

Frequently Asked Questions about CNMs

1. What is a midwife?

The midwives at Advanced Ob-Gyn are certified nurse-midwives (CNMs). This means they are registered nurses (RNs) with at least a Masters of Science in Nursing who are trained in women's health care with a strong focus on pregnancy and birth. They are board certified by the American Midwifery Certification Board and are licensed to practice in the state of Michigan. The midwives perform annual well woman exams, treat common women's health problems, prescribe medications (including contraceptives), order labs/tests, and provide pregnancy and birth care for healthy women with low-risk pregnancies.

2. What is the difference between a midwife and an obstetrician for labor care?

Certified nurse-midwives believe in supporting women during labor. A goal of the midwives at Advanced Ob-Gyn is to be available to you during your entire labor as needed. We also believe that pregnancy, labor, and birth are normal life events and that the best approach to labor is non-intervention in the absence of complications. This philosophy represents a practice difference between midwives and obstetricians. While midwives are experts in normal birth, obstetricians are experts in abnormal birth who have specialized surgical skills and medical knowledge. If your labor deviates from normal or an obstetrician is needed for a serious problem, the midwives call on their collaborating physician who is always available. Our collaborating physician at Advanced Ob-Gyn is Dr. John LaGrand. He is supportive of midwifery care and is committed to helping you achieve the birth experience you desire, even if you risk out of midwifery care.

3. Where can I deliver? Birth centers vs. hospital vs. home?

Although CNMs are licensed to attend home births and birth center births, the CNMs at Advanced Ob-Gyn currently only attend births at Spectrum Health Butterworth, which was recently designated as a baby-friendly hospital. The midwives will work with you and the nurses to create a safe and supportive environment within the hospital setting. You CAN have a natural birth in the hospital. Unless there is an unforeseen medical emergency at birth, we promote optimal (delayed) cord clamping, as well as skin-to-skin for at least the first hour.

4. Can I have a water birth?

Our midwives believe water is a great tool to help women cope with labor and encourage you to use the Jacuzzi tub or shower. However, hospital policy currently prohibits water births, so when it's time to push, your midwife will help you get out of the water and find a comfortable position to give birth.

5. Can I use an epidural or other pain medications with a midwife?

Yes. Although midwives are known for supporting natural childbirth, all the options for pain management are available to you during labor. Your midwife can discuss your pain management plan and will make sure that your choices are supported. If necessary, your midwife can order an epidural or IV pain medications.

6. Are there reasons I would no longer be a candidate for midwifery care?

The short answer is yes. The long answer is that it depends on what conditions or situations develop. We believe that midwifery care works best when midwives work with physicians under a collaborative model of care. This model utilizes the knowledge and unique skills of each provider. There are certain conditions and situations that fall outside of midwifery scope of practice, in which case we would refer you to Dr. LaGrand or to a Maternal Fetal Medicine specialist. There are other situations in which we can continue to provide your care, but in collaboration with Dr. LaGrand. An example of this would be if you developed high blood pressure or diabetes during your pregnancy.

Each midwife practice develops its own protocols and criteria for consulting, collaborating, or transferring care based on their specific practice setting, the women they serve, and the providers in the practice. Midwifery care at Advanced Ob-Gyn is guided by specific protocols that we have developed with Dr. LaGrand. These protocols are based on a combination of best evidence, professional organization recommendations, and local standards of care for obstetrics. If you would like to see our protocols, please ask.

7. Do midwives ever induce labor?

Yes, but rarely. We believe that inductions should be done mainly for medical indications of the mother or baby. We don't believe that inductions should be scheduled simply for convenience, common late pregnancy discomforts, or because a due date has passed. We have developed protocols regarding labor induction, which we can discuss as needed.

8. Can I see a midwife even if I'm not pregnant?

Yes. Although midwives specialize in pregnancy and birth, pregnancy is not a prerequisite for midwifery care. Midwives provide care to women in all life stages. See our brochure for other gynecologic and well woman care that we provide.