



## Are you wondering if your planned hospital birth is a good idea?

Preparing to have a baby can bring up a lot of emotions under the best of circumstances. It is a natural reaction to be thinking differently about the birth of your baby in the face of COVID-19. It is hard to know what births will be like if hospitals become overwhelmed. This document is just meant to give you more information about alternatives to hospitals. Even though there are folks suggesting that hospital birth is dangerous and scary right now, it could still be the best option for you. If you have a medical condition or other “risk factors” community birth may not even be an option since community-birth providers are restricted to “low-risk” pregnancies.

At Elephant Circle we believe that everyone should be able to do their own analysis of the risks and benefits specific to their situation, to find what works best for them. This guide will help you think through your situation to determine whether birthing outside of a hospital with trained professionals is right for you. Some people may also think about birthing at home without trained support; this document does not get into that but we encourage you to do research if interested in that.

For the purposes of this document, the term  
***Community Birth = birth outside a hospital, typically at home or a freestanding birth center***

### **Community birth does not offer epidurals.**

- Families preparing for community birth know this and take childbirth preparation classes.
  - These classes offer ways to cope with the intensity of labor and help families prepare mentally to engage with this intensity throughout labor and birth.
  - Families learn techniques like breathing, changing positions, and moving around to offer relief.
  - This can be a big concern – but don’t let this worry you! Midwives have lots of tips and tools to help you deal with the intensity of labor (such as being in the water, guided emotional support, individualized physical support).

### **Community birth requires an increased level of engagement.**

- Most families will return to (or remain at) their home by about six hours postpartum. Some people prepare for this by taking breastfeeding or postpartum care classes and some receive education in other ways. Your midwife will help you prepare for this.
- Though many families worry about being “on their own” in that first day postpartum, the truth is that most families really just need to sleep during this time.
- This practice is safe because new parents can reach out to their midwife at any time and most midwives visit their clients in the first 24-36 hours after birth.

### **The person giving birth (and their community) are at the center of birth.**

- This is especially apparent in the language used to describe birth. Midwives “attend” community birth and “catch” babies.

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- This language is in contrast to most hospital birth, in which a health care provider “delivers” the baby.

**Community birth works best when there is a trusting relationship between the midwife and the pregnant person.**

- Relationship building is central to community birth.
- Relationship building takes time.
- Relationship building allows the pregnant person to trust that their provider will support them and intervene when necessary and the provider to trust that the pregnant person will take responsibility for their care.

**Community birth involves a trade-off between what you can and cannot control.**

- Information is central to community birth, you are encouraged to learn more about the process, your options, and to have control over lots of your choices during labor.
- In community birth you will work with your body. This can feel empowering or overwhelming, depending on your life experiences.
  - Bodies react differently to labor and birth, you may find what your body does during labor freeing or frightening or something else!
- You may have to transfer from a home or birth center to a hospital if you need medical care for something that arises during labor or birth.

For more information about the similarities and differences between hospital, birth center, and home birth, please see Childbirth Connections excellent guide [here](#).

Typically, so much of what we do and talk about during pregnancy and birth are for the good of the baby. This is certainly important! But during a pandemic, it is especially important for you, the pregnant person, to think about yourself as well – and prioritize your health and wellbeing. How is your physical health? Your mental health? Do you have the support you need? Please remember that protecting your own health is the best thing you can do for your baby.

**In our experience, at this point most folks fall into one of three categories.** Feel free to reach out to further explore your options.

- ✓ The hospital is most likely the best place for you. For you, hospital birth probably reflects your experiences and your values. COVID-19 doesn't necessarily change that for you. It is probably a good idea to reach out to the best hospital for your needs and begin making plans for how to adjust to rapidly and constantly changing hospital policies and conditions.
- ✓ You are probably a good candidate for either hospital or community birth. If you have thought about home or birth center birth prior to COVID-19, revisit the questions and concerns you had then. Have they changed? Would your current needs be better suited by hospital or community birth? It is probably a good idea to continue to explore all your options.
- ✓ Community birth may be a good option for you! Learn all you can about the options appropriate for you. You would be well-served to investigate both home and birth center birth. Many community birth providers have specific criteria for taking clients who are 36 weeks or later in their pregnancy. If you are in your third trimester, you should act quickly to maximize your opportunities.

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