

How to Navigate an Out of Hospital Birth On Maui

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Disclaimer: Due to the general misunderstandings amongst both the Maui birthing population and the medical community/hospital staff about what a safe out of hospital labor and birth entails, I am endeavoring to provide as much information as I can *from my personal experience* without any guidance to the individual about whether I think your family or your practitioner should agree or disagree about the safety of out of hospital birth. If you want to find out if an out of hospital birth is an option for your family or your patient/client, please discuss it with an experienced home birth midwife. I will, however, support the right for a family to choose where and with whom they give birth.

"The choice of birth setting and provider/care are deeply personal choices that are informed by subjective assessments of benefits, risks and weighing the two."

- Johnathan Snowden Ph.D.



Introduction

I have been a birth doula and home birth midwifery assistant on Maui for almost 20 years. My first child was born at Maui Memorial Medical Center in 1995, and then I chose to have two home births for my second and third children. My personal reasons for choosing each birth setting were based on my level of concern regarding both birth itself and who would be present during my labor and birth. I wanted to be safe and I wanted my labor and birth to be monitored by people I trusted in both cases. After my first labor and birth went smoothly at MMMC, a lot of the fear dissipated for me about the birth process, so when I found myself pregnant with my second son, I chose to seek out additional resources for making decisions about my next birth. I was pleased with my care from my OB and the hospital staff, but was disappointed that my husband could not spend the night with me postpartum (1995), and now I had a nursing toddler that I knew I would not want to separate from during such an important transition for our family. So, I was faced with my concern about where I would be and who would be present during my labor and birth. I interviewed and found a home birth midwifery team that I trusted to give me honest information and feedback, who honored me as the one who was most entitled to make decisions regarding my treatment during labor, prepared my home for a birth, and labored and birthed with those around me that I had personally chosen to be there.

Choice of Birth Setting

Families base their decisions of birth environment on many things; traditional or cultural practices, personal preference, their personal sense of safety, their concern about one or another environment, their inability to find a suitable caregiver (either OB or midwife), their personal research, their health status. It is important that families be able to find the information they need and make their own best informed decisions without any fear tactics thrown at them by either side. I have heard, in equal measure, medical professionals and midwifery advocates speak of the horrors of birthing in the “other’s” environment. I have personally witnessed both hospital births and home births not go as “planned”, and I have witnessed families be elated and disappointed in their births in each environment. My goal as a birth assistant is to help families make their best decisions, with the most complete information available, and to remind them over and over to be flexible in their “plans” and easy on themselves if events occur that require new and different decisions. At the hospital labor and delivery ward, or in your own home, you must choose your team wisely based on your own list of priorities.

Due Diligence

Due Diligence is an investigation of a person or business prior to signing a contract, or an act of certain standard of care. This is a big responsibility of the birthing family. There are important questions to ask any care provider, and **it is the provider's responsibility to answer questions thoroughly, truthfully, with full disclosure and without reservation.** In the case of out of hospital birth on Maui, there are no local mandatory standards, yet, for home birth midwives. The Maui midwifery community, over the years, has mainly self-regulated, implementing standards of care from Midwives Alliance of Hawaii, certifying with NARM (North American Registry of Midwives) as CPMs (Certified Professional Midwife), licensing in other states, and/or receiving extensive training in traditional ways with senior midwives or *kupuna* in the community. Plus, since it is such a small community, word of mouth can compel a new midwife to either continue or discontinue practicing on the island. Still, this means that it is extremely important to seek references, levels of education and sources of experience, as well as details regarding how the midwife determines when to refer a family out to a medical professional or transfer a labor to the hospital.

It is important to ask how the midwife arranges or suggests protocol regarding obstetric screenings, tests or procedures, or if that will be solely the responsibility of the family. Midwives on Maui do not have hospital privileges, nor can most of them order labs. There are exceptions, for instance, when the midwife has lab privileges in another state and can mail out samples to be analyzed. It is important to ask what the midwife's experience is with true emergencies as well as how the midwife "manages" your pregnancy and labor as to avoid true emergencies. This question is also important because it gives you an idea of how "hands on" or "hands off" each midwife is and what particular skills they bring to your prenatal care and birthing. Even on our small island, there is a fairly wide variety of out of hospital birth practitioners, and by doing your own due diligence you can be sure to either find the best midwife for your family or choose a hospital birth (with a doula!), since those are currently the only options available to Maui families.

What to Ask

There are many lists on the internet of pertinent questions to ask when you are interviewing both out of hospital birth practitioners as well as in hospital OB's. It is helpful for a family, when they are beginning the search for their best care provider, to sit down with at least a few of these lists and determine for yourselves what your most important questions are. This can give some wonderful insight into what your priorities are regarding your birth. Here are a few to get you started; the links are live and I've included a few questions from each article:

<http://birthwithoutfearblog.com/2013/01/01/44-questions-for-your-midwife/>

How long have you been practicing midwifery?

Why did you become a midwife?

What is your training/education/certification?

Will you deliver the baby, or will you assist me in birthing him/her/them?

Do you have experience and recommendations for prenatal nutrition?

Do you deliver twins?

Are you connected to a natural birth/natural parenting community I could get to know?

<http://www.lamaze.org/QuestionsToAsk>

What is my role in helping to achieve a safe and healthy birth?

What standard routine practices should I expect in labor?

How will you work with me as your patient to identify mine and my baby's unique needs?

<http://www.childbirthconnection.org/healthy-pregnancy/choosing-a-care-provider/collecting-information/>

What is most important to making sure I have a satisfying birth experience?

How can I become familiar with my options before making a decision?

<http://www.mamanatural.com/midwife-interview-questions/>

Do you have children yourself? Did you use a midwife during your own deliveries?

Are you a good decision maker?

Why should I choose you to deliver my newborn? What sets you apart?

What is your style or bedside manner?

https://assets.babycenter.com/ims/Content/ob_gyn_interview_May_2010.pdf

If my pregnancy becomes high risk, what changes might I expect in my prenatal care? Can you give me an example of when you might manage my care jointly with a perinatologist or transfer my care to another provider?

Informed Consent

Informed Consent is your permission granted in the knowledge of the possible consequences, typically that which is given by a person to a care provider for treatment or care with full knowledge of the possible risks and benefits.

The doctrine of informed consent protects patients' rights to voluntary consent or refusal of any medical treatment, procedure, or intervention based on information regarding the risks, benefits, and alternatives of care. This includes the provision of sufficient, evidence-based information to make a decision that reflects self-determination, autonomy, and control. Patient consent or refusal is more than a legal doctrine to obtain a patient's signature; it is a process of information exchange and involvement of patients in decision making. See below for the essential components of informed consent, according to the American College of Obstetricians and Gynecologists.

[\(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2667301/\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2667301/)

Essential Components of Informed Consent include:

- Comprehension: The clinician must assure that s/he has: 1. Awareness and understanding of the patient's situation and possibilities, 2. Uses language that is understandable to the patient.
- Adequate Information: Clinician must give adequate information regarding: 1. Diagnosis, 2. Prognosis, 3. Alternative treatment choices, including no treatment.
- Freedom of Choice: Patient must be free: 1. To give consent freely, intentionally and voluntarily, 2. To authorize provider to perform the procedure, 3. Be free of coercion, 4. Be free from pressures from forces beyond herself, and 5. To choose among options including other than what may be recommended.

As a doula, working with families preparing for an in hospital birth, especially if they are preferring the least amount of interventions possible, we tend to emphasize the clinician's side to these components; we want to be sure that their OB is being comprehensive, providing adequate information and truly allowing freedom of choice without coercion. When we are preparing for an out of hospital birth, I generally find that, due to the extensive amount of time

midwives spend with families throughout their pregnancy, so much research is shared, opinions expressed and heard and contemplated, that instead of the family being concerned about being given enough comprehension, adequacy and freedom, the family is now pressed with truly making their own decisions regarding their care.

Sample: Out of Hospital Birth Informed Consent Agreement

We feel that each woman is capable of making the decisions that are best for her. In choosing homebirth you and your family have both a higher level of responsibility and control in your care. Throughout your care we are committed to fully informing you of your status and options, discussing the pros and cons of each option, and making an individualized care plan with you. Ultimately, your safety is our concern and your responsibility.

No matter where you choose to birth, there are rare, but potential risks. We feel it is important to inform clients about risks and to provide an opportunity to discuss them. Some of the potential risks during pregnancy include, but are not limited to: preeclampsia, hypertension, gestational diabetes, intrauterine growth restriction (IUGR), breech, twins, premature labor and/or rupture of membranes, extreme anemia, and stillbirth/intrauterine fetal demise (IUD). Throughout your prenatal care we will be screening for these potential complications using basic physical assessment and urinalysis, with blood work and further testing referred out as necessary. Some of the potential risks during labor and birth include, but are not limited to: maternal exhaustion, infection, prolonged rupture of membranes, fetal distress, significant meconium, prolapsed cord, shoulder dystocia, hemorrhage, and stillbirth. As during your prenatal care, we work proactively during labor and birth to prevent these complications. We will also be doing basic screening of your physical well being as needed; monitoring temperature, blood pressure, urinalysis, etc. We will monitor your baby's heartbeat with a doppler, a handheld machine that uses ultrasound to listen to the heartbeat intermittently throughout your labor and birth. Equipment we will have at your birth to handle potential complications at home include: oxygen for both mother and baby, neonatal resuscitation equipment, medications for hemorrhage, and suture material for repair of lacerations within the scope of the midwife's practice. Even with great prenatal care and attentive, responsible care during labor and birth, complications can still arise. By acknowledging this informed consent you affirm that you understand that these or other complications may require transport to the hospital and could lead to permanent injury or death for you or your child.

Of course, these are the same risks that are involved no matter where you birth. It's critically important that you take responsibility for mitigating these risks by hiring a birth practitioner you trust to follow all the components of informed consent.



Out of hospital birth is something that requires a lot of research on the family's part. It is best if the family has truly studied the options, studied the workings of labor and birth, has maintained exceptional health and is prepared to take responsibility for their own birth story.

What to Expect with Midwifery Care on Maui

Out of hospital midwives view the childbearing period as a healthy time that provides an opportunity for women to grow personally and as a family. They offer preventative and individualized care, autonomy, control, privacy, and focused attention. Recent and wide ranging studies have shown that for women with *low risk* pregnancies, home birth is as safe as or safer than hospital birth (see link in bibliography). Comprehensive midwifery care includes: complete prenatal, labor, birth, and postpartum care, as well as nutritional counseling, risk assessment, resources for your research, birth preparation, labor support, assessment and guidance, newborn care education, breastfeeding support, and many times, family planning consultation. It does not generally include: lab work, ultrasound, physician consultation or hospital care (except as a support person). A standard schedule for prenatal care is appointments every four weeks until 32 weeks, every two weeks until 36 weeks, and weekly or biweekly until the birth of your baby. After attending the birth, midwives generally do postpartum visits at one day, three days, and seven days postpartum. Most of the time, additional appointments can be scheduled according to a family's needs, plus a midwife or assistant is always available by phone.

What is most important here, is that though a midwife on Maui can provide much more individualized care than the OB's generally have time to, the Maui midwife does not usually have medical resources available beyond her own equipment and skills. Many times, it is important to have certain tests and screenings done to ensure that a woman is in fact having a low risk pregnancy. A family working with a midwife may want blood screenings during pregnancy to determine various health indicators, like iron levels in the blood, HIV and other STD status, blood glucose levels and Group B Strep presence. Additionally, a family may want ultrasound and genetic screenings performed to rule out any potential complications that may remain unknown without these medical technologies.

Currently, the only option (outside piecing together referrals from a compassionate PA or ND) is to find an OB clinic that will accept a woman as a patient, even though she is planning an out of hospital birth, and provide her with the screenings and tests she considers to be vitally important to determining if she is a good candidate for a home birth. In the past this has been extraordinarily difficult, leading families into uncomfortable deceptions as they try to get the full extent of care they desire, or leaving families without the comprehensive care they deserve. We, at Pacific Birth Collective are currently seeking better ways to serve every family on Maui with full prenatal care, no matter their choice of birth environment. Meanwhile, be sure to ask each clinic what their protocols are regarding combining midwifery care with the



services they provide at the clinic.

Do you need a doula? In my experience, one of the benefits of midwifery care, is that the midwife and assistant provide the kind continuous care that is missing in the medical model (which warrants the hiring of an additional care provider). However, if you have a doula in mind, and want to bulk up on your support team, a doula can offer some wonderful additional resources for you, and for the midwifery team. A suggestion would be to have your doula come to many of your prenatals, because it is during this time that you and your midwife are discussing your preferences in care and it helps to have everyone on the same page. Another suggestion is to hire a postpartum doula, with whom you would spend time creating a nice bond prior to your birth and who could potentially be there immediately after the birth to provide extra support.

Midwifery Protocols to Expect

First, be aware, that while you are interviewing midwives, they are interviewing you and your partner, too. There is a saying, “There is a midwife for every family,” but not every midwife is for every family. You will find, that sometimes, you all hit it off and connect on the level that is important to you and other times, it may just be a miss; not a good “fit”. Most midwives will encourage you to interview everyone available on the island before you make a decision and are happy to make suggestions about what you specifically might look for considering your personal priorities and desires. Most midwives will want to know why you are choosing a home birth, and hopefully, through your previous research, you have some solid answers to give. If you are interviewing during your own research process, make note of why the midwife chooses to work in a home setting and then see if your priorities match up. You may or may not interview with the midwifery assistant, depending on if the midwife always works with one assistant or more.

Once you make a decision, your midwife will likely want to discuss your entire medical record; any surgeries, cervical irregularities or biopsies, relevant health issues, previous pregnancies/ births, if the pregnancy was planned, if it was difficult to get pregnant, if you and your partner are both content with the upcoming transition, etc. She will also want to know the status of the current pregnancy; your typical nutritional breakdown, how you are feeling, if you have any particular fears about your body’s ability to give birth at home. It is important that your partner be involved as much as possible. We are aware that some partners are busy or simply supportive of the birthing partner’s preferences and do not feel the need to be at the prenatals, but it is simply a better scenario when everyone has had plenty of time to get to know each other before the intimate moment of labor and birth. Plus, it gives the partner plenty of opportunities to have their concerns or fears acknowledged and examined before labor.

Depending on your medical history, if you are receiving OB care concurrently or as per your midwife’s preferences, she may or may not require a full physical assessment, including an

internal exam to determine any issues with your pelvis, cervix or position of uterus. She will usually want some baseline health assessments including blood pressure, uterine size, urinalysis and, if pregnancy has progressed far enough, fetal heart tones. These she will check at each visit to be sure the pregnancy is moving along normally, with proper growth of the fetus and that your body is handling the pregnancy well.

Different midwives practice differently, some focusing on nutrition and herbs, some on feelings/spirituality, some on pure physiology. Most of the midwives I've worked with on Maui combine all of these in their own way and adapt the focus to the clients who seem to need help in certain areas. Just know that if you are having conflicts, worries or particular issues with any of these, your midwife is the perfect person to discuss it with.

By about your 7th month of pregnancy, your midwifery team should be well versed in how your body is coping with your pregnancy, how your nutritional choices are supporting your body well, how your emotions are faring, how your partnership is faring and if your home is shaping up to be the perfect place for your birth.



The Ideal Home for a Birth:

- Free from any issues regarding neighbors or home owners that would inhibit the use of your home for your birth.
- Ease of access in any weather and at any time of day or night
- Clean and tidy, with room to maneuver and for placement of midwifery equipment
- Plenty of clean water + plenty of hot water if desiring the use of a birth pool
- Areas designated for waste and soiled laundry, so the birth area can always remain clean
- Proper phone access, cell phone service
- Ideally, within an area easily accessed by EMT's if needed. If not, a detailed emergency plan must be agreed upon and set up in advance as much as possible

Home birth supplies and fees differ between midwives. An average breakdown of costs may include a free consultation, prenatal appointments that are generally paid at time of the visit, an extensive home visit around 37 weeks, a birth kit, birth pool rental, home supplies, postpartum visits, filing of birth certificate and then a Fee for the labor and birth midwifery services and an assistant. All in all it comes out to about \$3000 to \$4500 depending on the midwife.

If you transfer out of care before the onset of labor, the major midwifery services Birth Fee can be refundable minus an agreed upon deposit. If transport to hospital is needed during labor your midwife usually accompanies you as a doula and the Birth Fee remains the same.

By about 36 weeks of pregnancy, your team should know if there are any presenting complications that could prohibit a safe home birth. These issues may be significantly different for different midwives including: twins, breech presentation, GBS positive status, elevated blood pressure, illness, loss of support system, loss of home. These important issues would require serious discussion, possible referral to medical doctor for more information and possible renegotiating of your birth environment. A change to a planned hospital birth can happen at any time, due to previously unforeseen circumstances, such as a breech that could not be coaxed head down and your midwife is not skilled at breech delivery, or a post dates pregnancy that is determined unsafe.

Your Birth Preferences:

Although I am more likely to create a Birth Preferences Document with my hospital clients, I am including this section here, so you can have an idea of the many choices you have regarding your care during a home birth. These choices are basically what you and your partner and your midwifery team will be discussing all along, so everyone will know where you visualize finding your most comfort and power and safety during your labor and birth, as well as how you would like particular issues dealt with. Keep in mind that each midwife has unique styles and skills, and she may offer more or less options:

If I go past my due date, I do/do not want to attempt induction techniques

If my membranes rupture prior to labor starting, I do/do not want to attempt induction techniques / will follow all protocols regarding ruptured membranes

I will prepare in advance easy to eat foods for both me and for my support team and have a place for my midwives to rest if needed

I have invited _____ to be with us during labor, and have kept my attendees to only those people with whom I feel will contribute safely / spiritually to my birth

I am planning to use a birth pool, I may/may not utilize it until labor is well established/have been assessed by midwife or assistant

We would like to call you as soon as we think labor is starting and will keep you apprised by phone and/or would like a visit and assessment right away if we choose

I plan to stay hydrated by drinking plenty of water, tea, electrolyte fluids, coconut water but am aware that if persistent vomiting occurs, I may need IV fluids

I plan to rest as much as possible in early labor, using a warm bath/ herbal tea/ glass of wine as a way to slow down and conserve energy

In active labor, I will utilize positions during surges that encourage optimal fetal positioning and allow for baby to move through the pelvis

I visualize the use of music, chanting, massage, herbs, a birth ball, birth stool, cushions on the floor, walking, fresh air, warm water...

I want support early and often during my labor/ I prefer to labor alone as much as possible

I want verbal encouragement and suggestions / I want privacy and silence / I may change my mind about what I want and will communicate it freely

I would / would not like regular cervical assessments

I would like to only be disturbed if a visual assessment indicates something wrong / I agree to regular assessment of blood pressure, fluid input and output and/or fetal heart tones and understand why my midwife would require or not require these assessments

If a complication begins to present itself; prolonged labor, fatigue, baby persistently posterior or acynclitic, presence of light meconium, prolonged rupture of membranes, I would like to go immediately to the hospital / I would like to try managing it at home until a trip to the hospital is indicated

If a true emergency presents itself, my partner and I will listen and do what my midwife instructs

Our transport to the hospital plan is already agreed upon (see Common Roadblocks)

I would like to push when my body initiates it/ I would like a cervical assessment when I feel the urge to push. I would like to push to crowning without massage or stretching unless needed for my baby's safety/ I envision a lot of support during pushing/ would welcome perineal massage

I would like to catch my baby without being disturbed if possible/partner to catch if possible/ midwife to catch

I would like cord to stay intact, if possible, until I request it to be cut/ by me, my partner, midwife



I would like to remain as undisturbed as possible as I meet my baby and prepare to birth my placenta

If there is any excessive bleeding between birth of baby and birth of placenta, I agree to use of pitocin/ herbs/ nipple stimulation

If there is any excessive bleeding after the birth of the placenta I would like to try buccal placenta/ herbs/ emergency medicines/ I would like to start emergency medicine immediately

I anticipate establishing breastfeeding as early as possible and have studied Biological or Laid Back Breastfeeding/ attended a breastfeeding class/ would welcome a lot of help

Understanding that I may need stitches to my perineum, I have pre-planned a sturdy location to recline with lots of light and choose lidocaine or other numbing agent to be used

I would/would not like pictures and video taken during labor and birth

I want to save/eat/encapsulate or tincture my placenta

I would like erythromycin eye ointment / Vitamin K oral or injection/ newborn exam/ weight/ bath

I have established a relationship with a pediatrician I trust for follow up pediatric care

I would like Newborn Metabolic Disorder Screening to be done after 24 hours

I will contact Imua Family Services for Newborn Hearing Screening

I will call Art at the Department of Health to record this birth/ Birth Certification will be handled by midwife

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## Low Risk Pregnancy:

In the absence of any health conditions (high blood pressure, anemia, diabetes or issues with uterus, cervix, or pelvis), most families choosing an out of hospital labor and birth can increase their chances of remaining low risk by focusing on some simple tips.

Suggestions for keeping your body on track include:

- Maintain a reasonable diet. You are not, in fact, eating for two, though you do need extra calories to grow a healthy baby. You can gain 15 pounds or 50 pounds and still have a healthy diet. Avoid excessive dairy, sugar and calcium (that means you, Ice Cream!) including overdoing it on calcium fortified milks, yogurts and kefir. These foods tend to grow large babies with big heads that are more challenging to birth
- Avoid “Tums” for heartburn and instead try apple cider vinegar, ginger, acupuncture, small amounts of baking soda or other natural remedies. Tums is high in calcium and you are likely already getting plenty of calcium through your diet and prenatal vitamins.

- Get red raspberry leaf tea in bulk, mix in some oat straw, nettles or any other nice pregnancy herbs and drink 4 cups daily. If you steep 4 cups in the morning and chill, you will have a quart per day to sip on and enjoy. Herbalists believe, and I have seen this work in my practice, that RRL tea at the end of pregnancy tones the uterine muscles and contributes to shorter labors and less bleeding postpartum.
- Just do it: eat lots of dark leafy greens and avoid salty processed foods.
- Be sure to get adequate protein from your favorite protein sources. Vegetarian and Vegan families need to be diligent, but have major success getting plenty of protein from non animal sources.
- If your body is needing extra iron, try out a few varieties to avoid constipation. Chlorophyll is a great source of supplemental iron, with many other added benefits
- Walk at least 15 minutes per day. Women that walk a mile per day tend to have shorter labors.
- Attend a prenatal yoga class regularly, or do yoga at home. [spinningbabies.com](http://spinningbabies.com) has a list of great exercises to promote optimal fetal positioning and pelvic health. Stretching and flat footed squats are great ways to avoid pregnancy aches and pains and keep you limber as your belly grows.
- Skilled chiropractors can diagnose and work on areas in your pelvis and abdomen that may be creating pain or un-optimal fetal positioning.
- Avoid long periods of reclining and instead choose belly forward sitting positions to help baby stay in best position.
- Stay ultra hydrated. This can eliminate many issues (including edema and low amniotic fluid). Eight, 8oz glasses of water per day is generally acceptable, but sometimes more is indicated. Count your ounces to be sure you are getting enough.
- Take a high quality probiotic to keep your microbiome in balance and possibly avoid GBS colonizing in your birth canal. The best ones are found in the refrigerated section of the health food stores.

## Labor is hard work, it hurts, and you can do it. (*P. England*)

Our minds are our most powerful tool. Though the uterus is one of the most powerful groups of muscles in the whole human body, it is no match for the power of your thoughts. It is crucial for a woman who is taking supreme responsibility for her birth to practice deep relaxation and thought control. It is not wise to only visualize a calm, peaceful, pain free birth, but to actively practice how you are going to manage the sensations and your “thought environment” during your labor. Train yourself during pregnancy to become highly self-aware; become a ninja at recognizing negative thoughts, analyzing them for authenticity, then letting them go. Find moments in your life that you feel stressed and turn them into opportunities to practice freeing your mind and cultivating a peaceful thought environment. This will allow your body to do the work it needs to do to expel your baby safely from your womb.

Sample guided thought: As your surges begin to make you pay attention, imagine yourself walking gently into the ocean. Somewhere shallow and sandy, with the warm sun on your shoulders. As you step into the water, it is cold and a shock runs up your body, reflexively telling your mind it is cold and you should step back on the sand. But, in your clear, open mind, you know this is your beloved ocean and you are not afraid of the sensation. You stand and breathe for a moment and soon it doesn't feel so cold. So, you step in deeper, up to your knees, and again, the shock of cold triggers your mind to turn back, but that is just a passing thought, because you know you are safe. So, you step in deeper and a small wave hits your thighs and splashes up to your belly and it takes your breath away for a second. Maybe you even shout out, maybe you even LAUGH, and you hold your position for a few moments more as the sensation becomes a part of you and not something that is overtaking you. And, as you hop on out a little deeper, you realize you've got this and the best thing to do is to just surrender and dive right in. Swim out away from the shore where everyone else is moving about or offering sips of water or filling the tub or asking you questions and you'll find that though you can hear them, the sounds and sensations of you and the ocean are much more consuming. Stay there, let your body float over each wave, let it peak and coast you down the other side, or dunk under and rise to a cleansing breath on the other side. Let the warm sun be your comfort measures; whether you choose some heat on your lower back, or sinking into a warm birth tub, or dancing like a rock star to some music you love, remember it is there for you, like your team is there for you, seeking out ways to warm and comfort you while you submerge yourself in your own private ocean.

## Do-able “pain” is more like Athletic “pain”

If you have ever run a marathon, biked up Haleakala, hiked up out of Sliding Sands, or even

just challenged yourself to start jogging or lifting weights, you know the meaning of Athletic “pain”. It is pain with a purpose and when you are in the “zone” you are not Suffering. This is the goal in labor.

The uterus is a “muscle bag” with long fibers that run from cervix to fundus, as well as circular and interlaced fibers. In labor, we want only the long fibers to do their thing; contracting up toward the fundus, staying short and thus eliminating the cervix, bringing those muscle fibers to the top of the uterus and pushing the baby out. The sensation of this occurring brings your attention to it and makes you crave a safe, dark place without too much observation. This allows your body to release endorphins and you can find comfort in small things like warm hands on your back, a cool cloth on your forehead, a moment of privacy in the bathroom. On the other side, fear and anxiety release hormones that can make the circular and interlaced fibers do their thing. This can counteract what the long muscles are trying to do and thus create pain and prolong labor.

BREATHE plenty of oxygen to baby, and equally important, plenty of oxygen to your uterine muscles to avoid cramping. Breathe in through your nose, using even in and out breaths. Follow your breath as you breathe out tension and fear and breathe in strength and confidence.

RELEASE your body in forward leaning positions, letting your jaw go loose, your shoulders, your muscles around your pelvis. You will feel pressure and stretching and when you maintain deep relaxation, the sensations will be Do-able.

CALM your mind with practiced mantras of positive thinking. “My Body Rocks!” Words of gratitude and love counteract thoughts of fear and worry about your capabilities. “Thank you for this body that can do this, thank you for the strength and the endorphins to birth this baby.”

## Common roadblocks

Despite your every attempted prevention, a complication presents itself. Slowly or more suddenly, you and your partner are faced with having to make new decisions. You had envisioned a beautiful, music filled, water birth, but what you are challenged with is a long, exhausting labor that isn't progressing smoothly. What is the next best thing to do? Sometimes, just listening intently to your midwife and partner as to what your options are is enough to shake your body loose from the place it's been stuck, and now you can continue confidently to the birth of your baby at home. Other times, it is clear; it is time to get some medical interventions; pain medication for rest, labor augmentation, IV fluids for dehydration, possibly even surgery. A small percentage of babies absolutely need to be birthed surgically, another percentage absolutely need some form of pharmaceutical relaxation or encouragement that is not available at home. And, still, there is a percentage that just were not meant to be born at home, no matter how strong the positive intentions were.

Your midwife (or your doula or your doctor) cannot give birth to your baby for you. This is YOUR BIRTH STORY in all its ups and downs, and as long as you have done your Due Diligence and understood your important part in Informed Consent, you can overcome any setback, make your *next best decisions* and birth your baby safely in any environment.

## Common reasons to transport to MMMC:

*Fatigue/exhaustion* - where despite home interventions, you cannot get enough rest to safely continue a home birth

*Persistent vomiting* - where you are risking serious dehydration which can cause other complications, including how difficult your labor is to handle

*Non-reassuring fetal heart tones* - where no matter your position, it seems that baby is not handling your surges well

*"Failure to Progress"* - where the cervix is just not dilating at *any* normal pace. Even where a pregnancy has been completely free of complications, this undefinable and persistent inability of your body to open and release the baby is an important reason to transport to the hospital. It could be due to a malpresentation or an anomaly with the cervix and/or uterine muscles

*Significant meconium* - where in late stage 1 of labor the baby has recently passed thick, sticky meconium that could require clearing of the respiratory tract and/or monitoring after birth with equipment that a home birth midwife may not have access to

*Prolonged rupture of membranes* - where your amnionic sac or "bag of waters" has broken or is leaking for such a time that the possibility of infection increases and either the birth should happen more quickly or IV antibiotics should be given (or both)

Any uncommon, but *serious complication* in the mother's health such as a seizure or fainting, any continuous indication that the baby is not handling labor well, appearance of a prolapsed cord, unexplained bleeding or indications of infection

Any reason whatsoever, that *the mother or partner decides* is a reason to go to the hospital or a mandate from your midwife that the labor must continue under medical care

A sample agreement with your midwife regarding possible transport to MMMC

- I have been for a tour of the hospital labor and delivery so I know what to expect
- I have my ID and insurance card and hospital bag ready to go
- We have the newborn car seat installed
- We have predetermined who will call with pertinent information for the L&D (242-2436)
- We know how to get to the hospital and what hospital entrance to take depending on time of day/night
- We have a short list of preferences regarding our care after the birth and understand we are going to the hospital because it is now the best place for us to birth our baby
- Our midwife and assistant will come along as our support people and continue helping to provide the best care possible toward a safe birth of our baby

## Some Notes:

"You're crazy!"

"You're so brave!"

"I would have had a home birth, but such and such and such..."

My professional and personal advice is to go about planning a safe and fulfilling birth for your family based on information and resources we have available here on Maui. Do not get overblown with head in the clouds idealism about what a birth should look like, but rather keep your feet on Maui and plan accordingly. You are planning a birth. Not a home birth or a water

birth or a hospital birth. You are birthing according to your own needs, priorities and desires. Nothing more, nothing less.

There are some important reasons on which NOT to base a decision to plan an out of hospital birth, including the mother's or partner's use of recreational drugs, the mother's or partner's phobia of hospitals or needles, lack of health insurance, the non-birthing partner's insistence, lack of child care. Do not choose home birth as an escape or control mechanism. If you mislead your midwifery team, you put everyone at risk including future parents who would like out of hospital birth to remain a viable option.

No one wants a bad outcome, and I know of NO midwives on Maui that would jeopardize your safety to protect their egos or to try to save face at the hospital. We are always a little disappointed when a birth needs to be transferred to the hospital, but only for a moment, because that sweet baby and that powerful mama and papa are what is always most important. I encourage everyone to read my first book, *How to Navigate a Hospital Birth on Maui*, for information on what to expect at MMMC and keep your mind open to the possibility that you may need to birth there. And, if you do, please know that the staff there is just as interested in helping you have the best birth you can, and that their priority is to keep you and your baby safe.

Do not try to convince others of what truly is a "deeply personal" choice, just reassure those who question your choices that you have been honest with yourselves and your midwife, you've done your due diligence, you have acknowledged the risks and you will continue to cautiously navigate your birth through each moment, until you are safely nursing your baby in bed.

Please contact me at [haleakalalava@gmail.com](mailto:haleakalalava@gmail.com) with questions, comments or critiques regarding the information in this E-book. I welcome the opportunity to learn from others who are willing to share their own experiences.

Consider getting my E-book *How to Navigate a Hospital Birth on Maui*

Please visit [pacificbirthcollective.org](http://pacificbirthcollective.org) and become a yearly supporting Community Member or please become a Professional Member if you provide a service to Maui families during the childbearing year. Your membership allows us to maintain a virtual community center and bring important educational and networking events to both families and professionals.

## **Bibliography & Additional Reading:**

<http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/abstract>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2667301/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2667301/table/tbl1/>

<http://sarathemidwife.com/midwifeclient-contract/>

<http://www.birthingfromwithin.com/products/ancient-map> ~ Pam England

<http://inamay.com/books/> ~ Ina May Gaskin

<https://midwifethinking.com/>

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