

Chapter One: Introduction to MCA

What Is MCA?

Midwifery Care Associates (MCA), formerly The Maternity Center, is a full-scope nurse-midwifery service operating within the practice of Simmonds, Martin and Helmbrecht, Chtd, which is a collaborative practice consisting of Doctors (MDs) and Certified Nurse Midwives (CNMs). The primary goal of MCA is to offer safe and satisfying care to women. We combine the sensible use of modern technology with the warm individualized support and care of our midwives and staff. We offer hospital births at Shady Grove Adventist Hospital. The nurse-midwives are women caring for women. Together, they have many years of obstetrical experience and have great understanding of the emotional, as well as physical aspects of childbirth. You and your family will be treated with respect, dignity and consideration.

You have chosen to receive your prenatal care with MCA, which means that you will be seen by CNMs as long as your pregnancy remains normal. We operate under specific guidelines and protocols. If any complications arise during your pregnancy or birth, we will consult with the physicians within the practice.

There will be many visits during the course of your prenatal care and we will do our best to explain the purpose of each visit. Some will be as simple as measuring your womb as your baby grows and listening to the heartbeat. Some will be more involved, with various tests. There may be times when the appointments are running late, and we apologize in advance. We are committed to providing every client the time she needs, and we hope you will be patient with us on those days. We will make every effort to avoid inconveniencing you. We look forward to being with you during this special time in your life, and we appreciate the trust that you have placed in us by choosing MCA for your care.

MCA Office Hours 8:00 a.m. - 4:00 p.m. Monday – Friday

Please call (240) 514-0140 to schedule your visit. The philosophy of care at MCA includes extra time at all visits to discuss your concerns. If you are unable to keep your appointment, please let us know as soon as possible so we may best serve all our clients.

We offer appointments Monday thru Friday at the White Flint office, and Fridays at the Frederick office.

MCA Telephone Numbers

MCA offers 24-hour telephone availability to meet your needs if you are in labor or have a problem or question that needs immediate attention. During office hours please call **240-514-0140**. We will return phone calls for routine questions usually within four hours. For emergencies **after hours**, call our office number and follow instructions to contact the on call midwife (usually by pressing the number “4”). The on-call midwife will return your call as soon as possible. Please leave your phone line free until you hear from her. If your call is not returned within 15 minutes, repeat your call, and if you still are unable to reach the midwife, call Labor and Delivery at Shady Grove Hospital (240-826-6386) and request them to contact the on-call midwife.

What Is A Certified Nurse-Midwife?

A certified nurse-midwife (CNM) is a registered nurse with advanced education in midwifery. Today, more than 40 major colleges and universities offer either certificate or masters degree programs in nurse-midwifery. All CNMs become certified by passing a national examination and must meet individual state licensure requirements. In the state of Maryland, CNMs have prescription writing privileges.

How Is A Nurse-Midwife Different than an Obstetrician?

The Office of Technology Assessment writes: "...CNMs provide care whose quality is equivalent to that of care provided by physicians. Moreover, ...patients are generally satisfied with the quality of care provided by...CNMs, particularly with the interpersonal aspects of care..."

A report by the Institute of Medicine points out that nurse-midwives are particularly effective in managing the care of pregnant women and that such care results in fewer premature and underweight babies. "When it comes to uncomplicated childbirth, choose a midwife," says Dr. Marsden Wagner, European director of the World Health Organization.

What this all means is that by choosing a nurse-midwife you have obtained the best of both worlds. The nurse-midwife knows the art of supporting women through normal labor and birth. She/he also knows when to use modern technical advances to assure the healthiest baby. The CNMs work with physicians who are available at all times for consultation if a medical problem arises. The CNMs at MCA work in association with the physicians at Simmonds & Simmonds, Chartered.

Who Cannot Use Midwifery Care?

There may be conditions which are medically or obstetrically complicated. In these situations, care may be referred to our consulting physicians. Sometimes these women can be jointly managed by the Obstetrician and CNM.

Our Certified Nurse-Midwives

The midwives of Midwifery Care Associates are state licensed through the Maryland Board of Nursing and nationally certified through the American College of Nurse-Midwives. For email addresses and a short biography for each midwife, please refer to our website:

(www.midwiferycareassociates.com/midwives.html)

Angel J. Miller, MSN, CNM

Caitlin LeGros, MSN, CNM

Dorothy Pointer, MSN, CNM

Tara Smith, MSN, CNM

Terri Poepperling, MSN, CNM

Our Consulting Physicians

We are thrilled to be working with the physicians of Simmonds, Martin and Helmbrecht, Chtd who are all experienced in both family centered maternity care and high-risk obstetrics, and are supportive of the midwifery model of care. Physicians associated with the practice include:

Albert C. Simmonds, MD
Thomas Martin, MD
Kalpana Helmbrecht, MD
Wayne Bernstein, MD
Joanne Sweeney, MD
Gayle Skinner, MD
Angela Jones, D.O.
Asla Ali, M. D.

The Place of Birth: Shady Grove Adventist Hospital

We encourage all of our families to tour Shady Grove Adventist Hospital. The new Postpartum Unit featuring all private rooms and family-centered care opened in November 2007, and the Labor and Delivery area has recently been expanded and renovated.

Directions: From Interstate 270, take exit 8 (Shady Grove Road). Go west on Shady Grove Road approximately 1 mile. Turn right onto Medical Center Way into hospital grounds. Park in the main parking lot and proceed to Labor and Delivery on the third floor of the hospital.

All of our CNMs, as well as our consulting OB/GYNs, have admitting and delivery privileges at Shady Grove Adventist Hospital (SGAH), which has a tradition of being a very family focused hospital with spacious birth rooms. The nurse-midwife will stay with you during your labor and encourage walking, ice chips, clear liquids, use of the birthing ball, showers, jacuzzi, etc. We encourage active participation in labor by the mother and her support person(s) and will make every effort to avoid unnecessary intervention. Pain medication and epidurals are available if these are the options that are desired or needed. Laboring women are carefully and continually assessed by the nurse-midwife and an experienced nurse to assure that mother and baby are doing well.

Our obstetricians will co-manage high risk births with the CNM and are available to us at all times. There is full-time neonatology coverage for the level 3 nursery and perinatology coverage for high-risk mothers. Pediatric surgeons are on staff for high-risk newborns. Clients may elect a short stay or stay as long as their insurance permits. Early discharge is pending the status and well-being of yourself and your baby.

Some of the policies of Shady Grove Adventist Hospital include the following:

- Mothers may be assured of safety since the entire OB floor is a locked unit and restricted to approved visitors and personnel only.
- There is a written policy restricting the number of support persons in the birthing room to three (in addition to the midwife and mother).
- Twenty-four hour rooming-in is encouraged. Newborns are not routinely separated from their mothers except for some procedures such as circumcision or the hearing screen.
- Fathers (or a specific significant other) may stay with the mother at all times.

While there are showers in every labor room, there are jetted tubs available in some rooms. We encourage our clients who anticipate using the tub to request a room with a tub on admission to the hospital. Mothers are encouraged to walk, eat and drink clear fluids or foods such as ice-pops,

broth, etc., and try positions that are comfortable during labor and birth. The mother may elect to have family members and friends including children accompany her in labor (limit of 3). They may be invited by the mother to be present in the labor room or to stay in the nearby waiting room during labor or birth. The baby's father or support person is encouraged to be with the mother continuously and is only asked to leave at the mother's request. There is a mini service area stocked with clear fluids and foods which may be accessed during the labor and recovery period. At birth, the baby is immediately placed into the hands of the mother.

Mothers are strongly encouraged to keep their babies with them (room-in) at all times. Most procedures, including the PKU test, pediatrician evaluations, and routine care are performed in the mother's room. Infants are taken to the nursery rarely, such as for specific procedures like the hearing test and circumcisions, and for significant complications. Early breastfeeding is encouraged. Each mother receives careful guidance by the nurses and nurse-midwives to assist in successful breastfeeding. A lactation consultant is also available on the Postpartum Unit.

Routines at Shady Grove Adventist Hospital

There are some routines that you can expect upon admission to the hospital:

- A 20 minute fetal monitor strip will be done to reassure us that your baby is doing well with the labor process. If everything is normal, intermittent fetal monitoring may then be done with a handheld Doppler or with the fetal monitor.
- Admission paperwork, including signing of consent forms and a medical history review
- Routine blood draw for blood type

If you are considered to be low-risk and without serious medical or obstetrical conditions, you may expect the following:

- No routine IVs, however a saline lock is recommended
- No routine enemas
- No routine enforced bed rest
- No routine withholding of drink
- No routine continuous electronic fetal monitoring
- No routine episiotomies

If deviations from the normal or complications exist or arise during your labor, you may expect additional procedures to be initiated to protect you or your baby during the labor process. Some examples might include:

- A saline lock if you are GBS positive for antibiotic administration or if your status changes from low-risk to high risk.
- You may expect an IV and continuous fetal monitoring if:
 - you are laboring after a previous Cesarean delivery
 - your labor is being induced.
 - you have a blood pressure elevation
 - there is concern about the well-being of your baby

- you have an epidural
- you have a serious medical condition
- other unexpected complications

Often, it is still possible for you to be out of bed at the bedside or on the birthing ball even if you must have an IV and require continuous fetal monitoring.

Is It Safe to Labor Without Continuous Electronic Fetal Monitoring?

Yes - if you have had a normal pregnancy and are experiencing a low-risk, normal labor. The staff nurse and nurse-midwife may intermittently listen to the baby's heart with a hand held Doppler. This is called intermittent fetal monitoring. If any abnormalities are heard, we will monitor continuously. Studies have shown that in a normal population, this routine is as safe as continuous electronic fetal monitoring. Clinical trials have also failed to show that continuous electronic fetal monitoring results in healthier babies, except when limited to women and fetuses known to be at high risk. Continuous electronic fetal monitoring can, however, result in a higher cesarean section rate.

How Is Pain Managed?

All mothers are encouraged to attend childbirth education classes with their partners during pregnancy to learn what they can do to manage their own pain in labor. The midwives and nurses will use coaching and support for all laboring mothers-to-be and their families so that labor is a positive experience. Because labor is always a physical challenge, Jacuzzis and showers are often used for pain management, and pain medication is available for those who request it during labor. Xylocaine, a local anesthetic, is used when repairing a tear or episiotomy. Epidurals are available for women who desire this option for pain control.

What Complications Can Be Handled?

Our certified nurse-midwives are prepared to manage the following complications:

- **Postpartum hemorrhage.** Excessive bleeding can be controlled by the nurse-midwives with the same techniques and drugs that are used by physicians in the hospital. If necessary, an IV can also be started. Blood transfusions are available if necessary.
- **Lacerations.** Nurse-midwives are trained to repair tears and episiotomies with a local anesthetic.
- **Severe Complications.** A physician from the Simmonds & Simmonds Group is always on call and available to assist with the management of severe complications or emergencies.
- **Anesthesia.** Epidural anesthesia is always available at the hospital for the mothers who need it in labor. The nurse-midwives will consult with our consulting physicians and the anesthesiologist for this procedure. The CNM will continue to provide care and delivery to the mother.
- **Forceps, Vacuum or C-Section Delivery** - If needed, these procedures are done by our consulting obstetricians. The CNM will be present during the procedures and will continue

to provide care during the postpartum period.

- **Pitocin induction or augmentation** - Because this requires continuous electronic fetal monitoring and immediate access to surgical delivery, consultation with our back-up physicians is required. Your care and the delivery are still managed by the CNM.