The Comforts of Home

Weill Cornell Medicine is embracing natural childbirth methods and progressive postpartum care, while putting safety first

BY ANNE MACHALINSKI

PORTRAITS BY JOHN ABBOTT
It was about a week after the due date for her second child when Jessica Holloway, a thirty-seven-year-old lawyer from Brooklyn Heights, started feeling the first pangs of early labor. Knowing that the process could take hours and she should conserve her energy, she headed to an afternoon showing of Captain America: Civil War with her husband, Cas, and waited for things to ramp up.

It wasn’t until about 10 p.m. that the pain intensified and her contractions became more regular. The next hours flew by. Holloway made some last-minute preparations, dozed for a bit, and then labored at home until it was time to head to the hospital around 4 a.m. Her husband ordered an Uber, and Holloway spent what she calls “the least comfortable seven-minute ride” of her life, kneeling backwards in a Toyota Camry as it bumped along cobblestone streets and over the Brooklyn Bridge. But once she arrived at NewYork-Presbyterian/Lower Manhattan Hospital’s sixth-floor birth center, where certified nurse midwife Rita Wagner was waiting for her, things became decidedly more calm.

Holloway was ushered into one of the center’s two birthing rooms. It was nice and quiet, she says, allowing her to focus on breathing through her contractions. About ninety minutes after she arrived, she gave birth to her second daughter—nine-pound, seven-ounce Catherine—while lying on a queen size bed. Catherine was placed right on Holloway’s chest and started nursing within moments. “I was extremely happy to deliver there,” says Holloway, who like other women who give birth at the center never got an IV or any pain medication, and was not even required to change into a hospital gown. “I was able to just walk right into this room, get comfortable, and establish a sense of place.” The lighting was dim, the medical equipment was unobtrusive, the noise level was low, and the mood was soothing. “All of those little things,” she says, “added up and made a big difference.”

Holloway’s experience isn’t typical of most women who give birth in the United States—but that’s precisely the point. More than 32 percent of babies nationally are delivered by cesarean section, a figure that has held steady since 2009 but had shot up by 60 percent in the previous thirteen years. Although the procedure has saved countless lives, some patients and physicians believe it’s over-performed. Of women who deliver vaginally, about three-quarters get epidural anesthesia for pain relief in New York City, according to CDC statistics from 2008. Most women also have some other type of intervention during the birth process, such as the administration of a hormone called Pitocin to induce or speed up labor and an episiotomy, a vagina-enlarging surgical snip performed before delivery.

Some women with low-risk pregnancies want the chance to give birth without these interventions—and of this population, a small but growing contingent decides to forgo the hospital entirely and deliver at home. Most of these couples enlist the services of a midwife, but not always those with the most advanced training.
levels of education and certification. The NYP/Lower Manhattan birth center only employs experienced, certified nurse midwives—who have a master’s degree, are registered nurses, and take a national certification exam—who provide the gold-standard of midwife-led care.

But even when home births are attended by a certified nurse midwife, there’s another pressing issue: if an unexpected complication occurs, the medical equipment, facilities, and team necessary to handle such an emergency aren’t close at hand, says Frank Chervenak, MD, chairman of obstetrics and gynecology. “Women are led to believe that because childbirth is a natural experience, delivering at home is a safe option—but it’s not,” says Chervenak, the Given Foundation Professor of Obstetrics and Gynecology and obstetrician-in-chief at NYP/Weill Cornell. “It’s an unnecessary risk.”

To appeal to women who want a more natural experience, Chervenak, other senior faculty in WCM’s Department of Obstetrics and Gynecology, and medical center leadership decided to bring a home-like atmosphere to the hospital, and opened a state-of-the-art birth center at NYP/Lower Manhattan in December 2015. This in-hospital center—only the second of its kind in Manhattan and one of just a handful across the country—is one way to offer a safer option (that’s still covered by insurance) for women who want an intervention-free birth. “I had a baby in an environment that feels a lot like my home, but if there had been an emergency, all of the tools and reassurances of modern medicine were just down the hall—not an ambulance ride away,” Holloway says. “That seemed like a no-brainer.”

A Shifting Landscape
For most of human history, many women and babies died because of prematurity or other complications, says Amos Grünebaum, MD, professor of clinical obstetrics and gynecology. It was only when women started delivering in hospitals in the early 1900s that maternal and neonatal mortality went down by more than 90 percent, he says. Since then, modern obstetrics has focused on making childbirth safer by addressing the top three causes of maternal mortality: bleeding, blood clots, and hypertension. NYP/Weill Cornell and NYP/Lower Manhattan have established protocols to address maternal hypertension and potentially deadly obstetrical hemorrhage; blood products are widely available; and physicians routinely administer a clot-preventing medication to moms who’ve had a cesarean or who have other risks. NYP sees more than 7,700 annual births between its Upper East Side and Downtown campuses, and these guidelines have led to the lowest neonatal mortality rate of all hospitals in New York City and no maternal deaths associated with delivery in the last ten years. “It’s a very safe time for mothers and for babies when the delivery occurs in the hospital,” Grünebaum says, “and hopefully we can make it even safer.”

While 98.5 percent of the almost four million annual U.S. births still occur in hospitals, the remaining 1.5 percent happen in freestanding birth centers or at home. This population, while small, is growing; it represents an 80 percent increase between 2009 and 2014, when there were 38,000 home births—the highest number that has been recorded since
1989, when the CDC started tracking this statistic, and the highest in the developed world. In New York State, home births represent 1 percent of the total: 2,350 in 2014.

Earlier this year, Chervenak and Grünebaum published an article in the *Journal of Perinatal Medicine* reporting the results of their investigation into the rise of home births. Given that delivering at home is associated with an increased risk of neonatal death and adverse outcomes like newborn seizures and low Apgar scores—a quick way to check newborn health based on factors like appearance, pulse, activity, and respiration—they find this trend deeply unsettling. In the article’s conclusion, they note that the U.S. has more out-of-hospital births than any other developed country, and that the medical community should identify and address the root cause of this increase.

For women who opt for a more typical birth experience than the type that characterizes the NYP/Lower Manhattan center—with or without interventions—the labor and delivery rooms and recovery rooms at both campuses are intentionally quiet, with what Chervenak calls “traffic lights” in the hallways to manage noise. Both hospitals’ postpartum units promote a family-centered concept called rooming-in, where newborns remain with their mother throughout their stay, and offer daily breastfeeding classes and appointments with certified lactation consultants. Says Chervenak: “All of our doctors and staff are dedicated to making childbirth a beautiful experience.”

Because some protocols, like continuous fetal heart rate monitoring, aren’t standard in NYP’s birth center rooms, only women with low-risk pregnancies are admitted; those with hypertension, a multiple-fetus pregnancy, and previous cesarean birth or stillbirth are disqualified. In fact, physicians ultimately deem about half of the women who hope to deliver at the center ineligible. Among the criteria they must meet are showing clear amniotic fluid if their water has broken, a fetus in the head-down position, and a pregnancy not past forty-one weeks and six days of gestation. “We want to keep it as low risk as possible,” says Jon Snyder, MD, an associate professor of clinical obstetrics and gynecology and the head of safety in NYP/Lower Manhattan’s labor and delivery unit.

Additionally, all women set to deliver at the birth center must undergo formal preparation for an intervention-free, vaginal delivery. For Julie Olival, a thirty-four-year-old children’s dance teacher in Brooklyn, this meant two courses in natural childbirth plus the center’s required two-hour workshop. In case Olival’s labor didn’t go according to plan, she was also counseled about cesarean births and about the various types of pain relief that are available, including epidurals. This meant having an advance meeting with an anesthesiologist—as all NYP birth center patients are required to—and filling out consent forms in advance, when she was calm and could ask questions. “After all of that, I felt really confident and prepared,” says Olival, who gave birth in late March.

During labor itself, a midwife tracks the mother’s progress and monitors the fetal heart rate by listening to it. If the baby’s heart rate appears worrisome or if there’s a concern such as infection or feces in the amniotic fluid, the patient is moved through a sliding glass door into a regular delivery room for closer monitoring. If an emergency cesarean is required, the operating room is just down the hall.

Once they’ve delivered, mothers and their families can stay in the same space for the entirety of their twenty-four-hour stay. “The room that you are triaged in, admitted to, labor in, and give birth in, you then recover in,” says Jacques Moritz, MD, an affiliate assistant professor of clinical obstetrics and gynecology and the head obstetrician at the Lower Manhattan practice. That worked out well for Brianna Baker, a thirty-two-year-old film producer from Astoria, Queens, who gave birth to

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Frank Chervenak, MD (left), and Amos Grünebaum, MD
her second child, a son named Ty, in the birth center in mid-May. For Baker and her family—her husband, nearly two-year-old daughter, and fifteen-year-old stepson—the quiet time they spent together in the room was instrumental in helping everyone bond with the new arrival. “It was so nice to be in an environment that was less clinical and more comfortable,” she says.

The Birth Center Way

The goal of each birth at the center is simple, says Moritz: a healthy mom and baby, delivered without medical intervention. To achieve that, he says, the philosophy of the five staff midwives is “low tech and high touch.” To ease the pain associated with natural childbirth, the center’s two rooms are equipped with a large Jacuzzi tub, wedges and balls for positioning and massage, and a looped sling hanging from the ceiling, which Baker used to hold herself up during contractions, rather than relying solely on her husband. The aesthetic of the rooms is also more like a modern loft space than a hospital suite, with dark wood paneling, a queen size bed, and amenities like a microwave, mini fridge, and coffee machine. “This birth center was designed with total midwife input,” says Moritz, adding that he and Wagner, the midwife, attended dozens of construction meetings as the space was developed. “It turned out beautifully.”

In addition to being aesthetically pleasing and functional, this low-intervention approach means that women are free to move and deliver in any position or location that feels comfortable. “We want to allow the woman’s body to guide the process,” Wagner says, “and as midwives, we follow along.”

A number of the center’s approaches are common practice in Europe, though relatively rare in the U.S. For pain relief, for example, midwives offer nitrous oxide—often administered during labor abroad, but just now making a comeback in the U.S., where it had fallen into disuse in favor of epidurals. “We’re the first birthing center to use it in New York City,” says Moritz, adding that the drug can “help take the edge off” the pain during the particularly intense period called transition, when the body readies itself for delivery. Meeting with an anesthesiologist during
pregnancy rather than delivery is also typical in Europe, as is a proactive effort to educate postpartum women on how childbirth can affect the pelvic floor (the group of interconnected muscles and ligaments that support the vagina and hold the bladder, uterus, and other pelvic organs in place). “Pregnancy, and specifically vaginal delivery, significantly increases a woman’s risk for pelvic floor disorders such as urinary incontinence and pelvic organ prolapse—when the internal organs bulge out of the vagina,” says urogynecologist Tirsit Asfaw, MD, assistant professor of obstetrics and gynecology. While the American model of healthcare typically doesn’t discuss these issues unless a problem occurs, NYP/Weill Cornell now routinely teaches postpartum women about the pelvic floor, recommends exercises they can do to strengthen these muscles, and lets them know where they can obtain help if they’re having problems. “If these things aren’t addressed, they can affect a woman’s sexual and personal lives, her ability to go back to work, and her physical activity,” Asfaw says. “We want new moms to get back to healthy living and healthy habits.”

Olival, a first-time mother, is currently addressing some lingering pelvic pain with an outside physical therapist after first discussing the issue with Wagner. She says she feels thankful to have had such open and honest conversations with the midwives throughout her pregnancy, birth, and postpartum period. As she settles into motherhood, Olival says that she often thinks back to the quiet time she spent alone with her family after giving birth. Once the room had cleared out, she took a shower, had something to eat, and then looked on as her husband dozed on the bed next to their newborn daughter. “As they were sleeping, I watched the sun rise over the Brooklyn Bridge,” Olival says. “I’ll always remember that moment.”