





# The Miracle of Birth A Midwife's Perspective

Musia Kaplan interviews midwife Cara Muhlhahn  
for the *N'shei Chabad Newsletter*.

When I became pregnant with my first child, I had no clue what to expect from birth. I hired Cara Muhlhahn as my midwife, expecting her to be my guide and teacher. But from that first at-home visit, as we sat on my cozy couch, I realized it wouldn't work that way. Cara showed me that Hashem would be the guide, and my body the teacher. She expected me to take ownership of my birth, so what choice was there? I did. And I can't imagine any experience that could have better prepared me for the trials and triumphs of motherhood. Mothers need to be able to trust their own instincts—while putting their faith in Hashem's plan. Cara gifted me with that ability. It was a privilege to interview Cara for the *N'shei Chabad Newsletter*, and I pray her wisdom empowers other mothers to take ownership of their births, wherever they choose to have them. -M.K



### Musia: How did you become a homebirth midwife?

**Cara:** I never set out to become a midwife. I think it's a calling. A string of events over many years and continents led me to this path.

When I was 14, my little sister's best friend was hit by a car in front of our house. In that terrible moment, I didn't panic. Everything I learned in first aid class came rushing back to me and I calmly took care of the child. I covered her with a blanket and held her hand, whispering "everything will be okay" until the ambulance arrived. Thank G-d, she was alright.

After high school, I traveled to Morocco and lived in a fisherman's cave under the sand dunes. One night, there was an urgent knock on our cave door. A young woman had been blown out of her cave from a propane stove explosion. I tried to help her, to no avail. The frustration I felt at that moment—knowing I might have been able to save her life if I had medical training—impacted me deeply.

I was slowly piecing together that I belonged in healthcare. But I didn't think of becoming a midwife until I visited my sister, who lived in Denmark. The culture of childbirth in Denmark is nothing like it is in the United States. Midwives are held in high esteem and have been the primary maternity caregivers since forever. In the hospitals, midwives deliver all the babies besides for cesareans. Doctors are involved when a pregnancy or labor experiences complications such as pre-

eclampsia. If a Danish woman chooses to have a homebirth, the hospital sends over the equipment and subsidizes the costs.

I knew I wanted to help people, I knew I was good in an emergency, and midwifery seemed right for me.



Cara Mulhahn,  
delivering  
babies for  
30+ years.

I started off apprenticing with a homebirth midwife in Oregon when I was 19. I still remember riding on my bicycle to my very first birth. The midwife got stuck in traffic and didn't arrive until the last minute. Thankfully, it was a smooth and perfect birth. Several months later, at another birth, I witnessed a complication the midwife could not handle. The baby had shoulder dystocia—her head was delivered but her shoulders and body were stuck. The midwife called an ambulance to take the mother to the hospital. My first thought was: *I bet you can learn how to dislodge a baby's shoulders.* I didn't want to force a mom in active labor to wait 15 excruciating minutes for an ambulance. And a 15-minute delay could bring harm to the baby, or even death. I wanted the education that would enable me to fix it myself.

So I ended my apprenticeship and joined a certified midwife training program at a birthing clinic in Texas. I learned a lot. But one day, a mother was hemorrhaging and they sent me with her to the hospital. The only advice they gave me was, "Keep her extremely uncomfortable so she doesn't lose consciousness." I thought to myself: *You can probably learn to start an IV. There's no need to transfer a woman from home to hospital if we just better educate ourselves.*

Once again, I decided to further my education. I graduated from Columbia University on the Dean's List as a nurse, and worked as a labor and delivery nurse at Columbia Presbyterian Medical Center for five years. Then I worked as a midwife for a year at Beth Israel Hospital and for four years at the now-defunct Maternity Center Inc. in Manhattan. When

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that birthing center closed down in 1996, I started my own homebirth practice and have been doing that ever since.

## **Did you have a homebirth yourself? What was that like?**

Yes! I had my son at home in 1995. My friend and mentor, Miriam Schwartzchild, was my midwife.

Despite having been a midwife for five years by then, I was not ready for how strong and painful the contractions were. I even tried to bail and go to the hospital for pain medication! Thankfully, Miriam stopped me. My older sister from Denmark was there and she supported me through it.

I feel grateful to have had that experience. It's not necessary to give birth in order to be a great midwife, but it did make me feel more complete as a midwife. Now the empathy is natural, and I can really understand what mothers are going through. (Although I was completely overwhelmed by empathy at the first birth I went to as a midwife after giving birth myself. Instead of saying, "You can do this," I was saying, "I know, I know, it's so painful." That wasn't helpful and I had to get a grip.)

## **Is homebirth for everyone or are there some people who just really shouldn't?**

Physiologically, there are people who should not have homebirths. For example, women with Type 1 Diabetes or Lupus. A qualified midwife knows which births to take on and



Cara weighing a newborn minutes after birth.



Cara has a system that enables her to comfortably carry about 50 pounds of equipment by herself.



which to turn away. Some institutions such as birthing centers set up a scoring system—if you surpass a certain score you are considered ineligible for an out-of-hospital birth.

But psychologically, for a low-risk pregnancy, homebirth *could* be for everyone if we were living in a different culture. In the Netherlands, approximately 30% of women choose to give birth at home, because the culture supports it. In America, there is a lot of fear around birth and women are convinced that hospitals are the safest places.

### **Have you ever had a client choose to have a homebirth after giving birth many times in the hospital? Why do you think they switched?**

It happens all the time. The reason varies from person to person. I had a mom from Boro Park who had ten babies in the hospital, but Covid convinced her to make the switch. She didn't want to wear a mask during labor. Some women come to me because they had terrible hospital births and felt violated. But even women who had great hospital births have chosen to switch to homebirth.

I think it boils down to one issue: Consent. The feeling that nobody listened to her. That she was silenced.

A mother once came to me and said she had an amazing birth in the hospital. It was one of those unbelievable

natural births you only read about—instead of pain, she felt pleasure. But then, after the baby was delivered and she was still riding a wave of euphoria, someone rudely and painfully yanked her placenta out. The placenta (a temporary organ that develops in the womb to provide oxygen and nutrients to the baby) is usually delivered naturally a few minutes after the baby is born. But they didn't ask her permission or even explain the necessity of their action (if it was in fact necessary).

Many women come to me because somewhere in a deep, distant part of them, they can imagine a different kind of birth. They can imagine doing it their own way. After giving birth in the hospital, a quiet voice tells them, "I could have done that instinctively. I didn't need that intervention. I didn't need those rules."

I believe within each woman is a primal urge to find the power that birth can give.

### **Is it helpful to have female relatives at a birth to support the birthing mom? What about husbands?**

Most of the time, the women are very helpful. Occasionally a mother can't contain her anxiety and/or can't see her daughter in pain, which isn't helpful. I had a birthing woman whose mom was an experienced doula. But when it came to her own daughter in pain, she was lost in her empathy.

I once had a mom who was very doubtful about homebirths. As her daughter was laboring away, she was plugging questions into google and reading out loud all the terrible possible outcomes. It was a nightmare!

Men tend to be less helpful. I know they want to help, and it's moving to see them trying their best. But often they take up space and attention that I want to reserve for the mother and baby. I once had a husband pass out during a birth!

Something I appreciate about the Jewish community is that men have a role—prayer—which keeps them involved but not in a hands-on way. Prayer is also an outlet for anxiety. Judaism has modesty laws which require men to leave the room at a certain point. It's nice for the woman to know her husband is caring for her, but not necessarily does he need to be right there, in the thick of it.

Chief Rabbi of Tzfas Rabbi Levi Bistritzky passed away on 19 Av 5762 (July 28, 2002), at the age of 53. Some letters written by the Rebbe to him were then published in *Kfar Chabad Magazine*. The following excerpts are a free translation from a letter the Rebbe wrote to Rabbi Bistritzky after he had made a *psak* forbidding women in his community to give birth at home and later found out that the Rebbe had approved of it in a few instances. He asked the Rebbe to explain, and here are excerpts from the Rebbe's response. Email us at [executive@nsheichabadnewsletter.com](mailto:executive@nsheichabadnewsletter.com) if you would like to see the entire letter.

1. It is well known wherever there are Jews that the Rov has to be a *posek* following what it says in *Shulchan Aruch* (and not according to hints in letters, etc., and not even according to letters, because a letter that is against *Shulchan Aruch* is not valid).
2. When there is a possibility that an argument or disagreement might arise, more Rabbanim should be consulted in the matter, and in Eretz Yisroel, a Bais Din of Rabbanei Anash, so that they shouldn't say that this is the opinion of one individual.
3. In a generation when the *psak din* of Rabbanim isn't always complied with ... one has to be careful in every way possible with regard to ... declaring new prohibitions with regard to topics that have to do with a change in lifestyle (especially when the reason for the prohibition is not given and this arouses wonder in the people since in previous generations it was a common practice and Rabbanim are now forbidding it).
4. One should be even more careful when in other cities this practice (giving birth at home) is still common...
5. It is evident that a directive to an individual and especially in such a personal matter is not a directive for the public at all. Since a personal answer is dependent on their individual life conditions...
6. In New York, many women give birth in their homes with the agreement of Rabbanim...

### **What advice would you give to relatives at a birth?**

Most importantly, maintain your composure.

It's tricky to find the right spot on the continuum of empathy—you want enough empathy to be compassionate but not so much that you will fall apart.

Be selfless. Don't ask any questions during a contraction. Don't present worrisome scenarios. Don't bring up where you parked or who is doing your kids' homework with them so you could come to the birth. Make it all and only about the birthing woman. If she wants silence, let there be silence. If she wants music, play whatever she wants to hear. If she wants to chat, chat. And expect things to change on a dime. Follow the laboring woman's cues every second.

Try to be helpful in practical ways—refill the water bottle or offer a back rub.

I consider it part of my job to help the supporting family members find their way through the birth. It's a journey for them too. I'll tell them, "Listen, the baby's heartbeat sounds strong," or give them a task they can do to feel useful.

### **How many caregivers are needed at a homebirth? Do you require a doula?**

I don't ever require another caregiver, although I strongly recommend having a doula or family member at a first birth (which is more likely to be long). If for obstetrical reasons I need to be focused on the medical needs of the birth, it's helpful to have a doula or family member focus on the mother's psychological needs.





Cara listening to a newborn's heart minutes after birth.

### **Do you require sonograms like obstetricians do?**

No. I feel it should be a women's choice. I do think it's important to give moms a risk/benefit ratio so they can make an educated decision. [Please see the Rebbe's position on sonograms in the following pages. -Ed.]

### **Do you have to get into a tub in order to have a homebirth?**

Not at all! I want mothers to follow their instincts and deliver in whatever place and position feels most comfortable for them.

### **Do you ever have to turn a woman planning a homebirth away because she needs to deliver in the hospital?**

Yes, certain physical complications arise in pregnancy that require women to transfer to the hospital. High blood pressure and preeclampsia are rare but would be considered an absolute reason to give birth in a hospital. Certain pregnancies become high-risk because of the baby's condition, but it's even possible to deliver (some) babies with Down syndrome at home, as long as they don't have cardiac complications that would require attention immediately after birth.



The plan was for Baby Izzy to be born at home, but his mother suddenly didn't feel movement, so Cara sent her for a sonogram which showed severe fetal distress that necessitated an emergency c-section. Cara did not deliver the baby but since she did provide prenatal care (and delivered Baby Izzy's older siblings at home), she still felt connected, and came to the hospital to visit.



## What is the worst disaster you ever had at a homebirth?

Before I answer your question, I want to share my general outlook on birth. As a midwife for over 30 years, I have seen complications and bad outcomes in birthing centers, in hospitals, and at home. Whether or not a clinician can transform a birth complication into a good outcome depends on more factors than just the setting and the clinician's skill. Timing and instincts are variables that come equally into play.

For example, when I was working at Columbia Presbyterian Medical Center, I saw a woman arrive just as her water broke. Suddenly, thick black meconium started pouring out of her. (Meconium is a baby's first stool which is typically passed in the first few hours and days after birth. If a baby passes meconium while in the uterus, it is often a sign of distress.) The doctors C-sectioned her, but the baby didn't make it. That OB was skilled and acted immediately, but it was simply too late.

Another classic worst-case scenario is placental abruption. If the placenta detaches from the wall of the uterus, it puts the baby into distress. If a woman is lucky, she'll see red bleeding—and she should run to the hospital immediately. But not always do women with placental abruptions bleed externally and visibly. Whether at the hospital or home, you can miss it and it can be fatal.

I am not Jewish and I was raised in a completely secular home, but being a midwife has taught me to believe in the Divine power. As a skilled medical provider, I will always do my best to save the mother and child. But there is an element of birth that is out of our control, no matter how hard we try. That's why every healthy birth is a miracle of G-d.

One of the wonderful things about your community is that the women have deeply internalized the concept of faith and Divine Providence. They don't expect to control their births—which gives them much-needed strength, resilience, and optimism when complications arise, or when their expectations don't match the reality.

Now, to answer your initial question: I once had a woman decide to take castor oil (a vegetable oil primarily known for its laxative properties which can sometimes induce labor) without consulting me.

## Free Translation of the Rebbe's Letters (from Yiddish and Hebrew)

### ***Igros Kodesh*, volume 15, page 165:**

In connection to the doctor's examination, in general these examinations are extra and unnecessary, and therefore one must avoid an internal examination as much as possible, and it seems clear that although the doctor may gain additional information, there is no use in it, and therefore in a gentle, polite manner, being careful not to offend the doctor, one must avoid the internal examination, and I hope that the doctor will not insist on it, when he sees that you are unhappy with it, and knowing for himself how little there is to be gained from it in a practical way.

Regarding nursing the baby yourself, this is very, very appropriate, and especially in the last few years, even American doctors have begun to speak and publish on how good it is, both for the mother and for the child. And regarding this that you write that you are sensitive [skinned], do not dwell on this, as it is normal and as it is supposed to be, as it says, "Hashem made human beings correctly, etc." Hashem should help that the birth will be in an easy manner and in a good and successful time, a complete and healthy newborn, and to raise him to Torah, to *chuppah*, and to good deeds. With a blessing to [report] good news...

### ***Igros Kodesh*, volume 11, page 164:**

It is understood that what I wrote in my previous letter, that it is correct to avoid internal examinations, applies only during pregnancy, and not to before pregnancy and after giving birth.

### ***Igros Kodesh*, volume 11, page 66:**

Regarding this that your wife... will be visiting the doctor in the coming week... I am sure that you will ask the doctor that if she wants to do an examination, it should not be internal, since there is no purpose in it except in gaining information, and there are other ways to gain information such as urinalysis, etc., and these should suffice.



## What did the Rebbe say about birth?

\*About husbands in the delivery room, the Rebbe said (19 Kislev 5747), "It is obvious [*poshut*] that the husband may not be present in the delivery room while the birth is taking place." The Rebbe requested that all Rabbanim issue their own local *psak halachah* regarding this. The Rabbanim of Crown Heights issued a *psak halachah* (4 Teves 5747) saying that husbands should not be in the room when their wives are giving birth, adding that "scrupulously modest behavior is for the true benefit of the birthing mother." (emphasis in the original)

\* Rabbi Leibel Groner, member of the Rebbe's *mazkirus*, said that the Rebbe stated clearly that the labor room was also not the place for a husband. Furthermore, the Rebbe said that while their wives are in labor, husbands should behave in the manner prescribed by the Tzemach Tzedek to his son, which was to say the following chapters in *Tehillim* during his wife's labor: 1, 2, 3, 4, 20, 21, 23, 24, 33, 47, 72, 86, 90, 91, 104, 112, and 113 until the end of *Tehillim*.

\* About hanging *Shir Hamaalos* on the wall in the room with the laboring woman, the Rebbe said (19 Kislev 5747) that years ago, when women gave birth at home, surrounded by Yidden, *sefarim*, *mezuzos*, etc., the baby would automatically be born into holiness, and his first sight would be of kosher and holy things. Now, when women give birth in hospitals, we must bring *Shir Hamaalos* to the hospital in order that the baby's first sight should be of something holy.

\* Rabbi Leibel Groner said that the Rebbe was against routine sonograms "just to see the baby," "just to make sure everything is okay," "just routine." The Rebbe only agreed to a sonogram if as a result of the sonogram, specific action might be taken (if halachic and safe), or

specific advice might be given to the expectant mother, and even then, only after a second opinion agreed that a sonogram was necessary.

\* Rabbi Leibel Groner said that the Rebbe was against tampering with the unborn baby through procedures which carry some risk to the baby, such as amniocentesis, fetal surgery, etc.

\* Rabbi Leibel Groner said that the Rebbe approved of artificial induction of labor only when medically indicated, confirmed by a second opinion, and not being done for convenience (doctor's or mother's).

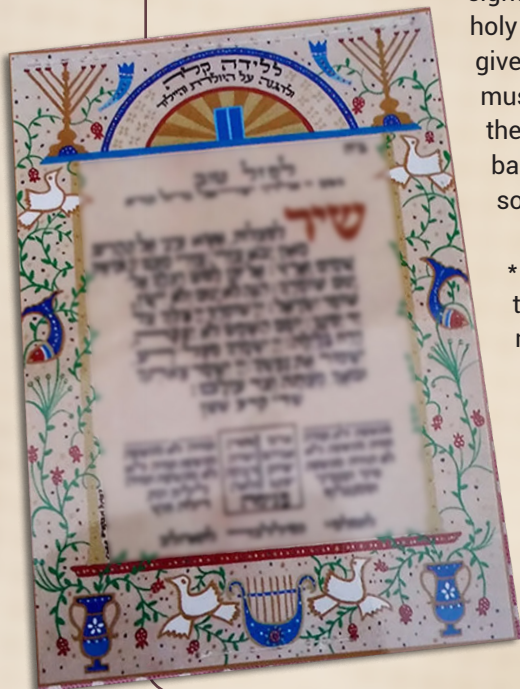
\* The Rebbe said that anxiety during pregnancy affects the personality of the baby. The Frierdiker Rebbe explains in *Likutei Diburim* that our thoughts actually affect what happens to us, to the good more than to the opposite. When we think positive thoughts, the outcome is likely to be positive, much likelier than when we busy ourselves preparing for the worst.

\* The Rebbe said (19 Kislev 5747) that in medicine in general, the state of mind of the patient affects the outcome, and that this is so "especially in obstetrics."

\* In the same *sichah* (19 Kislev 5747), the Rebbe also said that the conduct of the woman during pregnancy affects the unborn child, and that it is the *minhag* of righteous women to take on greater scrupulousness in Torah and *mitzvos*, and even *hiddurim*, during pregnancy, for the benefit of the unborn child. And even before pregnancy, when leaving the *mikveh*, they are careful about what they look at.

\* The Rebbe said that "it is known that what a one-day-old baby sees and hears will have an influence on the child even many years later." (*Eternal Joy*, Vol. 3, p. 71)

*This list is far from all-inclusive. The Rebbe said much, much more on these topics. Special thanks to Rabbi Avrohom Osdoba, Rabbi Leibel Groner, and Mivtza Taharas Hamishpacha for their help in compiling this information, which was originally published in the Nissan 2001 N'shei Chabad Newsletter. You may read that entire article as well as more articles about birth at [nsheichabadnewsletter.com/archives](http://nsheichabadnewsletter.com/archives), search word: birth. -Ed.*





She instantly started having powerful contractions and I raced there just in time to deliver the baby. Afterwards, there were immediate and serious complications. I called paramedics who transferred her to the hospital with two IVs attached to her. She and the baby are okay, but it was absolutely terrifying. And it would have been terrifying in a birthing center or hospital alike. No matter the setting, in that circumstance, it took a clinician's skill, good timing, and G-d's help to transform that event into a success.

### Why do doctors claim that homebirths are more dangerous than hospital births?

Because they think of the emergency I just described to you, and they don't know it can be handled effectively at home. They don't trust that midwives have the skills we do.

Hospitals do undeniably have more equipment and personnel to handle a baby born in serious distress. And for that reason, certain pregnancy complications will obligate a mother to give birth in the hospital.

### How are religious Jewish clients different from your other clients?

It appears to me that Orthodox Jewish women put a huge value on the importance of bearing children. Therefore, they have the desire to do it and to do it right. Jewish women often have many children—and often compare notes with other mothers who have many children. So if someone has a good experience

at home, she may pass this along, and it seems to be part of the reason why homebirth has grown a lot in the community.

I appreciate the beautiful, tight-knit family units in your community. The moms get a lot of support from their family and community—not everyone has that. It's a gift.

As I mentioned before, women in your community understand that they're not in control. That's an advantageous mindset for birth. You might be shocked. You might grieve an outcome that doesn't match expectations. But you know that it comes from G-d.

A Jewish client once told me a phrase that stuck with me. *"Kol ha'olam kulo gesher tzar m'od v'haikkar lo l'facheid k'lal.* The whole world is a very narrow bridge, and the essential thing is not to fear at all." I was explaining to the client that I learned how irrelevant fear was during a resuscitation of an infant. I was trying to resuscitate the baby and the baby didn't breathe right away. I felt a wave of fear about to overcome me, but I actually pushed the fear away as I had no time for it and needed to focus. Thank G-d, the baby started breathing moments later. That experience solidified for me what the above Hebrew phrase conveys: When on a narrow bridge, looking down and indulging in fears is counterproductive. You need to stay focused on your goal to succeed.

I love Judaism because while other religions focus on how to get to heaven, Judaism offers many vital lessons on how to live! 🌿

Sometimes Cara drives to where a homebirth is going to take place, to be immediately available, but realizes that the mother and her support team are doing fine without her. In that case, she rests in her car nearby until she is needed.



Before going in to assist with a birth, Cara gathers supplies from her car.