



An Introduction to DTW's Collaborative Approach to Pregnancy Care

At Dedicated to Women, we take our position and part in you and your families lives very seriously and would like to take a moment to introduce you to our clinical care and approach for our pregnant patients.

Dedicated to Women's (also referred to as DTW) belief is that a collaborative approach (AKA physician/midwife model) is the best model for prenatal care and delivery. Our team includes both physicians and midwives. This model has been supported by both the American College of Obstetrics and Gynecology (ACOG) and the American College of Nurse Midwives (ACNM). Physician and midwife collaborative care is often considered to have the best associated health outcomes for women and babies and has research supporting it's use.

Obstetrician Gynecologists (OBGYNs for short) are medical doctors who specialize in women's healthcare and surgery. Much of their training is focused on the identification and management of obstetric and gynecologic problems. Midwives are licensed healthcare providers who are specialized in independently treating low-risk women. They also add value to the care of high-risk patients when in collaboration with physicians. Midwifery education focuses on understanding that pregnancy and delivery are normal processes and that through patient education and patient-centered care, optimal health outcomes are achieved. Here at DTW, all of our midwives are certified nurse midwives (CNMs for short) who have received their graduate degree in nurse midwifery.

At DTW there is ALWAYS a physician AND a midwife on-call 24/7 (this is called the laborist/midwife model of care). The midwives are often the initial contact provider at the hospital and usually the main provider of care for women who deliver vaginally. This allows the physicians in the practice to devote more energy to managing the high-risk needs of all patients and also managing those surgical emergencies that arise unexpectedly during pregnancy and delivery.

It is beneficial for all patients (unless otherwise stated by the DTW provider team) to have at least one prenatal visit with a midwife, and at least one prenatal visit with a physician during their prenatal care. This allows you to become more comfortable with our collaborative approach and also gives you an opportunity to experience the strengths of both types of practitioners. Even if a scheduled repeat c-section is planned for this pregnancy, you might encounter a midwife in triage at the hospital or during the postpartum period in the hospital. If your desire is for a low intervention birth, it might be helpful to have met a physician in the office setting in the event they are needed during delivery.

Benefits of our program:

- Multiple providers at our office and a physician/midwife model on labor and delivery allows us to offer some benefits to our patients compared to practices with one or two providers.
- Increased appointment availability and length are a result of the large number of providers we staff.
- Physician/midwifery care in the hospital setting has been shown to: lower c-section rates, increase successful VBAC (vaginal birth after cesarean) rates and lower episiotomy rates.
- Multiple providers working together ensure that nothing is missed. This collaboration ensures that you will ALWAYS have a Dedicated to Women provider attend your delivery whether you are high or low risk.

We look forward to showing you the benefits of our collaborative care approach throughout your pregnancy, labor, delivery and postpartum care.

F.A.Q's about our program



Who is going to be at my delivery?

When you go into labor there will be a midwife and a physician on-call. If your labor and delivery are uneventful you will be primarily managed by a midwife and the midwife will “catch” your baby. If the need for a surgical birth occurs there will be a physician there to perform the procedure.

How many providers should I see?

This is often a personal preference. Many women prefer to limit their prenatal visits to a few providers. This helps them get to know these providers well but does not guarantee one of those providers will be at the delivery. Other women prefer to see more providers to increase the chance that they might know the provider attending their delivery. We recommend seeing multiple providers throughout your pregnancy to ensure that you have different clinical minds reviewing your charts and addressing your health throughout your term.

I am interested in learning more about midwives. Where can I go for more information?

The American College of Nurse Midwives has a great patient resource site.
www.ourmomentoftruth.com

I am interested in learning more about the physician/midwife model of care. Do you have some studies I can read?

We are happy to give you copies of the following studies if you are interested in reading them (there are more studies out there, this is just a few examples);

The Association of Expanded Access to a Collaborative Midwifery and Laborist Model with Cesarean Delivery Rates by Melissa G. Rostenstein, MD, MAS et al.

Two Practice Models in One Labor and Delivery Unit: Association with Cesarean Delivery Rates by Malini Anand Nijagal MD et al.

Evaluating the Impact of the Laborist Model of Obstetric Care on Maternal and Neonatal Outcomes by Sindhu K. Srinivas MD, MSCE et al.

Providing ObGyn Care to Women of all ages for over 65 years!