



MIDWIVES OF NEW JERSEY

Serving Women, Honoring Birth.

Surviving Birth in New Jersey

What you need
to know

908.509.1801 | OFFICE LOCATIONS IN HACKETTSTOWN, HOBOKEN & MADISON

MIDWIVESOFNJ.COM



Most New Jersians are surprised to hear that their state is a **dangerous place to give birth. The United States has one of the highest maternal mortality and morbidity rates in the developed world.**

You live in one of the worst states in the worst country. Only 4 states lose more mothers during childbearing than New Jersey- Louisiana, Georgia, Indiana and Arkansas. Our rates are high and getting worse, not better. **The United States has one of the highest maternal mortality and morbidity rates in the developed world.**

IN NEW JERSEY, MATERNAL MORTALITY INCREASED FROM 37.3 TO 38.1 DEATHS PER 100,000 LIVE BIRTHS FROM 2016 TO 2018. [SOURCE]

Cesarean birth is a lifesaving surgery but many are unnecessary. Surgical birth is a major cause of infections, blood clots, hemorrhages, damage to surrounding organs and difficulty with future pregnancies like infertility and placentas implanting improperly. NJ has the 5th highest c-section rate in the U.S.

Once an American woman has given birth, we lack the resources and follow-up to ensure proper physical and mental healing. Most women in the United States are sent home with no follow-up until 6 weeks after the birth unless they call and report symptoms. It is difficult to discern whether a

headache is caused from sleep-deprivation or high blood pressure without being seen by their provider. Other countries with better maternal outcomes, follow mothers closely after the birth. British Midwives see families in their homes multiple times in the first few weeks postpartum



Infant mortality in the United States is 5.8/1000 live births Other similar countries average 3.4/1000 [\[SOURCE\]](#) [\[SOURCE\]](#)

MANY BABY OUTCOMES ARE RESULTS OF MOTHER OUTCOMES. TWO OF THE LEADING CAUSES FOR NEONATAL MORTALITY ARE PRETERM BIRTH AND MATERNAL PREGNANCY COMPLICATIONS [\[SOURCE\]](#). IMPROVING IN THESE 2 AREAS COULD SAVE THE LIVES OF MANY BABIES IN NEW JERSEY.

MATERNAL CONDITIONS AND PREGNANCY COMPLICATIONS RELATED TO NEONATAL MORTALITY ARE DIABETES, HYPERTENSION, PRETERM LABOR, PREMATURE RUPTURE OF MEMBRANES, INFECTIONS, SUBSTANCE ABUSE [\[SOURCE\]](#), PLACENTA ABRUPTION [\[SOURCE\]](#), AND PLACENTA AND VASA PREVIA.



Babies born at term and born vaginally to healthy mothers are more likely to be healthy at birth and beyond. Physiologic birth practices result in better outcomes for mothers and their babies [\[SOURCE\]](#).

Look for a provider and a birth facility that support low-intervention birth practices to improve the outcomes of your pregnancy and birth.

Find a birth site such as [Morristown Medical Center](#) or [Our Birthing Center](#), that offers mothers choices like intermittent auscultation, water labor and birth, eating and drinking in labor, freedom of movement for labor and a variety of birthing positions.



You may consider
MOVING TO CALIFORNIA

The analysis showed maternal mortality rates varied widely by states, ranging from a low of **4.0 deaths** per 100,000 births in California to a high of **58.1 deaths** per 100,000 births in Louisiana.

THE FIVE STATES WITH THE **LOWEST** MATERNAL MORTALITY RATES WERE:

- 1. CALIFORNIA
- 2. MASSACHUSETTS
- 3. NEVADA
- 4. CONNECTICUT
- 5. COLORADO

THE FIVE STATES WITH THE **HIGHEST** MATERNAL MORTALITY RATES WERE:

- 1. LOUISIANA
- 2. GEORGIA
- 3. INDIANA
- 4. ARKANSAS
- 5. NEW JERSEY

Moving to the west coast is not a real solution for most women, so consider our practical solutions. And be sure to share this information with your friends and family. Losing a mother is unthinkable but **New Jersey is home to 8% of all the maternal deaths in the country while California has only 0.6%.**



RISK FACTORS

FOR MATERNAL MORTALITY



Age: 31.9 percent of maternal deaths from 2013-2014 occurred in women aged 40 years or older ^[6]

RACE-AFRICAN AMERICAN WOMEN ARE ALMOST 4 TIMES MORE LIKELY TO DIE IN CHILDBIRTH

- Cesarean birth especially repeat cesarean sections.
- Vaginal birth after cesarean is widely unavailable.
- Poor postpartum medical follow-up
- Being a woman-women are less likely to be believed than men when complaining of pain and other subjective symptoms.
- Lack of funds and programs for the treatment of postpartum mood disorders
- Obesity ^[7]
- Uninsured women: women who lack health insurance are three to four times more likely to die of pregnancy-related complications than their insured counterparts ^[8]
- Women who have given birth to five or more children
- Pregnancy complication of preeclampsia, placenta accreta

[SOURCE]

SURVIVING PREGNANCY AND BIRTH IS BEST ACCOMPLISHED WITH PLANNING FOR PREGNANCY AHEAD OF TIME.

The Midwives of New Jersey started our [How to Make a Baby Program](#) to this end. We feel very strongly that an intentional conception will result in a much healthier pregnancy and birth. We recommend you attend our HTMAB program if you intend to conceive in the next 4-12 months.



PRECONCEPTION CHECKLIST

for the healthiest pregnancy and birth possible:

- **Eliminate toxins from diet and home environment**
- Eat as many organic foods as possible
- Work on your relationship in and out of your bedroom so the baby is conceived in peace and love.
- Work toward financial stability, reduce or eliminate debt
- **Exercise at least 3 times a week**
- Lose weight. Ideally, your BMI should be between 19 and 25 at conception but if a woman is overweight, she will improve her pregnancy outcomes with any amount of weight loss
- Start supplementing with a whole food prenatal and L-Methyl Folate. Increase green vegetables with a green drink or Juice Plus vegetable gummies.
- Fathers are not off the hook. They should eat a healthy diet, exercise to increase muscle mass, supplement with folate and be of normal weight when conceiving.

Zohra S. Lassi et al. "Preconception Care: Screening and Management of Chronic Disease and Promoting Psychological Health." *Reproductive Health 11 Suppl 3* (Sep 26 2014): S5.

Angela Dinatale et al. "Obesity and Fetal-Maternal Outcomes." *Journal of Prenatal Medicine 4, no. 1* (2010): 5-8

If you are already pregnant, there are still many ways that you can influence the health of your pregnancy:

- Continue eating a healthy diet. Even when nausea kicks in, make choices that will give you as much nutrition as possible like "hiding" meat and vegetables in soups, eggs or even pastas.
- Check out [Juice Plus fruit and vegetable gummy supplement](#) to get the extra nutrition you need in a small delicious bite.
- Keep an eye on weight gain
- **Choose a Provider who takes time to know you and make an individual care plan for you**
- Exercise for muscle strength and endurance, to decrease insulin resistance and improve blood flow through the placenta
- Don't skip childbirth classes

- Avoid stressful people and situations. "Wallow" in your pregnancy, put all unnecessary distractions on the back burner
- **See a chiropractor regularly**

and birth:

- Find a birth site that offers mothers choices like intermittent auscultation, water labor and birth, eating and drinking in labor, freedom of movement for labor and a variety of birthing positions.
- Stay home in early labor
- Avoid induction of labor
- Prepare to labor without epidural until active labor (5-6 cm dilated)
- Choose a birth site and provider with a low cesarean rate
- Hire a doula for support and advocacy during labor.
- Use the birth ball and the peanut ball to keep you upright and your pelvis open



Even if your baby has already been born, you can still come through the postpartum period in a better place if you remember these things.

- **Feed your body nutritive foods to support healing.** Continue prenatal vitamins and add Vitamin C, zinc, Iron ([floradix herbal iron](#)) for tissue healing.
- **Join a mother's group.** These groups are generally offered at little to no cost. Many hospitals offer lactation support groups like our [Lactation Circle](#).
- **Ask for help.** You need to rest for a solid 2 weeks after a normal vaginal birth and longer after a cesarean birth or a difficult vaginal birth.
- **Don't assume everything you are feeling is normal.** There is a fine line between normal and abnormal in the postpartum period. Pain, bleeding, fatigue and depression are all somewhat normal after a birth but they are also associated with infection, hemorrhage, anemia or postpartum depression. Call your provider to report headaches, bleeding that continues heavy or has clots or stays bright red, lightheadedness, weakness, abdominal pain, fever and chills, especially if worsening or not improving.

You can expect birth to be safer for New Jersey moms and babies in the near future. [The New Jersey Perinatal Quality Collaborative](#) is following the example of the [California Collaborative](#) to improve our birth outcomes. You can have a healthy birth and baby by following the advice in this pamphlet.