

LOCAL

# Home births via midwife gaining new life

By **JANE PALMER**  
Herald Staff Writer

Blair Lane took her usual early morning stroll around the Salinas neighborhood where she lives, then woke her two children for breakfast.

Only this day, Oct. 2, was a little different — Lane was in labor.

Lane had her third baby at home under the care of a certified midwife, an experience that she said was much less stressful than the hospital births of her other two kids.

"This is not a medical procedure. This is normal. This is what women's bodies do," said Lane, about her decision to have a midwife-assisted birth at home.

Lane credits her midwife, Maggie Bennett, with helping her avoid painful interventions.

"One of my biggest fears is of ripping and tearing, and the fact that I would have to be sewn up afterwards," said Lane. "She works with your body so that even with a 9 pound, 10 ounce baby, I didn't have to worry about that."

Few silver bullets exist in health care reform. But when it comes to the rising costs associated with childbirth in the U.S., one solution may come close: Include professional midwives in the federal Medicaid program. The Midwives Alliance of North America, a professional organization for midwives established in 1982, is meeting this weekend in Asilomar.

"Midwifery is the best-kept secret in the U.S.," said Bennett who has been delivering babies in the Monterey area for more than 35 years.

Mary Lawlor, a certified midwife and representative of Midwives and Mothers in Action, believes that if more women chose a midwife-assisted birth, childbirth in the U.S. would be safer and cheaper.

"We spend a lot of money on maternity care in the U.S., and yet our outcomes are poor," Lawlor said. "We know that we are 29th in the world in infant mortality and that we are 41st in maternal mortality."

Midwifery could address those statistics, said Lawlor. In a 2005 study of 5418 planned midwife-assisted home births in North America, fewer women had interventions and the births proved at least as safe, if not safer, than a doctor-mediated hospital birth.

professional midwives in the U.S. maternity care system is because our care is proven to both improve quality and reduce costs."

But Lawlor believes that if nationally credentialed midwives were reimbursed by all health plans, more women would get the maternity care

they need.

"There are whole counties in the U.S. where there are no maternity care providers at all," Lawlor said.

Raising awareness about the safety of midwifery and different birth options is a key part of Midwife Alliance's campaign.

"There are women out there who do not know they are not well served when their hospital has a 70 percent epidural rate or a 50 percent induction rate," Lawlor said.

Lawlor believes that women with low-risk pregnancies should be able to choose their birth

environment.

"They deserve access to the provider of their choice and the setting of their choice, especially if it saves money," Lawlor said. Bennett said having their environment of choice is key to women.

"Many women feel safer at home," she said. "And some

can't give birth naturally unless they feel safe."

The women that seek out midwives know they are in control of the birth process and they just want an environment and a person that supports them, said Bennett.

"It is the mother that gives birth not the caregiver."

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Moreover, a study conducted by the Washington State Department of Health in 2008 indicated that licensed midwifery care resulted in \$2.7 million annual savings to the state's health care system.

"Our system treats all woman, low risk or otherwise, as if they are high risk and that causes a lot of problems," Lawlor said. "It increases the number of interventions and caesarian rates tremendously."

But Dr. Erin Tracy, a delegate of the American College of Obstetricians and Gynecologists, disagrees — particularly when a birth takes place in the home.

"Unfortunately some of the emergencies that arise can't be predicted," Tracy said on the "Today" show recently. "If we can't intervene within minutes, the life of the mother and the life of the baby could be endangered."

The American College states that "the safest setting for labor, delivery . . . is in the hospital, or a birthing center within a hospital complex."

Family economics plays its part in women choosing not to have a midwife-assisted birth. Many insurance companies don't cover the costs of a midwife-assisted birth or cover only a small portion of the costs.

Lawlor is concerned about reducing costs.

"The reason why we are working to include certified