Frequently Asked Questions

What is a midwife?

Midwives are healthcare providers who specialize in normal pregnancy, birth, postpartum, and newborn care. Rooted in a long-standing tradition of supporting mothers and infants, midwifery emphasizes individualized, holistic care—attending not only to physical health, but also emotional, mental, cultural, and spiritual needs. We are both Licensed Midwives (LM), regulated by the Medical Board of California, and Certified Professional Midwives (CPM), a national credential.

The midwifery model of care is grounded in the understanding that pregnancy and birth are normal life events. It includes:

- Ongoing assessment of physical, emotional, and social well-being throughout the childbearing cycle
- Individualized education, counseling, and prenatal care
- Continuous, hands-on support during labor and birth
- Postpartum and newborn care
- Minimizing unnecessary technological intervention
- Identifying and referring to obstetric care when needed

Our approach centers on evidence-based, individualized care, with a strong emphasis on informed consent and shared decision-making. While we bring clinical knowledge and experience, we honor that you are the primary decision-maker in your care.

Is home birth safe?

Giving birth is safe, despite what is often depicted in the media. Many studies have examined the safety of out-of-hospital birth and have come to the conclusion that for low-risk pregnant people, out-of-hospital birth attended by a skilled provider and a hospital birth of similar circumstances have equivalent safety outcomes. There are inherent risks regardless of where a person is giving birth, and having trained providers with medical intervention available to them, if needed, increases safety. If at any point a higher level of care is needed, we will transfer to a hospital in an effort to prioritize your safety and well-being.

Am I a good candidate for home birth?

Most healthy pregnant people are considered low-risk and can safely birth their babies outside of the hospital. Additionally, one of a midwife's most important tasks is screening and monitoring their clients to ensure that only low-risk pregnancies are birthed at home. However, only doctors and midwives have the training to determine if you're a good candidate, so be sure to consult with us or another licensed practitioner for the safety of you and your baby.

How do I get my labwork done?

We offer all standard prenatal lab testing, and can refer out to other providers and specialists as needed (for example, in the case of ultrasounds). Typically, we are coming to our clients' homes for any lab work, blood draws, etc. and for Kaiser clients, we will guide you through scheduling with the lab and beyond.

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How often are visits?

Our routine visit schedule is as follows, with additional visits scheduled as needed:

Prenatal Care

- 0-28 weeks: every 4 weeks
- 28-37 weeks: every 2 weeks
- 37-42 weeks: weekly until birth (always at home/in-person)

Postpartum Care

- Home visit approximately 24-48 hours after birth
- Optional lactation consult on day 4-5
- Office/home visit at 7-10 days, 2 weeks, 4 weeks, and 6 weeks

Do I need an OBGYN or physician in addition to my midwife?

Midwives are primary care providers for normal pregnancy, birth, and the postpartum period, offering comprehensive care that includes standard clinical monitoring—such as checking fetal heart tones and blood pressure—alongside individualized, relationship-centered support. Prenatal visits allow time to get to know you and address your questions in depth, while postpartum care includes multiple visits and newborn well-care during the first six weeks. A physician is not required unless complications arise, at which point we can refer for consultation, collaborative care, or transfer if needed. You are also welcome to include an OB/GYN in your care at any time.

What is the difference between a doula and a midwife? Do I need both?

A midwife, just like a doctor, is a medical health professional whose responsibility is the health and safety of the birthing person and baby. On the other hand, a doula is focused primarily on the comfort and well-being of the whole family, which is often in the form of physical and emotional support during labor, often before the midwife arrives. Midwives and doulas together make a great team and many people choose to have both. We highly recommend having a doula at your birth.

Are your services covered by insurance?

If you have a PPO (Preferred Provider Organization) Healthcare Plan (for example, Blue Cross Blue Shield), our biller can verify your benefits with what's called a Verification of Benefits (VOB). Then, our biller will submit a super bill to your insurance company for reimbursement. Your insurance company will be billed directly for lab work and ultrasounds. All clinical care provided is cash pay only; however, payment plans are available upon request.

Do you offer water birth? Is it safe?

Yes, many of our clients choose water birth, and it is a great way to cope with labor! Check out Evidence Based Birth (EBB) for more info about the evidence.

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Do you offer Vaginal Birth After Cesarean (VBAC)?

We will want to confirm with you the details of your surgery, but yes, we offer VBAC and TOLAC (Trial of Labor After Cesarean).

What if I want or need a hospital birth?

We recognize that there are people who would like to have the benefits of midwifery care but choose, or for medical reasons need, a hospital birth. For these families, we offer prenatal and postpartum care. We will organize care with an obstetrician or Certified Nurse Midwife who will oversee your birth in the hospital. You have the option for a midwife to attend your birth as a support person, too, if allowed.

What if there is an emergency during labor or birth?

The most common reason we transfer to the hospital is for non-emergent reasons, such as a long and exhausting labor. There are a few scenarios that can be more urgent; however, our midwives are highly skilled healthcare providers who are trained to recognize and resolve any issue quickly or to initiate help when needed. We are prepared with the equipment, medications, and skills to handle emergencies in the rare event one does occur. Should a situation arise during your prenatal, birth, or postpartum care that increases your risk, your midwife will consult with a physician or transfer your care to one of the local hospitals.

What if two people are in labor at the same time?

In the rare event that two clients are in labor at the same time, we have a trusted circle of backup midwives we can call on to provide seamless support. This situation is uncommon, especially with a low client load, but we are prepared just in case.

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Do you attend twin or known breech births?

Unfortunately, it is not the standard of care for us to offer home birth for twin or known breech births. However, we are happy to offer monitrice services for these clients if they birth in the hospital, where we act as an experienced and educated labor support person, which helps families maintain continuity of care.

What pain management options are there?

Because we are out-of-hospital providers, we are unable to administer pharmaceuticals for pain relief. That being said, we are trained in helping people cope with the discomforts of labor using other methods, some of which include: continuous physical and emotional support and guidance; water therapy; massage; vocalization; breathing exercises; visualization; acupressure; positional changes and freedom of movement; herbs and essential oils; hot/cold pack; TENS unit; music; greedom to eat and drink as you please; a private, peaceful environment in the comfort of your own home

Also, we highly recommend considering a doula and childbirth education classes to help you prepare and cope with labor if you have the resources, especially if this is your first birth!

Can you repair a vaginal tear?

We are trained to repair first and second degree tears (the most common). If we do not feel confident about a repair, we will transfer to the hospital for a surgeon to perform.

How is baby monitored?

We monitor your baby using what is called “Intermittent Auscultation (IA)” with a handheld fetal doppler. Studies suggest that the use of IA for low-risk birthing people reduces the risk of unnecessary medical procedures, including cesarean and instrumental delivery, compared to Electronic Fetal Monitoring (EFM) done in hospitals. We use the doppler during your labor and birth, and/or a fetoscope at your routine visits to assess the baby.

Do you examine the baby?

We conduct a newborn exam within the immediate postpartum period, and evaluate the baby at every routine newborn visit.

What equipment do you bring with you to the birth?

We bring monitoring equipment for you and baby, which includes a handheld fetal doppler and vital signs equipment, resuscitation equipment, anti-bleeding drugs and other medications for rare emergencies, supplies for the newborn exam, suturing equipment, herbs, and other supplies. We are also certified in Neonatal Resuscitation (NRP) and Basic Life Support for Healthcare Providers (BLS).

Frequently Asked Questions

What newborn procedures do you offer?

We offer Vitamin K, eye ointment, the CCHD screen, and the California Newborn Screen. The only things we don't offer routinely that hospitals do are the Hepatitis B vaccine, which you can receive from your baby's pediatrician, and a Hearing Screen, which we will give you referrals for. Every time sensitive intervention is offered at home with your midwife.

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How long do you stay after the birth?

This varies based on individual factors, but generally, we stay 2-4 hours postpartum if both the birthing person and baby are stable.

Is home birth messy?

Generally, no! We are not only meticulous, but have prepared a birth kit for you to order that contains disposable birth supplies, many of which will help ensure your home stays clean. Once everyone is stable and comfy in bed, we will quietly clean up and your home will look as it did before the birth (only with a newborn!).

Should I have a doula/do you work with doulas?

Doulas are a great resource for those who have access to them, and we consider them a great addition to our team! Evidence strongly supports the use of doulas for labor and postpartum support to improve outcomes. Studies show that people who use doulas are less likely to need pain medication, less likely to have interventions such as cesarean-section (c-section), more likely to have shorter labors, and are generally happier with their birth experience. Midwifery care in and of itself positively impacts these results, and adding a doula to the team provides even greater benefits.

How late can I transfer to your care?

We may accept transfer at any point in pregnancy, although we prefer having as much time as possible to build trust with you and establish your care. We also do not discount for late transfers for many reasons we are happy to discuss with you.