

Open Letter from the Community-Based Midwives of San Luis Obispo County

In light of the COVID-19 public health crisis, the licensed midwives serving the San Luis Obispo and Santa Maria areas have been working closely with each other to address the quickly changing landscape of maternity care in our area.

Community Midwives have long believed that planned home or birth center birth with a trained attendant is as safe or safer than hospital birth for low-risk women experiencing normal pregnancies. Midwives attend rigorous educational programs and participate in years of hands-on training to ensure that the care we deliver exemplifies the philosophy of the [Midwifery Model of Care](#). We support the normal physiologic pregnancy, labor, birth and postpartum periods, while utilizing keen risk assessment skills that we employ during all of our prenatal, intrapartum, and postpartum care. In California, community midwives are licensed by the [Medical Board of the State of California](#). As such, we have each submitted proof of our education and training and have successfully passed the required licensing exam.

As a group, we strongly believe that women birth best where they feel safest. Women who choose community birth options do so with the sincere belief that home or birth center is the safest place for their birth to unfold. We spend hours with individual clients over the course of care to ensure that women stay low-risk and that standards of care are understood and followed. The course of care incorporates education and guidance on lifestyle and nutrition, ways to achieve and maintain emotional and mental health, and exploration and preparation for the realities of normal physiologic labor, birth, and postpartum scenarios. We maintain safe practices and statistics in large part because we work in partnership with our clients and our clients are willing to assume an increased level of responsibility and autonomy in their lifestyle and healthcare choices.

In our area, licensed midwives attend less than ONE PERCENT of the overall total of births. Our practices are small and individual. Many of us maintain full practices with manageable caseloads. We do not have an institution or organization that oversees or stands behind us to provide respite, relief, supplies, or infrastructure. While we have come together during this unprecedented public health crisis to ensure uninterrupted services to our clients, we each understand our resources, individually and collectively, are limited.

The nature of the care we provide does not allow for social distancing. Our care during labor and birth takes place in close proximity. We understand the increased risk we face. As each of us has families that we care for as well as clients to attend, we are acutely aware that it is in our collective best interest to decrease all unnecessary risks by limiting exposure. Additionally, in the event a midwife falls ill, her practice will need to be assumed by other area midwives. In consideration of this fact, we are all being conservative with clients in our care, our guidance and recommendations, as well as the community members that are reaching out to us for services.

We are not considered by public health or state government to be frontline healthcare providers, and our lines of supply rely on the open market. We have been repeatedly denied access to protective equipment

through our usual suppliers. We must recognize that the health and safety of our area midwives and the families we serve depends on appropriate supplies and protective equipment.

As the COVID-19 pandemic has developed, our local hospitals have enacted policies and procedures in an effort to stem the transmission and exposure, both for healthcare providers and patients alike. Limiting visitors and labor support (doulas) professionals, in particular, has created stress and fear for pregnant women planning to birth in the hospital. We sympathize with this fear and understand the anxiety this creates for women and families in a vulnerable position. While we are supportive of our frontline healthcare providers in the hospital, we also understand the untenable predicament birthing families are facing. It is our hope that local hospitals are able to meet the needs of birthing families with compassion and understanding, protecting both the staff and patients' health as well as their mental and emotional well-being.

The new policies enacted are prompting many women to consider community birth as an alternative to the hospital. While we believe in and support a woman's right to choose where, with whom, and how she births, we see community birth not as an alternative but as a legitimate first choice for low-risk women and families. We speak with a unified voice when we say that choosing to birth in a setting other than the hospital is more than a mere change of location. The spirit and reality of community birth embodies a different philosophy and is guided by a different paradigm than conventional obstetric care and hospital birth. The onus of additional education, preparation, and dedication rests with the birthing person and family. An absence of this education, preparation, and dedication puts both the birthing person and midwife at increased risk.

As a group, we midwives are here to support our community through this time in the ways we are able. We want the women of our community to know that we understand your anxieties and your fears, your grief of lost plans, and your desire to have a safe and peaceful birth. We fundamentally hold to the belief that your body and your baby were made for the journey ahead and that you have the strength to confront the challenges ahead.

We also humbly acknowledge that we will not be able to support all the women who desire our services. If, after careful consideration and reflection of the concerns discussed here, a family still wants to explore the option of community birth, please reach out to individual midwife practices. They are listed below.

We wish our community health and peace in this time and always.

Megan Bochum <http://pacificmidwiferycare.com>

Alia Clark <https://www.kinshipmidwifery.com>

Tiffany Dietrich <https://www.santaluciabirthcenter.com>

Jennifer Oquendo <https://manzanitamidwifery.com>

Justine Waldram <http://www.purebirthmidwife.com>

Tanya Walker <https://www.natureswaymidwifery.com>

Mishell Whitacre 805-400-8231