

YOUR GUIDE TO

{ Homebirth }

Frequently Asked Questions



WHY HOMEBIRTH?



Safety

Avoidance of perceived unnecessary medical intervention & avoidance of being exposed to viruses in hospitals

Greater sense of control and desire for individualized care

Belief that pregnancy and birth are generally normal processes

A whole family experience



COMMON PRACTICES OF HOMEBIRTH

Individualized, continuous labor support

No restrictions with labor support people at birth

No separation of mother and baby

Waterbirth, if desired

Neonate to be suctioned only as indicated

Optimal closures of the umbilical cord blood

100% initiation of breastfeeding

Anti-hemorrhagic medications administered only as indicated

Delay in administration or refusal of Erythromycin ophthalmic ointment to baby

Oral administration of Vitamin K



WHAT IS A MIDWIFE?



The California Licensed Midwife is licensed through the State of California Medical Board and is a professional health practitioner who offers primary care to healthy women and their normal unborn and newborn babies throughout normal pregnancy, labor, birth, postpartum, the neonatal and inter-conceptional periods. We have several years of education and training included many pre-med school requirements.

Furthermore, throughout time midwives have always been used for low risk women. Midwives provide loving care and deep relationships are developed with the families we care for.

COMMON SUPPLIES MIDWIVES BRING TO HOMEBIRTHS

We have strict protocols and practice guidelines that reflect California laws. We bring medication for postpartum hemorrhage, resuscitation equipment, IV supplies, antibiotics, and supplies for suturing (including numbing medication) to name a few. We have requirements to recertify every two years in CPR and neonatal resuscitation.



Midwives Model of Care	Medical Model of Care
Focus is on wellness and prevention.	Focus is on management of complications.
Pregnancy and birth are generally normal functions of healthy women.	Pregnancy and birth require technology in order to achieve good outcomes.
Use lower rates of intervention.	Use higher rates of intervention.
The woman gives birth.	The baby is delivered by the doctor.
Care takes place in any setting. Midwives attend births in homes, hospitals and birth centers.	Births nearly always occur in hospital.
Care is individualized.	Care is routinized.

FETAL MONITORING AT HOME



Midwives bring a hand-held Doppler with a waterproof probe used to assess rate, variability, accelerations, decelerations and trending of FHR patterns.

In labor, she will listen every 30 minutes during the active phase of labor, every 15 minutes during transition, every 5 minutes during pushing and immediately after your water breaks.

HOW OFTEN DO TRANSPORTS TO HOSPITAL OCCUR?



Most homebirth midwives transport rates to the hospital typically range between 3%-8% on any given year. With a cesarean rate that typically stays between 3%-6% and an emergency transport rate under 1%.

HOW CAN I FIND OUT MORE INFORMATION?

There are two great documentaries you can watch that can easily be found online. These give a wonderful review of homebirth, midwifery care and explanations of studies. And also... questions are always welcomed by your midwife.



FROM EXECUTIVE PRODUCER RICKI LAKE
AND FROM DIRECTOR ABBY EPSTEIN
**THE BUSINESS
OF BEING BORN**



Let's connect
Find me on Instagram
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Schedule a consultation online at
www.ocmidwifery.com



ABOUT LINDSEY MEEHLEIS

Lindsey Meehleis is a mum, midwife and mentor. She weaves the stories of birth as a social media influencer while she makes it her mission to normalize birth. She has served childbearing women and their families since 2004. Her passion lies in empowering women to find their voice and power not only in birth, but in health and wellness. She is a Yoga Teacher, Lactation Consultant, Midwifery Teacher, Reiki master, Emergency Medical Technician, Water Safety Advocate and avid user and educator of essential oils since 2006.