as far as midwives are concerned.

"When I tell people that I gave birth at home, they say, 'You are so brave,'" she said.

"First of all, every woman that gives a baby and pushes it out of her body or has it taken from her abdomen is brave — it does not matter where the birth happened. I'm no braver than a hospital-birthing mom. I just wanted to be cared for during pregnancy by someone who is not only skilled thoroughly in books, but is also caring and respectful of my family, my baby and me."

Nancy Harman of Bear Creek was Walton's midwife. She is a Certified Nurse-Midwife (CNM), educated in nursing and midwifery and in possession of certification evidence according to the requirements of the American College of Nurse-Midwives (ACNM). She has "caught," or delivered, over 950 babies in her eight years as a CNM.

"As a midwife, I am with the

WANT TO GO? Birth Works presents "Giving Birth: Challenges and Choices" on the following dates:

- Sept. 11 — 6 p.m. at the Asheboro Public Library, 201 North St., Asheboro
- Oct. 19 — 1 p.m. at the Quaker Heights Church, 1354 Allied St., Asheboro

Classes will be held if a

minimum of five participants register. If there are not enough participants to hold the class you will be notified with a new date for the class.

To register or for more information, contact Sarah Cheek at (336) 879-1751 or visit the website at www.nchomebirth.com.

The price tag for using midwives are varied and may range from \$600-\$2,000. Some, but not all, insurance companies will reimburse the cost. Some midwives will operate on a donation basis.

"Contrary to the old myths, it is safe and there are fewer complications than in a hospital setting," said Cheek. "You get more personal care, there is always a doctor back-up in case of emergency and midwives will spend 10 times as much time with you as a doctor would — an average of 45-60 minutes at each visit."

Walton, Burk, and Cheek, mother of one child born at

home, are joining together to promote the public's awareness of home birth. They believe women today are educated enough to make the choice for themselves.

This group practices the Birth Works process, which helps develop a woman's confidence in her own ability to give birth. Birth Works does not believe there is any one right way or method to give birth because each birth is unique and each woman needs to give birth in her own way. She should be guided by her own body's knowledge of how to give birth.

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continue to consider midwifery illegal or unavailable to them.

According to the N.C. Chapter of American College of Nurse-Midwives, in order to practice in this state, nurse midwives must be certified through the ACNM. They must also hold a current license as a Registered Nurse to obtain an approval to practice and have the right to prescribe some medications. In states where midwives can not prescribe, their back-up doctor will write standing orders for them that allow them to prescribe medications if necessary. As of February 1999, there were 137 certified nurse midwives with active approvals to practice in North Carolina.

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Direct entry midwives are practicing essentially legally in about 34 states, but are considered unlawful or illegal in 16 states. However, these figures also hold a current license as a Registered Nurse to obtain an approval to practice and have the right to prescribe some medications. In states where midwives can not prescribe, their back-up doctor will write standing orders for them that allow them to prescribe medications if necessary. As of February 1999, there were 137 certified nurse midwives with active approvals to practice in North Carolina.

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PROVIDING COMFORT — Sarah Cheek is a doula or birth attendant — someone who stays with a woman during her birth, helping her to feel safe so she can more easily let go to give birth. She stays with the family during labor and birth to provide support and encouragement, and to make sure all the laboring woman's physical and emotional needs are met.

woman all through her pregnancy and birth," she said. "Their care is very hands-on and I am aware of the needs of each individual — culturally, spiritually and naturally. I try to approach each mother's care individually."

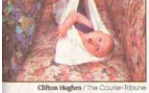
However, many women con-

CPMs have the best rates in terms of perinatal mortality and morbidity, according to Midwives Alliance of North America.

"When we were expecting our first child, my husband was in school at Western Carolina University," she said. "I went over to the library and read about birth and then talked to a midwife. It sounded like so much fun — more of a celebration instead of a medical event."

Current North Carolina law specifies that a CNM may only attend births when she has back-up physicians. Because many physicians are not comfortable with home birth or births in out-of-hospital birth centers, few physicians are willing to provide back-up. CPMs and Lay Midwives do attend births in North Carolina.

WEIGHTY MATTERS — Harman promotes hands-on care for all mothers, sometimes spending as much as a hour during each prenatal visit. Here, she weighs Logan Walton using a portable scale that she carries to each birthing event.



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Questions to help in midwife selection

- Midwives have varying levels of expertise and styles, therefore it is important to choose a midwife with whom you feel confident and comfortable.
- The following questions may help the pregnant woman to select a midwife who is well suited to her and her family.
- How did she become a midwife?
- What training has she had?
- Is she certified or licensed with any organizations?
- Does she belong to any midwifery organizations, attend conferences and workshops, subscribe to professional journals?
- What is her basic philosophy of childbirth?
- How many births has she attended as the primary midwife?
- Does she handle higher risk situations, such as twins or breeches?
- What is the fee for her services, how must it be paid, what does it include?
- What kinds of services are included in prenatal care?
- Does she work with another midwife or assistant at births?
- What does she do if there are two births at the same time?
- How do you reach the midwife? Does she

- have a pager allowing 24-hour access?
 - How does she handle problems or complications that might develop during labor?
 - What standard and emergency equipment does she carry? What herbs or medicine does she use? Which ones does she not carry and why?
 - Does she have any affiliation with a physician who can answer unusual questions either during the pregnancy or in an emergency?
 - What is her policy for transporting to a hospital?
 - What medical facility would she use? Has she developed a good working rapport with them?
 - What kind of postpartum care does she provide?
- In addition to asking these questions, it is important to be clear about what you expect from your potential midwife. Be prepared to share your vision of the birth and discuss any fears you may have. Tell her how knowledgeable you are about birth at present and how informed you would like to become. Determine if the midwife's answers to your questions agree with your desires. If your heart trusts her, you have found your midwife.

(Information provided by Midwifery Today, Inc.)

Birth Works

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Physical therapist Cathy Daub designed and taught the first Birth Works classes in New Jersey in 1981. The course was then developed into a teacher certification program at which time the manual was developed. The goal of Birth Works is to help women have more positive birth experiences by learning to have more faith and trust in their own bodies' knowledge of how to give birth. The classes are for any woman with any birth experience who plans to give birth at home, in the hospital or in a birthing center.

Birth Works is for all expectant parents regardless of their birthing history, including women with previous cesareans or vaginal births, and new parents.

Birth Works has been proven to reduce the incidence of birth injury, trauma and cesarean-section, as reported by the Midwives Alliance of North America in 1996.

"I have done episiotomies, but far fewer than a doctor would because of hot compresses that I put on the perineum," Harman said.

An episiotomy involves cutting the perineum to allow more room for delivering the baby. However, complications such as tearing and scarring may occur as a result.

Randolph County and Moore County hospitals are among those who do not allow midwives to use their facilities.

Randolph County area doctors declined to be interviewed for this story.

In contrast, some Davidson County physicians, such as Dr. Martin Allen and Dr. Scott Stahl at Lexington Memorial Hospital, provide doctor back-up for midwives in their area.

They both believe in women's rights to a home delivery if the delivery is low risk.

Allen said that there needs to be some sort of protocol for midwives.

"With or without professional support, they are going to do it anyway, so why not support them?" he said. "I do support CPMs being legal in the state."

Even though Walton had a 28-hour delivery at home, she would do it again in an instant.

"Pregnancy is hard sometimes and I want help and encouragement," she said. "I also want control over the environment that I have my baby in. I don't want protocol and policy to enter the vocabulary of my birth experience. I want an above-average birth and I will most likely get that when I have my baby at home."

"Hundreds of studies show that I am safer having my baby in my home than I am anywhere else, as long as I am a healthy woman who has the support of a midwife at my birth. That is why if other children are in my future, they will be born at home, as well as I."

The group plans to have a booth at Asheboro's Fall Festival in October as a way to dispel some of the myths surrounding midwives.



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BIRTH CHOICES — Cheek with children, Owen and Miranda, and Sherry Burk are part of a group of mothers using Birth Works to educate women about the choices available to them concerning birth.

"Visitors can obtain literature on midwifery care, see demonstrations of pregnancy massage and active positions for the

second stage of labor," Walton said. "They can see midwifery tools and equipment and massage tools that will be available to touch and hold."

"We want to dispel a belief that is often encountered that midwives are old-fashioned and lack education and clinical skills. There will also be women who have had midwifery care during their pregnancy to talk with visitors about the benefits."

"As a woman, I have had bestowed on me the greatest gift ever, to give and to introduce it to the world through birth. I want to feel like I'm important, that I matter, that my birth process matters and that my baby matters."

For more information about Midwives Alliance of North America, visit its website at www.nchomebirth.com. For more information about N.C. Home Birth, visit its website at www.nchomebirth.com.

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