



WHAT YOU NEED TO KNOW ABOUT OBGYNE BIRTH CENTER

Who are your care providers?

- Medical Director: Dr. Bola Sogade, MD Board Certified in Obstetrics, Gynecology and Family Medicine. Member of the American College of Obstetrics and Gynecology (ACOG) and American Association of Birth Centers (AABC)
- Midwives, all the midwives at Obgyne Birth Center are Certified Nurse Midwives (CNM). They have received a Bachelor's in Nursing and a Masters Degree in Midwifery. CNMs are also members of the American College of Nurse Midwives
- ObGyn doctors, MDs
- All of the MDs and CNMs at the Obgyne Birth Center are credentialed in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), as well as Neonatal Resuscitation Program (NRP).
- Obgyne Birth Center team provides 24/7 call coverage for our approved patients

What's it like to have a baby in a birth center?

- Only low risk women will have the opportunity to birth in the Obgyne Birth Center (restrictions are requirements of State of Georgia rules and regulations)
- No IV pain meds (narcotics) or epidurals
- To help reduce the use of pain medications the midwives encourage the support of a dedicated birth partner and the professional support of a Birth Doula (** A Birth Doula may be made available for you at no cost based on a sliding Fee Discount Policy program****)
- You are encouraged to utilize different tools and techniques to stay comfortable during labor such as: Rebozo, aromatherapy, music, hypnosis, acupressure, imagery
- Hydrotherapy - use of showers, birth tub and birth pools (lined)
- There are 3 garden birth suites, one with a standing birth tub and two with portable, inflatable pools to be used for labor and birth
- Postpartum discharge occurs within 4-8 hours
- The midwives will visit you at home (or nearby hotel) around 24-72 hours (depending on patient preference and location); or perform a Telehealth visit; postpartum visits may also be scheduled at the Birth Center

Who is a good candidate for birthing in a birth center?

- Totally low risk '**A-OK**' pregnancy
- Must be no greater than 28 weeks gestation to transfer care to the birth center with prenatal records and medical history (*** Co- care may be performed with your obstetric provider for patients that live several miles away, with review of records at each visit****)
- Circumstances that are contraindications for a birth center birth include (not an exhaustive list):
 - Multiples (twins, etc...)
 - Primigravida (first delivery/birth)*
 - VBAC (Vaginal Birth After Cesarean)
 - Placenta previa
 - Blood pressure issues or pregnancy diabetes
 - Breech presentation
 - Pregnancies that occur before 16 years of age or after 36 years of age*



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* May need waiver on a case-by case- basis*

What happens if there is an emergency?

- Emergency care is ~1% which means that most cases in need of transfer are non-emergent (augmentation such as pitocin/ pain relief such as epidural)
- Having a physician-led birth center allows seamless and respectful hospital transfers
- Transfers will be accepted at Coliseum Medical Center, or can also go to Navicent Hospital
- In the case of Cesarean Birth will be offered at these hospitals

How do I pay for an out of hospital birth?

- ★ We accept most Insurances, including Medicaid for antenatal care
- ★ Self-pay options are available, payment due in full no later than 32 weeks gestation
- ★ For birth at the Obgyne Birth Center, self-pay cost or if your insurance does not cover is total cost is \$ 5000.00 facility fee and professional fee \$ 2,500.00; for a total cost of \$ 7,500.00
- ★ Compare to Georgia home birth ~\$ 8,500.00 (no birth center amenities) vs. hospital birth ~ \$ 22,500.00 - \$ 30,000.00

A registration fee of \$ 700.00 is required to reserve delivery/birth at the birth center. The registration fee is due when scheduling physical orientation to the birth center.

None of our fees or charges are refundable

Registration fee discussed in detail at Financial Planning Meeting*

Financial Assistance available based on a sliding Fee Discount Program Policy *

HOW TO GET STARTED

- 1.Schedule an obstetric assessment (OB assessment) visit with us at OBC
- 2.Maintain Recommended Prenatal Appointments
- 3.Attend Recommended Education Classes
- 4.Schedule and attend Financial Planning Meeting
- 5.Family Orientation

Requirements to schedule orientation:

- i.Completed all recommended educational sessions
- ii.Completed all recommended OB visits
- iii.Midwife/MD Sign off required to schedule orientation
- iv.Preferred timing of orientation is early 3rd Trimester
- v.Registration fee paid at the time of scheduling
- vi.***Financial Assistance available based on a sliding Fee Discount Program Policy ****

ObGyne Birth Center For Natural Deliveries- What You Need To Know



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For questions call 478-394-6061 or Email info@centerfornaturaldeliveries.com

State of Georgia Birth Center Regulations

Did you know that each state government sets up the regulations for that state's birth centers?

The services a birth center can or cannot offer depends on what the state with whom they are regulated allows them to do. Every state is different.

This is what the State of Georgia states about the regulation of our Birth Center

So realizing that these regulations are what dictates certain things at the birth center and not the actual birth center deciding these things will help us in knowing how decisions are made

Here is the link- I have only commented on a few of the regulations:

http://rules.sos.state.ga.us/cgi-bin/page.cgi?g=DEPARTMENT_OF_HUMAN_SERVICES%2FPUBLIC_HEALTH%2FBIRTH_CENTERS%2Findex.html&d=1

290-5-41-.01 Definitions.

It must have an administrator: "Administrator" means the individual who is responsible for the day to day management of the center.

It is not a hospital: "Birth Center", "Birthing Center" or "Center" means a facility, other than the laboring woman's legal residence, which admits persons for the purpose of childbearing and which facility has not been classified and licensed by the Department as a hospital.

It has birth rooms: "Birth Room" means any room within a center which is provided as an area where births take place.

And it has to have CNMs not lay midwives or CPM- certified professional midwives but actual nurse midwives that are registered and licensed by the state and ACNM: "Certified Nurse Midwife" means an individual who is a Registered Nurse currently licensed in the State of Georgia and who is also certified by the American College of Nurse Midwives.

They cannot offer anything other than local anesthesia- so no epidurals or general anesthetic can be used: "Local Anesthesia" means any drug which, when administered, provides localized temporary loss of sensation, but not accompanied by a state of unconsciousness.



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And you must be a low risk patient. So the state then goes on to state what a low risk patient actually is: "Low Risk Patient" means an individual who:

1. is in general good health with uncomplicated prenatal course;
2. is participating in an ongoing prenatal care and education program;
3. has no major medical problems;
4. has no significant signs or symptoms of hypertension, toxemia, hydramnios, abruptio placenta, chorioamnionitis, malformed fetus, multiple gestation, intrauterine growth retardation, fetal meconium, fetal distress, alcoholism, or drug addiction, Rh or other blood group antigen sensitization;
5. has no history of fetal wastage or premature delivery;
6. has no previous significant obstetrical complications likely to recur, nor previous
7. uterine wall surgery or Cesarean section; (you read that right- no VBACs can be done here)
8. has parity under six unless a justification for a variation is documented by clinical staff;
9. is not a nullipara of greater than thirty six years of age; (That means if it is your first baby you have to be 36 years old or younger)- but at this time we are taking second pregnancies only
10. is not less than sixteen years of age at onset of pregnancy;
11. is appropriate for a setting where anesthesia is limited to local infiltration of the perineum, or a pudendal block, and analgesia is limited;
12. while in active labor:(i) demonstrates no significant signs, or symptoms, or evidence of anemia, significant hypertension, placenta previa, malpositioned fetus or breech; (so no breech babies can be born here) (ii) is progressing normally; (iii) is without prolonged ruptured membranes; and (iv) is not in premature labor. (so it is up to the midwives I am guessing as to when a labor is no longer progressing normally or what is considered prolonged rupture of membranes)
13. is not postmature.(again- we use no more than 41weeks at our center)

290-5-41-.07 Transfer and Transport Capability.

So, they must have an agreement with a hospital and lab: Each birth center shall have a written agreement with a hospital(s) which is licensed to provide obstetrical services, for emergency care. Each birth center shall have a written agreement with the emergency back-up hospital for acceptance and examination of laboratory specimens to expedite treatment, prior to formal admission procedures.

And they cannot be more than 30 minutes away from that hospital: The center shall have the capability to transfer and transport the adult and/or newborn patients to the contract hospital within thirty (30) minutes of initiation of transfer procedure to the arrival of the obstetric/newborn service of the hospital. Documentation of each transfer shall be maintained by the center to substantiate to the Department that it has met this requirement.

And they will be contracted with a local ambulance service: The center shall have a written contract with a licensed ambulance service which will assure timely response.



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290-5-41-.06 Organization and Administration

Here's that administrator's role again: The center shall be at all times under the personal and daily supervision and control of the administrator (or a designated representative) whose authority, duties and responsibilities shall be defined in writing. This information shall be available to the Department on request.

OPEN 24/7: The center shall be available for occupancy 24 hours per day, with professional staff on call at all times for delivery for approved birth center patients.

Low risk women of any diversity will be welcomed: Criteria for admission to the center shall be clearly identified in the center's policies. The admission policy shall be submitted with the application for licensure. At a minimum, admission criteria shall include a provision that only low-risk patients will be admitted and that there will be no discrimination according to race.

You must have had prenatal care based on their policies: Admissions to the center shall be restricted to low-risk patients who have received antepartum care in accordance with the facility's policies. The center's policies and procedures regarding management of complications shall be explained by a staff physician or certified nurse midwife.

You must only stay 24 hours or less: The mother and newborn shall be discharged within twenty-four (24) hours after delivery, in a condition which will not endanger the well-being of either the mother or newborn, or shall be transferred to a licensed hospital. The mother and newborn will be discharged in the care of another responsible adult who will assist in their transport from the birth center.

The medical director must be an MD or DO- got to be a doctor: The center shall have a medical director who is a physician, designated by the governing body, who shall be responsible for the direction and coordination of all professional aspects of the center's program.

290 5-41-.08 Professional Services.

Your care will be a midwife, doctor and other professional staff member: All intrapartum services shall be under the direct supervision of a physician or a certified nurse midwife. At least one other member of the professional staff shall also be present at each delivery.

So the PKU, erythromycin, etc will be offered there and these policies will have a pediatrician involved: The center shall have written policies and procedures to ensure (a) metabolic screening of all newborns within one week of age, (b) assessment of newborn status, including Apgar score at one and five minutes, (c) prevention of eye infection, (d) umbilical cord care, and (e) periodic observation and assessment after birth until the infant's condition is stable. These policies shall be developed in consultation with a pediatrician.



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Rhogam will be available: Policies, procedures and facilities shall be provided for proper collection, storage and laboratory testing of cord blood for necessary studies on Rh Negative and O Positive mothers

and a supply of Rhogam or other appropriate treatment material shall be readily available for use when needed.

A doctor or midwife will examine your baby before you go home: Prior to discharge, each newborn shall be examined by a provider.

290-5-41-.14 Anesthesia.

If you decide you need an epidural then you are transported to a hospital: General or regional anesthesia shall not be utilized in a birth center. Local or pudendal anesthesia is permitted.

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