Birthing Person:

Spontaneous Vaginal Birth
- Low intervention
- Can occur in-hospital & out-of-hospital
- Fastest recovery after birth
- Best mode of birth to avoid postpartum complications

Assisted Vaginal Birth
- Often an emergency intervention
- Must occur in the hospital
- Increased risk of perineal tearing and a longer postpartum recovery
- Expedites the birth when concerns for the baby/birthing person arise

Cesarean Section (CS)
- Highest intervention for birth mode
- Can be indicated if there is an emergency (life saving procedure)
- Must occur in the hospital
- Recovery takes approx. 14 days
- Highest risk to mother for postpartum complications

Induction of Labour
- Intervention - synthetic oxytocin
- Must occur in the hospital
- Indicated if concerns arise for the baby/birthing person
- Recommended for pregnancy that goes beyond 10-days past their due-date

3rd & 4th Degree Perineal Tear
- Complex tear of the perineum that goes beyond the vaginal muscles (2nd degree tear) and into the anal capsule (3rd) or into the anal sphincter (4th)
- Repair must occur in the hospital
- Recovery can take 2-12 weeks

Vaginal birth after a CS
- Trial of Labour after a CS (TOLAC) if a person wants a vaginal birth (VBAC)
- Supportive Care Provider
- Recommended to occur in the hospital, with access to the operating room in the event of an emergency (uterine rupture)

For each category ask yourself...

What **outcomes do you want,** and which do you want to **avoid?**

Which care provider do you think will give you the **best odds** of achieving those outcomes?

A Midwife, a Doctor, or an Obstetrician?

Let's see what the research tells us...

Newborn Baby:

Preterm birth (< 37 weeks)
- High risk birth
- Must occur in the hospital
- Many preterm babies need to stay in the Neonatal Intensive Care Unit
- Many preterm babies struggle to breastfeed after the birth and are slow to gain weight

Low birth weight (< 2.5 kg)
- Recommendation to stay a minimum of 24 hours for blood-sugar surveillance
- Often struggle to breastfeed and gain weight after birth
- May require frequent weight checks and Lactation support

Baby Breastfed after Birth
- Recommended for bonding, immune protection, and milk-supply
- Often occurs within the first hour (the Golden Hour) after birth
- Support from a care provider/nursing team might be necessary

Baby's 5 min APGAR <5
- APGAR: Scoring system to determine baby's transition at 1, 5, and 10 minutes post-birth
- APGAR score <7 = Baby requires breathing support/resuscitation
- Baby may need to be transferred to the Neonatal Intensive Care Unit

Perinatal Death
- An unborn baby who passes away after 20 weeks of pregnancy
- A baby who passes away during the labour/birth,
- A baby who passes away after birth, and by the end of the 6th day of life
- Can be referred to as a "Stillbirth"

For each category ask yourself...

What **outcomes do you want,** and which do you want to **avoid?**

Which care provider do you think will give you the **best odds** of achieving those outcomes?

A Midwife, a Doctor, or an Obstetrician?

Let's see what the research tells us...

Birthing Person:

Spon. Vaginal Birth for Healthy "Low Risk" people:
Midwife: 87.2%
Doctor: 75.7%
Obstetrician: 42.9%

Assist. Vaginal Birth for Healthy "Low Risk" people:
Midwife: 5.6%
Doctor: 12.1%
Obstetrician: 14.8%

Caesarean Section for Healthy "Low Risk" people:
Midwife: 7.2%
Doctor 12.2%
Obstetrician: 42.3%

Induction with oxytocin for Healthy "Low Risk" people:
Midwife 6.4%
Doctor: 10.5%
Obstetrician: 14.0%

3rd & 4th Perineal Tear for Healthy "Low Risk" people:
Midwife: 5.9%
Doctor: 6.1%
Obstetrician: 9.2%

TOLAC Success for Healthy "Low Risk" people:
Midwife: 85.3%
Doctor: 78.6%
Obstetrician: 51.5%

Midwife-led care increases the chances you will:

- Go into labour naturally and not need an induction
- Have a vaginal birth without a vacuum and forceps
- Avoid a C-section
- Not have an extensive perineal tear
- Have a successful vaginal birth after a previous C-section

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Newborn Baby:

Preterm birth (< 37 weeks) in a "Low Risk" pregnancy:
Midwife: 3.2%
Doctor: 4.1%
Obstetrician: 5.7%

Low birth weight (<2.5 kg) after a "Low Risk" pregnancy:
Midwife: 1.0%
Doctor: 1.5%
Obstetrician: 2.7%

Baby Breastfed after Birth: After a "Low Risk" pregnancy:
Midwife: 64.7%
Doctor: 57.0%
Obstetrician: 48.1%

5-min APGAR <7 after a "Low Risk" pregnancy:
Midwife: 1.6%
Doctor: 2.1%
Obstetrician: 2.2%

Perinatal Death: In a "Low Risk" pregnancy:
Midwife: 0.2%
Doctor: **0.2%**
Obstetrician: **0.2%**

Midwife-led care increases the chances you will have a baby who:

- Is born at term (37+ weeks) and not "premature"
- Transitions well after the birth (APGAR score >7 at 5 min after birth)
- Is an appropriate birth weight for the gestational age of the baby
- Can breastfeed after birth
- Thrives after the birth

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Birthing Person:

Spon. Vaginal Birth
For All Risk Categories
Midwife: 84.8%
Doctor: 71.6%
Obstetrician: 31.6%

Assist. Vaginal Birth
For All Risk Categories
Midwife: 5.4%
Doctor: 11.3%
Obstetrician: 10.3%

Caesarean Section
For All Risk Categories
Midwife: 9.8%
Doctor: 17.1%
Obstetrician: 42.3% | 58.2%

Induction with oxytocin
For All Risk Categories
Midwife 8.0%
Doctor: 12.4%
Obstetrician: 12.6%

3rd & 4th Perineal Tear:
For All Risk Categories
Midwife: 6.0%
Doctor: 6.0%
Obstetrician: 8.6%

TOLAC Success
For All Risk Categories
Midwife: 83.1%
Doctor: 78.4%
Obstetrician: 54.0%

Midwife-led care increases the chances you will:

- Go into labour naturally and not need an induction
- Have a vaginal birth without a vacuum and forceps
- Avoid a C-section
- Not have an extensive perineal tear
- Have a successful vaginal birth after a previous C-section

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Newborn Baby:

Preterm birth (< 37 weeks)
For All Risk Categories
Midwife: 4.6%
Doctor: 6.8%
Obstetrician: 12.2%

Low birth weight (<2.5 kg)
For All Risk Categories
Midwife: 1.8%
Doctor: 3.3%
Obstetrician: 7.6%

Baby Breastfed after Birth:
For All Risk Categories
Midwife: 64.4%
Doctor: 54.8%
Obstetrician: 40.8%

5-min APGAR <7
For All Risk Categories
Midwife: 1.8%
Doctor: 2.4%
Obstetrician: 2.7%

Perinatal Death:
For All Risk Categories
Midwife: 0.3%
Doctor: 0.4%
Obstetrician: 0.4%

Midwife-led care increases the chances you will have a baby who:

- Is born at term (37+ weeks) and not "premature"
- Transitions well after the birth (APGAR score >7 at 5 min after birth)
- Is an appropriate birth weight for the gestational age of the baby
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