



ORIENTATION TO THE BIRTH CENTER of BOULDER

BIRTH CENTER HISTORY.

The Birth Center of Boulder is a collective initiative founded by a group of dedicated women with the intention of creating a sustainable birth and wellness center for our community. The birth center undertook the remodel of the 2800 Folsom building in May of 2014 and opened July 30th, 2014.

As a Collective LLC, we follow the Collective Model Guiding Principles which include: voluntary and open membership; democratic member control; member economic participation; autonomy and independence; education, training, and information; cooperation among cooperatives; and concern for community.

WHAT IS A BIRTH CENTER?

A birth center is a free-standing medical and wellness facility that provides all aspects of maternity, labor, birth, postpartum, and well woman care to healthy, 'low risk' women. The birth center is a comfortable space with all the necessary equipment, medications, and appropriate providers to ensure a safe birth. These services are carried out by our Certified Nurse Midwives, Registered Nurses, collaborative practitioners and support staff that are highly trained and skilled at caring for this population of women.

PHILOSOPHY OF CARE & MIDWIFERY MODEL OF CARE.

We view pregnancy and labor as a state of wellness that includes your physical, emotional, spiritual, and social wellbeing. Modern midwifery care is personalized, holistic, time-intensive, evidence based care: an ancient art combined with modern science. Quality of care for us means cultivating a trusting relationship, which takes time. This means that to maintain this quality of care we limit our birth numbers.

We expect you to be open and honest about your health history and any current health issues you are experiencing. The safety of birth center birth is based on the premise that you are a healthy woman experiencing a normal pregnancy. The foundation of our relationship depends upon trust and open communication. We want you to actively participate in your care and ask as many questions as needed to feel knowledgeable and confident.

BIRTH CENTER CARE vs. HOME BIRTH vs. HOSPITAL BIRTH.

We are providing a different model of care than either home birth or hospital birth, and you need to decide for yourself if this is the right model for you and your family. We see our center as another option for women in our community. If at any time you decide this is not the right fit for you, we are happy to offer referrals to other practices based on your needs and desires. We encourage you to explore all your birthing options before coming to a final decision.

SAFETY OF BIRTH CENTERS.

Research from two large-scale U.S. studies (the 1989 and 2013 National Birth Center Studies) provide evidence that midwifery-led care in birth centers is safe. In addition to these studies there are state and national organizations that license, promote, and provide standards and regulations for birth centers.

COLORADO DEPARTMENT OF HEALTH BIRTH CENTER REGULATIONS & CRITERIA.

The Colorado Department of Health licenses our birth center. To view more complete information on the Colorado Department of Health Birth Center Regulations & Criteria visit: <http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=5315>

COMMISSION FOR ACCREDITATION OF BIRTH CENTERS (CABC).

The Birth Center of Boulder is accredited by the CABC. This rigorous process helps ensure exceptional care for you and your baby in many ways, including:

1. The standards require best practices in maternity care and keeping up with the latest research.
2. CABC accredited birth centers have proper training and equipment to provide safe care in emergencies.
3. CABC accreditation requires a shared decision making process, which helps providers better understand what you need as they work with you through your pregnancy, labor, birth, postpartum, and new parent experiences.

For more information about the CABC visit www.birthcenteraccreditation.org

AMERICAN ASSOCIATION OF BIRTH CENTERS (AABC).

We are members of the AABC. The AABC has built a solid foundation for growth in birth centers by promoting state regulations, advocating for insurance reimbursement, developing a quality improvement program, establishing national standards, establishing recognized accreditation through the CABC, providing an annual forum for discussion of issues, educating parents, professionals, and policy makers to the birth center concept, conducting major research, and developing industry indicators.

For more information about AABC visit www.birthcenters.org

WHO CAN GIVE BIRTH AT THE BIRTH CENTER?

To keep out of hospital birth safe for mama and baby, we care for healthy mamas who remain 'low risk' during pregnancy, labor, and postpartum. We are unable to care of women who have had a previous cesarean section, have a body mass index over 35, have already had 5 or more births, or with significant medical conditions requiring medications. We can co-manage care for women who have well-controlled hypothyroid or depression/anxiety. We care for women of all ages.

Mama Criteria: healthy woman desiring birth center birth, anatomy ultrasound, screening for gestational diabetes, group beta strep testing and antibiotic treatment if positive, evidence of negative HIV, Hepatitis B & C, and attendance of orientation and classes at the birth center.

As we all know, circumstances and health status may change as we move through our pregnancies. If you develop any conditions that require transfer to a hospital-based practice or you choose to transfer care we will assist you with this process.

RISK CRITERIA

Transfer of care during pregnancy may be related to these findings: twins, persistent placenta previa, intrauterine growth restriction, amniotic fluid abnormalities, breech at 37 weeks, 2 vessel cord, preeclampsia, or gestational diabetes. During pregnancy we will discuss who your preferred transfer group would be if needed.

Transfer of care during labor or after birth (maternal or newborn) may be either non-emergent (approximately 9%) or emergent (approximately 1%). Non-emergent reasons may include: stalled labor, rupture of membranes for longer than 24 hours without labor, retained placenta, or desire for epidural pain management. Emergent reasons may include: maternal or fetal distress, uncontrolled hemorrhage, or cord prolapse. All emergency transfers will go to Boulder Community Health Foothills Campus. We have an agreement with American Medical Response for ambulance services for these cases.

OUR CONSULTANTS. PRACTICE REFERRALS.

Our main obstetrical consultants are Perinatologists Drs. Julie Scott and Terry Harper. They both practice at The University of Colorado and are in Boulder weekly Mondays, Tuesdays, and Thursdays at Boulder Community Health (BCH) Foothills to perform ultrasounds and provide consultations. They will perform all of our client ultrasound needs, unless you choose to have these services elsewhere.

There are obstetrical groups at both Avista Adventist Hospital and Boulder Community Health Foothills Campus. Avista Women's Care Nurse Midwives have agreed to accept all of our non-emergent client transfers for clients who would like to continue with midwifery care.

All emergency transfers will go to the on-call OB group at BCH Foothills via American Medical Response ambulance service. In the case of a transfer, either the midwife or nurse will accompany you to get you settled with your new provider.

We have a wide range of excellent referral list for practitioners who specialize in pregnancy and postpartum: acupuncturists, chiropractors, physical therapists, massage therapists, mental health therapists, nutritionist, etc. Please ask us if you are in need of any of these services.

HOPES. EXPECTATIONS. REALITIES.

Hopes: a feeling of expectation and desire for a certain thing to happen. We all hope for a smooth, fast labor, intact perineum, easy breastfeeding experience, happy baby, etc.

Expectations: a strong belief that something will happen or be the case in the future. We expect to create a health partnership with our mamas and families based on honesty, integrity, and evidence based care. You can expect us to provide you with compassionate, quality care.

Realities: the world or the state of things as they actually exist, as opposed to an idealistic or notional idea of them. It is important to have clear intentions, acknowledge our fears, and accept what is happening.

In 2013, National Birth Center Study II was published. Here are some of the important findings.

- More than 9 out of 10 women (94%) who entered labor planning a birth center birth achieved a vaginal birth.
- Out of the 15,574 women who planned to give birth at the birth center at the start of labor, most women (84%) ended up giving birth at the birth center.
- 4.5% were referred to a hospital before being admitted to the birth center, 11.9% transferred to the hospital during labor, 2.0% transferred after giving birth, and 2.2% had their babies transferred after birth. Most of the in-labor transfers were first-time moms (82%).

- Out of the 1,851 women who transferred to hospitals during labor, 54% ended up with a vaginal birth, 38% had a Cesarean, and 8% had a forceps or vacuum-assisted vaginal birth. Most of the in-labor transfers were done for non-emergency reasons, such as prolonged labor.
- Less than 1% of the study sample transferred to the hospital during labor for emergency reasons. A very small percentage of women and infants transferred after birth for emergency reasons. The most common reason for emergency transfer during labor was for non-reassuring fetal heart rate patterns, while the most common reasons for postpartum and newborn emergency transfers were postpartum hemorrhage and newborn respiratory issues. Most cases of postpartum hemorrhage were handled safely in the birth center without any need for transfer. There were no maternal deaths.

To read the complete 2013 study visit <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12003/full> or for an abbreviated version http://www.birthcenters.org/webfm_send/132

For the most current Birth Center of Boulder statistics feel free to ask one of us.

PRENATAL CARE SCHEDULE OF VISITS.

- Initial Visit: between 6-12 weeks (1 hour) includes: health history, physical exam, labs, education, consents, fetal heart tones if at least 10 weeks pregnant, genetic screening discussion, scheduling of ultrasound if needed for dating or desiring Nuchal Translucency scan.
- Follow up Return Obstetrical Visits: (30 minutes) every 4-5 weeks until 32 weeks then every 2-3 weeks until 36 weeks and then weekly until 42 weeks. Each visit will include checking mama and baby's health, education, discussion, and questions as you move through your pregnancy.

POSTPARTUM SCHEDULE OF VISITS.

- 24/7 Midwife access.
- 24-48 hour Nurse home visit (if you live within 45 minutes of the birth center) includes: mama exam, breastfeeding assistance, Rhogam injection if needed, newborn assessment, newborn metabolic screen sample and Critical Congenital Heart Defect screening.
- Individual Lactation Visits if needed.
- 1 week Postpartum Visit for Mama and Newborn: Completion of Birth Certificate. Newborn Hearing Screen.
- Milk Cafe every Thursday from 10a to 12p for support, guidance, advice, weight checks, and community.
- 6 week Postpartum Visit for Mama.

OTHER VISITS & SERVICES.

- Birth Control.
- Well Woman. Annual Exams. Preconception.
- Problem Visits: urinary tract infections, vaginal infections, etc.
- Acupuncture. Herbal & Functional Medicine: East West Women's Health Center.
- Massage Therapy: New Moon Bodyworks.
- Yoga: MamaLove Boulder.

BCoB CLASSES.

All birth center trimester classes are taught by one of our staff members. We hope to have meaningful discussion, information sharing, and connection in these classes. It gives you a chance to spend time with our nurses, who typically teach the class, and to meet other families. Classes are held on Tuesdays from 4 to 6p in our classroom.

The Early Days. 1st Tuesday of every month. Ideally attended between 8-16 weeks.

Growing. 2nd Tuesday of every month. Ideally attended between 16-30 weeks.

Preparing for Birth. 3rd Tuesday of every month. Ideally attended by 34 weeks.

Baby & Breastfeeding. 4th Tuesday of every month. Ideally attended by 38 weeks.

COMMUNITY CLASSES.

We have regular yoga classes, weekly 'milk cafe' for all breastfeeding mamas, support groups, and childbirth education classes along with other community classes taught in the Birth Center classroom. Visit the Calendar link on our website for details. We hope for the classroom space to be utilized by the community regardless of whether or not you have your baby here!

ROUTINE OB LABS. GENETIC & CARRIER SCREENING.

We will draw all necessary lab work in our clinic.

REQUIRED LABS: Hepatitis B & C, HIV, Gestational Diabetes screening @ 28 weeks, Group Beta Strep culture @ 36 weeks (with antibiotics in labor if GBS +). We also require an anatomy ultrasound between 18-20 weeks, which will be done with our consulting MDs at BCH.

OTHER TYPICAL LABS: Complete Blood Count, Blood type & Rh, Antibody Screen, Rubella immunity status, Syphilis screen, Chlamydia & Gonorrhea screen, Urinalysis, Urine Culture, Pap Smear (if due)

OPTIONAL LABS: Toxoplasmosis Screen, Ashkenazi Jewish Panel (if appropriate), Genetic Screening, Carrier Screening, Colorado State Metabolic Screening Test for newborns.

ANTENATAL TESTING. LATE TERM PROTOCOL. AGE > 40 RECOMMENDATIONS.

ANTENATAL TESTING: We provide a Non-stress Test (NST) in the clinic if you are experiencing decreased fetal movement anytime after 28 weeks.

LATE TERM PROTOCOL (BEYOND 41 WKS): NST and Biophysical Profile (BPP) ultrasound at 41 weeks followed by another NST at 41w3d. If both of these screenings are reassuring then we can be patient until 42 weeks. We are not allowed to continue your care if you are not in active labor by 42 weeks, and will transfer you to a hospital based practice at that time.

AGE > 40 RECOMMENDATIONS: Growth ultrasound in third trimester, Bi-weekly NSTs starting at 36 weeks, and birth by 40 weeks.

LABOR CARE. DOULAS. WATER BIRTH. PAIN MANAGEMENT.

LABOR CARE: provided by your midwife and nurse & whomever else you choose to be with you for your labor.

DOULAS: We have a referral list of local doulas. Doulas provide continuous emotional and physical support for both mama and partner. Please feel free to bring your doula to one of your prenatal appointments so that we can orient her to the birth center.

WATER BIRTH: We have birthing tubs in each of our birth rooms. About 50% of babies born at the birth center are born in the water.

PAIN MANAGEMENT: We practice non-pharmacologic methods of pain relief, such as position changes, hydrotherapy, TENS unit, aromatherapy, massage, acupressure, aromatherapy, and continuous labor support.

ADMISSION TO THE BIRTH CENTER & LABOR CRITERIA.

We follow the criteria for labor 'admission' and labor progress based on the Neal and Lowe physiologically-based partograph. For detailed information: **Partograph to improve birth safety and outcomes among low-risk, nulliparous women with spontaneous labor onset.** <http://www.ncbi.nlm.nih.gov/pubmed/22138426>

ACTIVE LABOR: Starts around 5 cm cervical dilation and 80-100% cervical effacement. You must be between 37-42 weeks, and you must be in active labor within 24 hours of your water breaking to birth at the birth center. Some possible indications for a hospital transfer during labor include: **FAILURE TO PROGRESS:** No cervical change for 4 hours despite regular, painful contractions at least every 5 minutes lasting greater than 45 seconds.

ARREST OF DESCENT: Effective pushing for 3 hours with no fetal descent.

WHAT DOES A BIRTH LOOK LIKE AT THE BIRTH CENTER OF BOULDER?

LABOR ASSESSMENT: The on-call midwife will meet you at the birth center after a phone conversation. After evaluation of you, your baby, and your labor status you will either be admitted to the birth center, rechecked in 1-3 hours, or return home.

FETAL MONITORING: To evaluate your baby's status we follow the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Intermittent Auscultation Guidelines, which means we will listen to your baby via doppler every 30 minutes during active labor and every 5 to 15 minutes during pushing. American College of Obstetricians and Gynecologists (ACOG) technical bulletin holds that intermittent auscultation of fetal condition for the low risk woman is equivalent in safety to continuous electronic monitoring.

LABOR: You can labor and birth your baby where and how you choose: walking, standing, hands and knees, in the tub, on the birth stool, or hanging in a birth swing. You may eat and drink as you please and choose who to have with you in labor. If this is your first baby our on-call nurse will join us when you start pushing; if you have already had a baby our nurse will join us a bit earlier.

IMMEDIATE POSTPARTUM: Babe will be placed on your chest after birth and will stay there until you're ready to change positions or go to the bathroom. If you have birthed in the tub, we will assist you to the bed before your placenta delivers (which will happen within 30 minutes of birth). We will clamp and cut the umbilical cord after it stops pulsating. Your midwife will inspect your perineum and perform any repairs needed. Your midwife and nurse will perform all newborn care, mama care, perineal care, and will support bonding and lactation. We will let babe do the 'breast crawl' to initiate nursing and provide assistance with latch if necessary. Your midwife will be with you and baby for approximately 2 hours after your birth and your nurse will remain with you until you go home between 4 to 8 hours after birth.

NEWBORN CARE & PEDIATRIC CONSULTANT.

We will provide the initial newborn care, examination, weight, medications for your baby (erythromycin eye ointment and vitamin k if desired), footprint sheet, newborn metabolic screen, hearing screen, critical congenital heart defect screen, and file birth certificate information with the state. You will call your newborn care provider after babe is born to schedule your first pediatrician visit. We consult with the Neonatal Nurse Practitioners at BCH for urgent newborn matters. Otherwise, we will consult with your newborn provider.

FINANCIALS. INSURANCE. GETTING STARTED.

PAYMENT AND FEES: please refer to our financial policy for details. You can schedule a 1-on-1 visit with the Office or Financial Director if you have further questions or need to discuss payment plans. We work with Larsen Billing to assist all of us with the best service coverage and ask that you register with them prior to your first appointment.

INSURANCE: We recommend that you contact your insurance provider to review your maternity coverage and inquire about birth center reimbursement. We are currently contracted with United Health Care and Blue Cross Blue Shield, and will continue negotiating other insurance contracts. Larson Billing will assist you with the process for out-of-network benefits. We will provide you with a 'super bill' for fees paid that you will submit to your insurance company.

GETTING STARTED: Prior to your first appointment, please read through the following documents found on the website under the "First Appointment" tab:

- New Client Information Packet (read through the Genetic and Carrier Screening section)
- New Client History (please bring completed to your first visit)
- Authorization to Release Medical Information (please complete if transferring from another obstetric provider or if you would like recent exams or labs in our records)
- New Client Consent Forms (read through these; you will sign a consent at your first visit saying you understand these forms)

Thank you for taking the time to learn about the birth center.

You will find other resources and information on our website: www.birthcenterofboulder.com

Please contact us if you have any further questions. 303-443-3993. info@birthcenterofboulder.com