

Carol Williams and Yehudis Kaplan:

Modern-Day

Shifas and Pesach

A birthing center is a healthcare facility staffed by midwives who attend the birthing mother in a home-like, non-institutional setting. Birthing centers emphasize the normality of birth, and do not offer drugs or surgery. Women are free to act more spontaneously during labor and birth than in hospitals. The N'shei Chabad Newsletter invites readers to join the conversation with Yehudis and Carol, two of the midwives who are responsible for the phenomenal, fast-growing success of a birthing center called the Miami Maternity Center (miamimaternitycenter.net). If your question is not answered in this interview, please email it to submissions@nsheichabadnewsletter.com. It will be presented to our panel of midwives or to an obstetrician, and it will be answered in a future issue, IYH.



Shari Danzelsky, midwife and founder of Miami Maternity Center, looking very happy following a successful birth.

Photo taken on July 5, 2009, at 10:30 p.m.

MCN: How did it come about that you are not only a midwife but the director of the Miami Maternity Center (MMC)?

Carol: My daughter gave birth with Shari Daniels, the legendary, world-famous midwife and midwife-trainer who founded the MMC. After that experience, I trained with Shari. After Shari moved on, I purchased the practice from her.

Natural, midwife-attended birth is the safest, healthiest, and most rewarding way for women to give birth, and becoming a midwife was the best way for me to help women do it. The babies are cute, but educating a mother and seeing her labor and give birth naturally, safely and happily, is what gives me joy and fulfillment. I love the moms.

My belief is that this system of natural childbirth is G-d's idea. He made this system. I didn't think of it. If G-d made it this way it must be the best way.

King David says in Psalms, "You formed me in my mother's womb before any of my parents..." G-d forms the baby in the womb, and G-d made the woman able to give birth without turning it into a medical emergency requiring hospitalization and interventions which often become a slippery slope leading to other interventions and even major surgery.

G-d knows what He's doing; He doesn't make babies too big to get out, and 99% of the time it works. For the tiny percentage of the time when it doesn't, we have the hospital and a wonderful obstetrician waiting for us.

I have a lot of Orthodox Jewish clients, and they live their entire lives around G-d and His will for them. So I tell them to believe in G-d's process.



Midwife Carol Williams received a visit from a six-month-old baby who she delivered. The baby recognized Carol immediately. Carol said a little longer to recognize the baby, but that's because Carol didn't change at all in six months, but the baby did.



Rebekah Kaplan with her most important patient.

NCN: Some people are loyal home birthers, and of course hospital births are the norm. What is the advantage of using a birthing center, as opposed to either of these extremes?

Carol: The great advantage to me is that the moms all come to me, and that's an advantage for the moms too since there's no way we could care for so many if we had to travel to all the homes.

As for the complications that people need hospitals for, the Miami Maternity Center is blessed with a backup doctor, Dr. Simion Tsinker, who delivers (as opposed to C-section) multiple births, VBACs, and breech.

If you're pregnant in South Florida, just by walking into a hospital you have a 50 to 70 percent chance of having a C-section, which is major surgery with all its serious risks.

An obstetrician told me that a hospital told him, "We will pay your malpractice insurance if you keep your C-section rate above 90 percent." Hospitals make a lot of money from C-sections.

In addition, in an American hospital you are likely to lose the experience that is so good for moms and babies, which is birth as it is meant to be. Look at a mother who has just given birth to her baby without medical intervention. She is flying high, and in love with her baby!

So the main advantage of birthing centers is that women who do not want to have home births can still stay out of hospitals.

I still do home births for those who really want it. But if a problem arises at home and I have to transfer from home, I have to go to the closest hospital. If we transfer from the MMC, we go straight to Dr. Tsinker.

NCN: What kind of reasons do you transfer?

Carol: If everything in my bag of tricks fails, we transfer. In about seven percent of labors, we transfer - why? About one quarter of my transfers need C-sections. The rest need forceps, or pitocin, or other medical procedures. If a woman gives up in middle of her labor and wants an epidural, we transfer for that too.

NCN: Any other advantages of

birthing centers over home and hospital?

Yehudis: The main disadvantage of hospital is that many routine procedures and interventions are not done for the benefit of the individual patient, but to protect hospitals against liability or for cost effectiveness. This would not be so terrible if the procedures did not impact negatively on the patient or the progress of labor, but they very often do as can be seen in the high C-section rates. Continuous fetal monitor is a perfect example. After all these years we know for a fact that it doesn't produce better outcomes, it just protects hospitals and doctors against lawsuits.

Another disadvantage is that hospitals are based on treating illness, and are not geared to promoting natural birth. In that environment, not only is the woman deprived of tools to achieve normal birth, she is put in a position of having to be on guard, which is not helpful during labor.

Doctors are trained to find and solve problems. But for healthy women, birth is not a problem; it is a natural process through which she needs skilled support.

When a woman starts her family with the experience of natural childbirth, she becomes a stronger person, better equipped to deal with difficulties later. She is not always looking for an easy way out, or a way to get someone else to do the hard part. She feels strong, she is strong, and she passes that strength to her family. When she goes for the epidural or other "tricks," she hasn't gained that strength and she can't pass it on to her family. Later, she has to play catch-up and try to find strength from someplace else.

Healthy women do very well in their familiar surroundings; there's no place like home for relaxing and giving birth. But a disadvantage of home is that there is only so much equipment midwives can bring with them, whereas the birthing center has it all: We have a glass case full of different homeopathic and herbal remedies, birthing balls, bathtubs and pools, swings, rocking chairs, indoor places to labor, outdoor places to labor, different kinds of mattresses, showers... pumps... and what some moms love the most, we have well-trained student midwives around so that there are always trained, qualified people around to be "mid-wife" - with woman - all the time, respecting, helping and supporting her. Trained support is what it's all about when it comes to dealing with pain in a healthy, drug-free way.

A birthing center has none of the risk factors of a hospital. In the hospital, the woman is, to begin with, compromised. She is institutionalized, interrogated, isolated, and subtly made to feel she is not capable of making decisions but is best off submitting to the authority of others. She is not likely



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to feel strong and capable; she is more likely to feel obedient and submissive. The unspoken (and sometimes spoken) message in the hospital is, "We'll see if you can do it; if not, we're ready to do it for you."

Our message is, "You can do it, and we're here to help."

NCN: Is all the moral support, all the extra time and attention at prenatal visits, all the encouragement, that you get only from midwives, so important? Does it really matter, as far as outcomes are concerned, or is it over-rated?

Yehudis: A birth center is based on the premise that birth is a natural healthy event, and that women have innate wisdom on how to birth. This belief results in a secure and supportive environment, which can prevent the physiologic cascade of problems that arise from anxiety, loneliness and fear. The Labavitcher Rebbe said that the mental state of the patient affects the outcome, "especially in obstetrics." It is important for a woman to feel comfortable and secure in labor.

It starts with the extra care we give during pregnancy to weed out problems and to nip them in the bud. We spend much more time than obstetricians do during prenatal visits listening, observing, and communicating so that many problems are prevented or solved early.

Women come in here, and when we get to know them and we ask what their diet is like, we sometimes hear, "Mostly white pasta, pizza, French fries and diet Coke... occasionally a sandwich on white bread... Danish and coffee for breakfast..." That woman is not giving her baby the nutrition it needs and she is also not strengthening herself to be able to give birth naturally. By improving her nutrition - which takes lots of time on our part, and on hers - we are preventing lots of problems.

We adhere to the highest standards of care that are recommended by American College of Obstetrics and Gynecology (ACOG) and American College of Nurse-Midwives (ACNM) and other national health organizations. The whole staff is trained in emergencies and newborn resuscitation, and we have emergency supplies, such as oxygen and certain medications, on hand at all times. The MMC is within five minutes of a hospital with a Level 3 NICU.

NCN: Which women are better off going to hospitals to give birth, instead of a birthing center or home? And once a woman has decided for any reason to go to the hospital to give birth, what advice would you give her?

Yehudis: Not all women are candidates for birthing centers or home births, so we screen all women for risk factors before accepting them as clients. If a woman has a risk factor (pre-term labor, diabetes, hypertension, unfavorable fetal position, etc.) which cannot be modified, she will be referred to Dr. Tsinker or to another specialist, or



Midwife Yehudis Kaplan holding newborn on the grounds of the Miami Maternity Center



Midwives spend a lot of time talking with expectant mothers during prenatal appointments, addressing any fears or concerns they may have, and making sure they are empowered by being prepared. (L-R: Michal Stone with Yehudis Kaplan)



Midwife Yehudis Kaplan is passionate about her work at the Miami Maternity Center

to a hospital-based midwife.

I would give the following advice to women going into a hospital to give birth:

1. Choose your care provider carefully. Find a midwife, if possible. Don't be intimidated. Do be respectful. Ask questions, and expect clarity, honesty and respect. If you do not feel respected or secure, change providers.

2. Arrange a support team to help you deal with labor and to interact with the hospital staff for you. It is best to have two (one to be attentive to you while the other handles hospital matters). A doula is a very good investment, but choose a doula carefully also.

3. Create your mobile "sacred space" in order to prevent being negatively affected by the hospital environment, which is not only unfamiliar, but is intrinsically one of "prepare for the worst." A sacred space is enhanced by physical aids, such as your own pillow and blanket, a few pictures, music, etc. Most important, though, is to practice remaining focused on your impending birth in a positive way, regardless of what is going on around you.

4. Take a good childbirth education course.

5. Write a birth plan with requests that are simple for the staff to heed. For example, request staff to knock before entering, for silence or quiet voices, etc. These types of requests do not challenge hospital procedures, so the hospital staff might be amenable to them.

NCN: What kind of herbs and remedies do you have and what do they do?

Yehudisc: It's a law in Florida that if you go past 42 weeks we can't deliver you at MMC - you must have a C-section. So we take our due-dates very seriously. But rather than chemically induce a woman, we'll use remedies and herbs and other tricks of the trade, depending on the woman and what signs of readiness she and her baby are showing.

We had a woman named Hannah who had been more than two weeks overdue with her first three children. Now she was 42 weeks pregnant with her fourth child and both she and her mom were understandably anxious for her to go into labor before the cut-off date came and she would have to check in to a hospital (not the birth they wanted).

So we got Hannah hydrated (IV) and put her on the breast pump, and then we gave the mom the job of giving her daughter three drops of a homeopathic remedy every 15 minutes. After two hours of this, Hannah, who had come in with no symptoms of labor at all, was having good strong contractions every ten minutes. Fantastic! We told the mom

she could stop giving her daughter the drops. Within a half hour, the labor stopped completely. The mom began giving the drops again. When the baby was about five minutes away from being born, the mother was still giving Hannah those homeopathic drops. She was afraid to stop!

In hospitals, women are often induced with powerful drugs or interventionist procedures. The commonly-used drug Pitocin causes almost unbearable pain for the mother and puts stress on the baby too. Interventionist procedures all carry risks.

NCN: If birthing centers are such a good option, why are there so few of them in the U.S.?

Carol: It is difficult and expensive to have to battle with insurance companies, including Medicaid, to cover birthing center births. Many doctors are on the boards that make decisions for insurance companies and doctors feel threatened by birthing centers and midwives. Another example of the law being harmful to women is the Florida law of "once a cesarean, always a cesarean."

The law seems to be out for women's good but in many instances it's not. So we pray a lot here. G-d helps us.

NCN: Is midwifery a good career for young women?

Carol: When Shari Daniels asked me if I wanted to buy the practice, I prayed to G-d for guidance and for help. I said, "Here are these women who need a place to come for a natural birth that's safe. Someone needs to carry the load."

I don't have a husband or small children at home so G-d pointed at me and said, "You do it." So I'm doing it.

My advice to young women who love birth and might want to be midwives is: Don't sacrifice your family to become a midwife. I don't think G-d would be pleased with that. I have students going through the course. I tell them if your husband's not on board you need to give it up for now. Maybe get a part-time job doing pre-natal care or giving childbirth classes. Some time in the future when your kids are grown you'll get back to delivering babies.

Yehudisc: It's a calling. You have to really want to do it. I can't believe I became a midwife while I still had seven children at home.

I worked with a team of midwives so I could have predictable hours, for the sake of my family. I didn't do



physician when you are planning to use a midwife for your birth?

Yehudis: Very! You never know what may come up and then the back-up doctor is there for you.

To quote Dr. Tinker's website (browardobgyn.com), "...it is extremely important that the philosophy of a treating physician be compatible with the philosophy of a pregnant patient and most closely reflects her vision and aspirations ...



Carol Wilson

Michael (Michelle) Stone plans to have her first baby at the Home Maternity Center with Barbara's help. Carol and the other midwives will be there to guide, assist and support the mother and baby through it even if the labor is long or first labors tend to be

NCN: Does it help birthing women to be attended by midwives who respect the fact that they are having large families?

Carol: Yes.

Doctors are trained to control, and some are very negative about large families and tell women not to have more children for no medical reason. To be fair, some midwives harbor the same prejudices. It is not good for a woman having her sixth or eighth or twelfth baby to be attended by people who honestly believe she is doing something stupid, crazy or immoral.

Being with helpers and caregivers who understand her lifestyle and respect her decisions is a boon to a pregnant woman.

I had a mom in labor who was here so long, and pushing for so long, that we had to transfer her. She was 42 years old and having her first baby. She didn't do any genetic testing because she was not planning to abort. The doctor walks in and says, "What were the results of your genetic testing?" That was the first thing he wanted to know! Her husband replied, "She didn't have any," and the doctor went into a tirade about the risk of Down Syndrome at her age.

I wanted to know what that had to do with a woman who was now in labor.

He replied, "My taxes are not going to support some damaged child." That kind of insensitivity really hurts a laboring woman. She gave birth to a healthy child.

We love large families. I had one and my daughters all



Yehudis at a one-week checkup

nothing guarantees a pregnant woman a successful outcome more than the presence in her corner of an experienced physician possessing solid clinical judgment, excellent surgical skills and an ability to safely implement all of the various obstetrical techniques and