

My Philosophy

I believe that being pregnant and giving birth are normal, natural, healthy events in a woman's life...a time of tremendous growth and discovery!

The word Midwife means "with woman"...

- As a midwife, I share with you the knowledge, wisdom and understanding of birth...identifying interferences and variances to this process.
- Supporting women and families during the childbearing years to facilitate and nurture as guide and guardian of this natural process.
- I actively promote parent participation in health-care decisions by offering information and education to women and families throughout their prenatal care, labor, birth and early parenting.
- I use an individualized approach to care based on the concept of informed choice, empowering women to confidently make the decisions that are right for them.
- I support the right of parents to choose where, how and with whom they wish to give birth.

I support the wisdom that women intuitively know how to give birth and babies know how to be born. Women need to be supported and reassured of their knowing.

Giving birth is a powerful, magical time in a woman's life. A creative life affirming and life-giving experience that finds expression in diverse ways -- ways that are right for that woman and baby. It is a time of great transformation when you are growing and maturing not only in your body, but also in your heart and mind.

♥ I honor childbirth as a rite of passage, a celebration of life!!!!

♥ I look forward to sharing this time with you and your family!

Sheila Simms Watson, LM, CPM

About the Midwife: Carrying on the Art & Tradition of Midwifery

A friend planted the seed of midwifery, which was the seed of change in my life, in 1980. I was pregnant with my first child and my friend said, "Why don't you choose a midwife?" Midwife? I knew nothing about whom or what that was. So, my journey began! I got a book from the library and contacted the midwifery service at Beth Israel Medical Center in New York City and on March 29, 1981 I had my first child with help of Midwives.

In 1983 the journey continued with a midwife attending the birth of my second child at home. She carefully and lovingly supported me on this journey of birth and midwifery. I became a childbirth educator, a birth assistant and eventually joined a midwifery study group. Midwives and Midwifery care made so much sense to me. It is such an ancient tradition. Women have been helping/supporting/teaching women since the beginning of time. I truly see pregnancy and birth as a fundamentally healthy process that is a normal, natural part of a woman's life. Midwifery became my mission and my passion in life.

In 1990, my journey led me to eventually move from the city to rural Virginia to apprentice with a midwife. The apprenticeship provided me with what I needed and wanted at that time, Traditional Midwifery training. My goal was to get my training and return to my community in New Jersey. However, I did not return to New Jersey. The opportunity presented itself for me to stay and start a midwifery practice in Virginia. I practiced as a Traditional Midwife in an independent homebirth practice in the Blue Ridge Mountains of Virginia from 1991 to 1996.

In 1996 our family relocated to Northern California (for my husband to attend school). During that time I completed the process and attained my Certified Professional Midwife (CPM) credentials and continued to do homebirths.

In 1999, I relocated to the "midwife friendly" state of Florida and in 2001 completed the Midwifery program at Miami Dade College and received an Associate of Science degree in Midwifery and a license to practice midwifery. In June 2001, I established Spirit of Life Traditional Midwifery, an independent homebirth practice.

I am so honored to be a part of the wonderful tradition of midwifery supporting, caring for and being "with woman". Pregnancy and giving birth are some of the most magical and powerful times in a woman's life. It is a time of great transformation and change. I know that midwives make a difference.

As a midwife, it is my mission and my desire to confidently continue to carry on this ancient time honored tradition far into the future.

♥ Consultation Visit

This is a visit that provides us the opportunity to meet one another. During this time, information about midwifery care and the scope of my practice will be given to you. We will have the opportunity for questions, answers and dialogue on your choices and options for childbirth. A risk screening may be done at that time to let us know if there are any past or present conditions that may warrant consultation with an obstetrician (OB).

♥ Prenatal Care

We will spend a lot of time together during the prenatal visits preparing and getting you ready to birth your baby. We will encourage you to take care of yourself so you can take care of your newborn child. I will meet with you on a regular basis to do prenatal check-ups.

The purpose of these visits will be to confirm a normal progression of your pregnancy. It is also a time for identifying and dealing with concerns that may develop. Explanation of normalcy will be given during these prenatal, as well as identification of risks and how they are dealt with. Our times together will help to create a relationship based on mutual trust and respect.

You are expected to eat well (a balanced diet of simple, wholesome foods) exercise, avoid undue stress and care for yourself and your baby in a loving way in an effort to avoid potential problems from arising. Fathers or significant others are encouraged to participate in these visits, as are siblings.

The schedule of prenatal visits is as follows:

(I set aside one hour of prenatal time for you)

Monthly visits until the 28th week

Every other week from 28th week to 36th week

Weekly visits from 36th week until delivery

One visit occurring during the 36th week of pregnancy will be a home visit.

♥ Lab Tests

Lab testing is recommended part of prenatal care and is offered to all clients. Such tests include: Prenatal Profile (blood test-includes Blood Group and Rh factor, Antibody Screen, Complete Blood Count, RPR, Rubella Titer, Hepatitis B), Pap Smear, Gonorrhea/Chlamydia screen, Diabetes screen, repeat blood counts at 28 & 36 weeks. An HIV screen is also recommended. A Sickle Cell Screen when indicated. Other tests such as: Ultrasound, Maternal Serum Alpha-fetal Protein, Amniocentesis and GBS screening as offered to all clients. However, these tests are strongly suggested only if medically indicated (or desired by client). Clients with no risk factors can waive these procedures based on an informed choice decision making process.

♥ **Emergency Care Plan**

An Emergency Care Plan is a plan that is utilized to outline care to be provided in the event of an emergency or non-emergency abnormal condition. This plan outlines which doctors and hospitals will be used if necessary. The Emergency Care Plan will be completed by 28 weeks of pregnancy. It will then include the names, addresses and phone numbers for all facilities and doctors to be used as needed. The complete form must be clearly posted in your home. I will maintain one copy in client's file.

♥ **Labor and Birth**

I need to be notified at the onset of your labor, as soon as you suspect it. It does not mean that I need to come to your home immediately, but I will go on alert and be ready to come when you ask me to. I am always available by telephone or pager. Your birth team will consist of your primary midwife and one or two assistants. The assistant will attend the 36 -week home visit to become familiar with you and your home and others that will be present for the birth. Licensed midwives assist in normal childbirth. We will call for emergency medical backup if the client or I feel it is necessary. We agree to transport to the hospital if necessary for mother or baby.

♥ **Postpartum Care**

After the baby is born, we will stay with you for at least 3 hours or until the mother and baby are stable and settled. Written and verbal postpartum instructions for the mother and newborn will be given to the parents and any other care givers, after birth.

There will be a postpartum visit to your home to check both you and your baby at approximately 24 and 72 hours and at 2 weeks postpartum.

You are encouraged to call with any questions or concerns about your health or health of the baby. It is important to make arrangements with your pediatrician as to when he/she would like to see the baby. There will be a six-week – eight week postpartum check -up in my office.

Summary of conditions and criteria for consultation, referral or transfer to physician:

During Pregnancy

The back-up physician will be consulted if new patient scores 3 or more points in the Risk Assessment (see risk assessment sheet)

Back-up physician will be consulted if any of the following conditions occur:

- Hematocrit of less than 33% at 37th week gestation or hemoglobin less than 11gms/100 ml
- Unexplained vaginal bleeding
- Abnormal weight change defined as less than 12 or more than 50 pounds at term
- Non-vertex presentation persisting past 37th week of gestation
- Gestational age less than 37 weeks or between 41 and 42 weeks
- Genital herpes confirmed clinically or by culture at term
- Documented asthma attack
- Any other severe obstetrical, medical or surgical problem
- Severe hyperemesis

Client will be transferred to the back-up physician if any of the following conditions occur:

- Genetic or congenital abnormalities or fetal chromosomal disorder
- Multiple gestation
- Pre-eclampsia
- Intrauterine growth retardation
- Thrombophlebitis
- Pyelonephritis
- Gestational diabetes confirmed by abnormal GTT
- Laboratory evidence of Rh sensitization

If the conditions listed are resolved satisfactorily, and, the back-up physician after consultation with the midwife and client deems the client is expected to have a normal pregnancy, labor and delivery, then the care of the client shall continue with the licensed midwife

Intrapartum

The midwife shall consult, refer or transfer to a physician if the following occur during labor, delivery or immediately thereafter:

- Premature labor
- PROM
- Non vertex presentation
- Evidence of fetal distress
- Abnormal fetal heart tones
- Moderate or severe meconium staining
- Estimated fetal weight less than 2500 grams or greater than 4000 grams
- PIH
- Failure to progress in active labor
 - (1) First stage: lack of steady progress in dilation and descent after 24 hours in primipara and 18 hours in multipara
 - (2) Second stage: more than 2 hours without progress in descent
 - (3) Third stage: more than 1 hour
- Severe vulvar varicosities
- Marked edema of cervix
- Active bleeding
- Prolapse of the cord
- Other medical or surgical problems
- Active infectious process

Postpartum

The midwife shall consult with a physician or transport the patient for emergency medical care dependent upon the urgency of the situation, if any complications arise, such as a retained placenta or postpartum hemorrhage.

What Is A Florida Licensed Midwife?

- ♥ Professional practitioner providing expert prenatal, labor, delivery and postpartum services to women having normal, healthy pregnancies.
- ♥ Graduate of a 3-year academic and clinical midwifery education program.
- ♥ Licensed requirements meet established national and international professional standards.

Midwives Provide Safe, Effective Maternity Care

- ♥ Quality care, informative, family-centered guidance through the childbearing cycle.
- ♥ International track record of excellent maternal-child health outcomes
- ♥ Lower maternity care costs, in part through reduced reliance on cesarean surgery.

Midwifery care excels in family-centered client education. Extensive one-on-one consultation between midwife and mother effectively supports the mother in adopting good health behaviors for herself and her family.

Through Licensed Midwifery, Florida shows leadership in health policy innovation. Florida's statute is seen as a standard for direct-entry midwifery programs by many other states. Continued support by the Florida Legislature gives all Florida families access to this choice of time-honored, quality maternity care.

Florida has been licensing midwives since 1931. The Midwifery Practice Act (FS 467) was updated in 1982 and 1992, based on World Health Organization standards and successful European direct-entry midwifery programs. To become licensed, an applicant completes a three-year program of academic and clinical education and must pass the North American Registry of Midwives (NARM) national certification examination.

Licensed Midwives are autonomous maternity care providers for women experiencing normal healthy pregnancies. Midwives also work collaboratively with the physician-led maternity care team, if medical indications arise. Licensed Midwives offer childbirth services in clients' home, birth centers, clinics and hospitals, and they are eligible for reimbursement by private insurers and Medicaid.

Midwives deliver over 80% of the babies born in countries that have fewer infant and maternal deaths, lower caesarean rates, and lower health care costs than the United States.

- ♥ The United States ranks 33rd, worldwide in infant survival (2009 per U.N.)
- ♥ Florida's rate of low birth weight babies is twice as high as in Sweden or Finland, where midwifery services are standard care for women with normal, healthy pregnancies (8% vs. 4% low birth weight)
- ♥ Women under the care of a midwife have significantly fewer costly cesarean births, when comparing similar pregnancy profiles. Florida's statewide 38.2 % cesarean rate ranks 2nd within the U.S., with caesarean birth costing twice as much as vaginal births

Homebirth

Advantages of Homebirth

Many medical people feel that women selfishly choose home birth by putting their own experience about the safety of the baby. This is simply not true- everyone wants a healthy mother and a healthy baby above all else. But couples that have their baby at home know the statistics bear out the safety of homebirth for low-risk mothers; they also recognize that the advantages are many for the baby as well as the mother and the entire family.

Advantages for the Baby

- ♥ He or she is more likely to be born vaginally, without the breathing difficulties often caused by cesarean birth or anesthesia.
- ♥ There is less likelihood of infection when the baby is with the mother than in the newborn nursery.
- ♥ The baby's experience at birth can be recognized and made as gentle as possible. Routine procedures such as deep suctioning, suctioning the stomach, scrubbing the baby, vitamin k shot, etc. avoided.
- ♥ The baby is never separated from the mother. The mother-infant bond is never sacrificed for institutional procedures.
- ♥ Breastfeeding is easier to establish when the baby can nurse on demand not be given bottles.

Advantages for the Mother:

- ♥ She is not subjected to routine procedures such as electronic monitoring, IV's, shave, prep, enema or stirrups.
- ♥ She can eat, walk freely and give birth physiologically, her body working with nature.
- ♥ She will have continuity of care with the same attendants, increasing safety.
- ♥ She is more likely to be treated and her progress evaluated as an individual, rather than being sacrificed to protocols or statistical averages.
- ♥ She is much less likely to need drugs for pain, forceps or a cesarean section when she has attendants who feel that birth is a normal physiological function.
- ♥ She is comfortable in her own surroundings, relaxed and able to labor and deliver in the same bed.
- ♥ She has less chance of infection and episiotomy.
- ♥ Postpartum depression is uncommon since there is no separation.

Advantages for the family

- ♥ Husbands are in their own home, not "allowed" to be present; they can participate as fully as they want.
- ♥ Other children can be present as appropriate
- ♥ The birth is an integral part of family life, helping with postpartum adjustment.

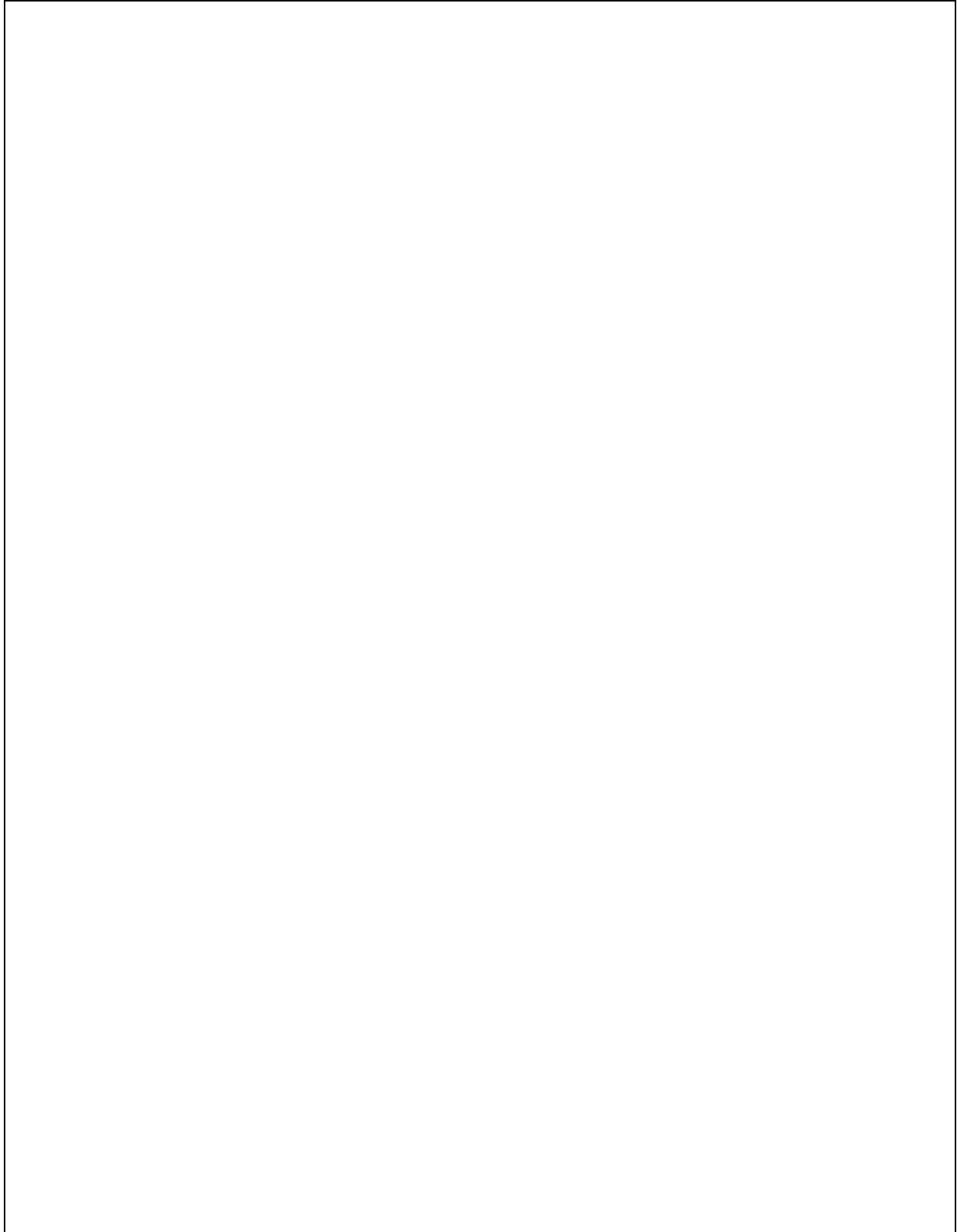
Disadvantages

- ♥ Requires a higher level of effort and responsibility
- ♥ Often not supported by society or doctors
- ♥ Often not covered by insurance
- ♥ Access to some emergency equipment can be delayed and require transport.

Minimizing the Risks

Birth at home, like birth in the hospital, is not risk-free. You can minimize the risks by:

- ♥ Having good nutrition and adequate weight gain
- ♥ Not smoking or drinking
- ♥ Getting good prenatal care and avoiding high blood pressure and other complications, which can be helped through nutrition.
- ♥ Finding a good midwife, one who is skilled, confident and experienced in birth at home.
- ♥ Informing yourself through reading, classes, videos and getting supplies together.
- ♥ Making sure that if you have a "statistically high risk situation" that you and your attendant are informed and comfortable, having taken adequate steps to minimize the chances of your becoming a statistic (for example, they used to say that over 35 was "high risk" (high risk of having a cesarean if you birthing in the hospital, perhaps, but even the studies are showing no more incidence of complications with today's well-nourished "older mothers!")
- ♥ Making sure your baby's head is down (or that your attendant is very skilled in breech deliveries, the same is true for twins).
- ♥ Having adequate support during labor and postpartum.
- ♥ Having emergency back-up plan and numbers posted by the phone.



Planned Home Birth is Safe for Most Mothers and Babies

**Healthy women with qualified care providers, usually midwives,
can have safe home births.**

Home birth reduces:

- risk of infection
- risks from unnecessary interventions
- maternal morbidity rates from complications and interventions
- risks from errors in hospitals
- interference in bonding and breastfeeding from hospital policies
- risks from poor staffing levels in hospitals
- risks of tampering with the baby

Home birth provides:

- safe, familiar and private surroundings for labor and birth
- woman-centered care during pregnancy, labor, and birth
- family-oriented birth with no strangers present
- an opportunity for immediate bonding and breastfeeding
- less disruption and stress for the whole family
- affirmation that birth is a normal and profound life event

**Research shows that planned home birth with a
qualified attendant
is safe for most mothers and babies**

At Spirit of Life Midwifery, We believe:

- ♥ Childbirth is a normal, healthy process. The role of the midwife is to support and promote this normal process, while recognizing and dealing with any deviations from normal. Confidence in this normal process is promoted in all aspects of care.
- ♥ Women have the right to seek care that is medically safe, fits their lifestyle and recognizes and respects their individual physical, social, psychological and economic needs.
- ♥ Women and families have the right and responsibility to assume an active role in their own health care. A team provides midwifery care with the client as an equal team member.
- ♥ Because the family is the cornerstone of our social structure, maternity care must support and promote family unity and development. Family members, including siblings, should be involved in the childbearing experience to whatever extent the family desires. "Family" is defined by the client.

Education is an essential part of quality health care. With knowledge freely exchanged between midwife and client, women and their families are able to assume shared responsibility for and make informed choices about their health care.

We support and practice "The Midwives Model of Care"©

"At the core of the Midwives Model of Care is deep respect for the normalcy of birth and for the uniqueness of each childbearing woman and her family. This approach to maternity care promotes health and helps prevent complications. Care providers who practice this model of care have excellent outcomes while providing safe individualized care." The midwives model of care includes:

- ★ monitoring the physical, psychological and social well being of the mother throughout the childbearing cycle;
- ★ providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum
- ★ minimizing technological interventions; and identifying and referring women who require obstetrical attention

"The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma, and cesarean section"

Payments and Insurance Coverage:

Midwifery care offers a significant savings to you. Our fee is competitively priced, cost-effective and accurately reflects the quality of our midwifery care. Your care at Spirit of Life Traditional Midwifery includes: 24 hour telephone access to midwife, prenatal visits, a prenatal home visit (36 weeks), labor, birth and immediate postpartum care for mom and baby, the services of the birth assistant/second midwife, complete newborn exam, postpartum visits (3-4 in your home), a six-eight week postpartum visit at office, and filing of the birth certificate. Services and products that are not included in the fee are: birth kit & birth supplies; childbirth classes; specialist or referred services; charge incurred due to transfer of care during pregnancy or birth; supplements, herbs and prescription medications. Please call us for information regarding the fee for our services. We do accept Private Insurance and Pregnancy Medicaid.

Florida Law mandates that Medicaid and Private Insurers cover the services of Licensed Midwives. To find out if you are eligible and to apply for Medicaid coverage, go to <http://www.myflorida.com/accessflorida> where you can apply online. If you are pregnant, we recommend that you apply immediately as it can take 30-45 days to receive approval. Pregnancy testing for your Medicaid application is available through us at no charge to you. If you are covered by insurance, we will bill your insurance company for you. Contact Express Claims at www.expressclaims.org for your insurance benefits and eligibility. You are responsible for paying your deductible and co-payment(s) according to a payment plan and to cover any incidentals that are not covered by your insurance plan. A non-refundable retainer fee is due at the first prenatal visit.

If you do not have insurance coverage and are not eligible for pregnancy Medicaid, we offer a flexible payment plan. An early payment discount is available as well. We accept cash, money order, VISA and MasterCard. Feel free to contact or call us with any questions.