Your Baby, Your Personal Choice

Your baby’s birth is an intensely personal experience, and at Marin General Hospital (MGH) we offer you the option to be attended by a Certified Nurse Midwife (CNM) or an OB-GYN. Both midwives and physicians are licensed and highly regulated health care providers, but their skill sets and philosophies are a little different.

An OB-GYN has completed four years of medical school and a residency program. These physicians are trained to manage high-risk pregnancies and can perform C-sections and use forceps or vacuums to facilitate delivery. If you are having a complicated or high-risk pregnancy, or know in advance that you will need a C-section, an OB-GYN is the right choice for you.

A CNM is a registered nurse with advanced training in obstetrics and gynecology. Certified Nurse Midwives must earn a national certification from the American College of Nurse Midwives, and specialize in well-woman gynecological care, prenatal care, normal uncomplicated births and postpartum follow-up. Statistically, midwives are less likely to intervene during a healthy pregnancy. A 1997 study published in the American Journal of Public Health found that CNMs used 12.2 percent fewer interventions than physicians, and women had 4.8 percent fewer C-sections. Fetal and maternal outcomes were equally good when comparing OB-GYN and midwife births. If you are having a normal pregnancy, desire minimal interventions and expect to have a vaginal birth, a midwife could be a good choice for you.

The Midwife Approach to Childbirth

Whether you choose a midwife or an OB-GYN, Marin General Hospital offers the best of both worlds. MGH is one of only a few hospitals in Marin and San Francisco Counties with both midwives and OB-GYN hospitalists onsite, 24/7. You can have a midwife-assisted birth in one of our large private rooms, with immediate access to whatever additional medical expertise you or your baby may need in the event of a complication, including:

- An operating room reserved for emergency C-Section
- An anesthesiologist onsite 24/7 and a dedicated operating team always at the ready
- Fully equipped Level 2 Neonatal Intensive Care Unit (NICU)
- Pediatric hospitalists onsite 24/7
- Access to UCSF neonatologists and perinatologists through UCSF Benioff Children’s Hospital at MGH

Whether you choose a midwife or OB-GYN delivery, Marin General Hospital has an impressive track record:

- Our c-section rate for first time moms is only 20.3% compared to the national average that’s above 30%
- Rate of vaginal births after a C-Section (VBAC) is 3 times higher than the national average
- 99% of MGH moms breastfeed, compared to the national average of 77%
A woman-centered approach to a healthy birth.

At Marin General Hospital we view every birth as unique and support you and your family in making informed choices about your care. Our goal is a healthy mom, a healthy baby and an experience that honors the transformational journey of childbirth.

- **Education**—We recommend that you and your birth partner attend childbirth preparation classes to understand and prepare for labor and delivery.

- **Medication**—We support your desire to have an un-medicated birth, if that is your preference. If you want your baby’s birth to be as pain-free as possible, we work closely with our anesthesia department to order pain medication and/or epidural anesthesia at the appropriate time.

- **Support Team**—We welcome and work with your support people, including family members, friends and doulas.

- **IVs**—We don’t start an IV unless you need one for medical reasons such as hydration, medication delivery or to prepare for an epidural.

- **Fetal Monitoring**—In most cases, it is not necessary for a woman to wear a fetal monitor during labor. If there are no complications, we monitor your baby intermittently based on a review of the initial fetal heart rate.

- **Nourishment**—Unless there are medical reasons to withhold food and liquids, we believe a laboring mother should be allowed to eat lightly and drink frequently. We can provide refreshments or you may bring your own.

- **Laboring**—Once we have assessed your baby’s status, you are free to hasten the progress of labor by walking, experimenting with various labor positions, or taking a warm shower.

- **Interventions**—We do not routinely utilize internal monitors or other interventions. We do not do routine enemas, shaves or episiotomies.

- **Pushing**—We work with you during the pushing phase to help avoid an episiotomy, ease the baby out and prevent perineal tearing.

- **Participation**—If you want to be more actively involved in the birth process, under the right circumstances, we encourage you to reach down and help deliver your baby.

- **Umbilical Cord**—Typically, this is cut by your husband, partner or other support person.

- **Bonding**—Barring any complications, we will place the baby directly on your belly right after birth, so that you can maintain skin-to-skin contact. This encourages breastfeeding and helps babies stabilize their body temperature.

In the event of a complication, midwives are trained to help you with medical decisions in a supportive and compassionate way and work closely with physician colleagues. If an emergency C-section is necessary, many stay and assist the doctor.