

Prenatal Care

Comprehensive prenatal visits are generally **about one hour** and include checking vitals, monitoring baby's well-being, space for questions, education, and emotional support. Visits are meant to feel unhurried and relational.

Initial Prenatal Visits

The **first prenatal visits** are longer (about **2 hours**) During this visit, we typically cover:

- A thorough review of your obstetric, medical, and family history
- Review of any labs or ultrasounds already completed during this pregnancy
- Discussion of California Prenatal Genetic Screening options
- Drawing initial prenatal blood work, if desired
- Providing ultrasound referrals for early dating, anatomy scan, or other indicated imaging
- Reviewing and signing informed consent documents together

Visit Frequency

- **Up to 28 weeks:** Every 4 weeks
- **28–36 weeks:** Every 2 weeks
- **36 weeks until birth:** Weekly
- **Home birth window:** 37–42 weeks

As part of routine care, we discuss recommended labs and ultrasounds, complete a **36-week home visit**, and follow a clear visit schedule while remaining responsive to individual needs.

Birth Care

We are **on-call from 37–42 weeks** and attend your birth when **active labor** begins.

During labor, we:

- Assess labor progress and fetal heart tones using a Doppler
- Regularly assess maternal/ parental vitals, including **blood pressure, pulse, temperature**, and overall well-being
- Provide continuous clinical presence, guidance, and reassurance throughout labor

- Bring and manage necessary birth supplies
- Communicate clearly about how labor is progressing and what we're seeing

While we provide ongoing clinical care and support during labor, the role of a midwife is different from that of a doula. We'll talk through what support looks like in real time and help you think about what additional layers of care may feel supportive for you.

We also review:

- The immediate postpartum period
- Signs or situations that may require additional support
- The possibility of hospital transfer, should it become indicated

To view more on who usually attends the birth, scroll down to additional questions

Postpartum Care

Immediate postpartum care includes:

- Assessment and support for the birthing person
- Suturing, if needed
- Offering routine newborn medications
- Placenta handling and cord cutting support
- A thorough newborn exam
- Assistance with essential paperwork

Postpartum visits are home visits and typically occur at:

- 24–36 hours postpartum
- 3–5 days postpartum
- 1 week
- 2 weeks
- 4 weeks
- 6 weeks

Licensed midwives offer routine newborn wellness care up to 6 weeks postbirth for newborn. Critical Congenital Heart Disease (CCHD) and California Newborn Screening (NBS) are offered in the comfort of your own home. Beyond 6 weeks, families may choose to continue with **non-routine, complementary care** during the first year postpartum.

- 3 months, 6 months, 9 months and 12 months

Cost of Midwifery Care (2026)

- **Global fee:** \$7,700
- **Non-refundable deposit:** \$1,000 (applied toward total fee)
 - Due by 2nd visit
- **Balance due:** Paid in full by **36 weeks of pregnancy**

Payments are made over the course of prenatal care.

- **Minimum payment per visit:** \$300, beginning at the third visit

If care begins later in pregnancy, the remaining balance is divided across the remaining prenatal visits prior to 36 weeks.

Accepted payment methods include Zelle, Venmo, and cash. Credit card payments are available upon request and include a **2.9% processing fee**.

Fees are locked in at the rate of the calendar year in which care is initiated.

Insurance (PPO Plans)

We work with a third-party insurance biller who can help determine whether your PPO plan may offer reimbursement **for a fee**.

- Coverage is never guaranteed
- Any reimbursement goes directly to you
- Regardless of insurance, the full fee must be paid by 36 weeks

At 6 weeks postpartum, you may request submission of a claim.

Refund Policy

- Refunds are available **up to 36 weeks**, prior to going on-call
- Refunds are prorated, minus the deposit and the cost of prenatal visits already provided
- **No refunds after 36 weeks**

If hospital care becomes necessary after 36 weeks, we provide hospital doula support when possible and resume postpartum care following discharge.

Frequently Asked Questions

What if I am already seeing an OB-GYN or clinic?

You are welcome to continue care with another provider unless there is a medical reason requiring transfer. Some hospital-based providers may not support planned home birth and may choose to discontinue care once informed. Home birth is a legal and autonomous choice, and we support you in making informed decisions about your care.

Can we pay less if we start care later?

The global fee is not prorated for late entry into care. Because a practice fills months in advance, we encourage families to reach out early when possible.

What if we need to transfer to the hospital?

Transfers can happen for many reasons and cannot be predicted. If a transfer occurs **before 36 weeks**, you may choose to discontinue midwifery care and receive a prorated refund (minus deposit and services provided), or continue with us in a doula support role. Postpartum care resumes after discharge.

Who should I expect at my birth?

Your birth will be attended by me as your primary midwife, along with an additional licensed midwife serving as my assistant. This model of care provides extra skilled hands, continuous support, and allows us to respond calmly and efficiently to both routine needs and unexpected moments. Having two licensed midwives present is part of what I believe creates the safest, most supported birth environment.

At times, a third assistant may also be present. This person is trained, experienced, and vetted within the community, and typically supports with tasks such as charting and logistical assistance so that the midwives can remain fully focused on you and your baby. You will have the chance to meet the other licensed midwife (and sometimes birth assistant) usually in the 36wk home prep visit.

Are there things that are required in your practice?

There are several collaborative care elements we strongly recommend and require to ensure safety and continuity, including:

- Comprehensive prenatal bloodwork (including HIV, Hepatitis B, and Syphilis) and STI testing.
- Routine labs to monitor blood counts during pregnancy, with additional labs recommended as needed based on individual history, symptoms, or evolving clinical findings.
- Anatomy ultrasound between 18–20 weeks
- Additional ultrasound in the third trimester if clinically indicated
- Fetal heart tone monitoring during labor
- Maternal/ parental vital sign monitoring throughout labor, immediate postpartum and postpartum as needed.

These recommendations are rooted in community midwifery standards and our commitment to safe, transparent care.

Is anything optional?

Yes — many aspects of pregnancy and newborn care allow room for shared decision-making. While we deeply respect informed refusal, our approach is grounded in collaboration, context, and ongoing assessment.

If you are considering declining a recommended screening, test, or treatment, we will first have a thorough conversation about **why it is being offered**, what information it can provide, and how it may (or may not) impact care decisions. We will also review potential **benefits, risks, and alternatives**, and provide:

- Evidence-based educational materials

- A personalized informed consent document acknowledging that you've received the information needed to make an informed decision

Some screenings and interventions are technically optional, but may be strongly recommended depending on individual circumstances, including pre-existing health conditions, pregnancy history, current symptoms, or findings that arise over time. In many cases, these assessments help us build a clearer picture of how the pregnancy is progressing and allow us to respond proactively rather than reactively.

Examples of screenings or interventions that may be discussed include:

- Genetic screening
- Dating ultrasound
- Rhogam administration (for Rh-negative clients)
- Gestational diabetes screening using the standard Glucola drink
- Antibiotics (such as for GBS)
- Cervical exams
- Routine newborn medications
- Newborn screening tests (metabolic, hearing, CCHD)

While clients always retain autonomy in decision-making, some recommendations carry greater clinical weight based on safety considerations and individual risk factors. Our role is to share our clinical perspective honestly and transparently, while supporting you in making decisions that feel informed, grounded, and aligned with your values.

Are labs and ultrasounds included in the midwifery fee?

No, labs and ultrasounds are not included in the midwifery care fee but **the midwife has the capacity to draw labs at clinic/home. Referrals are given for ultrasounds.**

Most PPO insurance plans and straight Medi-Cal can often cover lab work when we place the orders, and we do our best to refer you to ultrasound providers who accept your insurance. However, these services are billed separately and are not part of your midwifery package.

Some clients choose to continue concurrent care with their HMO or managed care-assigned providers to help cover labs or ultrasounds and reduce out-of-pocket costs. This is completely optional and does not change or reduce the midwifery fee.

Please keep in mind that certain labs may be strongly recommended or required based on your clinical picture (for example, concerns for anemia, liver function, or other health

needs). Some of these labs are not always routinely offered through standard OB/GYN care, which may require self-advocacy on your end if you are using outside providers.

If insurance does not cover a recommended lab, the cost becomes the client's responsibility. When this happens, we always aim to refer to the lowest-cost lab options available.

What conditions might risk me out of home birth?

Home birth is designed for low-risk pregnancies. There are certain conditions that can shift that risk level and require additional support or a different setting.

Some of those include:

- Hypertension (chronic, gestational, or related to preeclampsia)
- Preeclampsia
- Gestational diabetes that is not controlled and **requires medication**
- Cardiac or neurological conditions that may affect how your body tolerates labor

Sometimes things come up along the way that change your risk status. If that happens, I will recommend a consultation with an obstetrician or a maternal-fetal medicine specialist.

From there, we'll review the recommendations together and decide what continues to feel safe and appropriate for you and your baby.

How do you screen and monitor for these conditions?

Prenatal care is an ongoing process—not just a checklist.

At each visit, I'm assessing your overall health and how the pregnancy is progressing.

If anything starts to shift—something we consider a “yellow” or “red” flag—we address it early. That might mean additional labs, closer monitoring, nutritional recommendations or bringing in a specialist.

All of this is done through shared decision-making, with clear information so you can stay informed and involved in your care.

What equipment do you bring to the birth?

I come with both clinical training and the tools to support a safe, low-risk home birth.

At your birth, there are typically two licensed midwives present. We are trained in neonatal resuscitation and emergency management, including hemorrhage care.

I bring medical equipment and supplies that include:

- Doppler for monitoring fetal heart tones
- IV supplies and fluids
- Medications, including antibiotics and hemorrhage medications
- Oxygen and monitoring equipment for you and your baby, if needed
- Suturing supplies and local anesthetic for laceration repair

I also carry supportive tools such as herbs, homeopathy, and other comfort measures to support your labor process.

Do you support water birth?

Yes, absolutely.

I provide birth tubs for my clients and will bring one out to you at your 36-week home visit so you have time to get familiar with it and set up your space.

Do you support VBAC in the home?

Yes—on a case-by-case basis.

Your full story matters here. Your previous birth(s), how your body labored, how your cesarean happened, and how this pregnancy is unfolding all help me understand whether I can safely support a home VBAC.

We'll talk through it together and make a decision that centers both safety and your autonomy.

Do you file the birth certificate and help with the social security process?

In California, the birth certificate is ultimately filed by the parent.

I will complete and provide all of the required medical information and documentation needed for you to submit the birth certificate. I'll walk you through the process so you know exactly what to do and when.

Once the birth is registered, that information is then used to begin the process of obtaining your baby's social security number.

Do you recommend hiring a doula?

Yes — we **strongly encourage** working with a doula, especially for clients who are planning their **first vaginal birth**.

Midwives and doulas serve different but complementary roles. As midwives, our primary responsibility is clinical care — monitoring you and your baby, making assessments, and responding to changing needs throughout labor. A doula provides continuous, non-clinical labor support, such as physical comfort measures, emotional presence, help with positioning, and partner support.

For many first-time birthing people, having a doula can offer:

- Consistent, uninterrupted labor support (even in early labor)
- Additional hands and attention focused solely on comfort and coping
- Support for partners so they can rest, eat, or step back when needed
- Increased confidence navigating the intensity and unpredictability of labor

We're happy to talk with you about what kind of support feels right for you and, if helpful, share recommendations for doulas we trust.

Next Steps

If you decide to move forward with care, please schedule a consult.

Warmly,

Miriam Torres BSM, CPM, LM