

THIS MONTH:
MATERNITY CARE



Director April Henry, left, and Clinical Nurse Leader Shauna McMenimen give a tour of one of the birthing suites at Exeter Hospital on April 28.

Delivering change

New Hampshire hospitals redefine birth with spa-like comfort and compassionate care

By Roberta Baker
Union Leader Staff

New Hampshire's state-of-the-art hospital birthing suites come with a private spa-labor tub, a bedside pullout sofa, a yoga mat, massage balls, nitrous oxide to dull labor pains, a refrigerator to store snacks, and a window-side café table where parents can enjoy a quiet, romantic meal together. If it weren't for the bassinette, the labor and delivery bed with stirrups, computers that monitor vital signs and the warming table with oxygen for a newborn in distress, the rooms could — with a few touches — double as hotel suites. In today's maternity world, the guiding principles are comfort, medical safety and catering to mom's wishes as much as possible. Labor and delivery are a team effort, with familiar faces before and during labor and delivery. Above other factors, the quality of personal care counts most. "When I was choosing where



A birthing suite at Exeter Hospital includes a small table for two and pull-out sofa.

to give birth, I wasn't just looking for a hospital. I was searching for a care team that would see me as a whole person, not just a patient," said Rachel St. Amant,

who gave birth to three children at St. Joseph's Hospital in Nashua, most recently on May 1. She credits her OB-GYN of five years, Dr. Leonard Wasserman.

"He had a way of lighting up the room with humor and warmth, instantly putting

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No Flavors this week

The monthly NHMedical section takes the place of this week's Flavors section. Flavors, with Our Gourmet, will return next week.

Obstetrician, midwife, doula? The choice is mostly yours

By Roberta Baker
Union Leader Staff

Having a baby is a life-changing event — and getting ready for it includes finding the right experts for guidance and medical care from pregnancy through delivery and beyond. Do you pick an obstetrician, midwife or both? A doula for comfort and advocacy? Or a "village" of professionals to consult before and after birth — including for your mental health? It's a matter of balancing the mother's wishes with what's required to ensure the health and safety of baby and mom, given medical history, preference for type of delivery and any innate or emerging risks. In America, the childbirth landscape is changing, and so are the options. Between 1990 and 2023, the U.S. birth rate dropped by 14%, according to the Centers for Disease Control. Since 2000, New Hampshire's options for labor and delivery have declined as well, with 11 hospital maternity wards and four freestanding birthing centers available now. In 1990, the CDC reports, women over 30 accounted for 30% of all births. By 2023, they accounted for 50%. During that period, births in the 25 to 29 age range fell by 23%. The percentage of births by women over 35 nearly doubled, and in women over 40, the rate almost quadrupled. "There have always been differences in opinion about childbirth," said Dr. Heidi Meinz, an obstetrician at Manchester OB-GYN Associates, who has delivered babies at Elliot Hospital for 23 years. "Some women prefer to be induced and have an epidural (for pain) as soon as they're uncomfortable. Some want to experience the labor process and find it empowering. There's

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Not just the baby blues: Inside the mental health challenges of new motherhood

By Roberta Baker
Union Leader Staff

Bundle of joy, the gift of a new life or the baby blues? For many new mothers, the lines are blurred. Feelings ricochet. Worry, fear, exhaustion, hormone upheaval and depression can darken motherhood. Recent research has found that perinatal mental illness affects a significant number of mothers six weeks to a year after childbirth. In New Hampshire, roughly 25% of pregnant and postpartum women experience perinatal mental health conditions, according to Northern New England Perinatal Quality Improvement Network.

"If you have a new mom who is depressed, the newborn may not be getting the attention that's needed. Maternal mental health affects the whole family."

DR. SARAH SLOCUM
consultation-liaison psychiatrist at Exeter Hospital

Postpartum Support International places the worldwide percentage at 85%. Increasingly, maternal care professionals are training an eye on mental health, identifying at-risk patients early and treating new mothers who are struggling.

"Most people are expecting this time to be full of sunshine," said Dr. Sarah Slocum, a consultation-liaison psychiatrist at Exeter Hospital who works with mothers in the maternity ward. Around 80% of new moms, after any new baby, experience what's

known as the "baby blues," according to the American Pregnancy Association, with increased tearfulness and feeling sad, anxious and unsure of what they're doing, Slocum said. "New mothers can feel overwhelmed, not having enough support. They may feel regret. They can put themselves into a situation where they isolate and not have visitors come over," Slocum said. "Our goal is to help them feel less isolated." They're not the only ones at risk. "If you have a new mom who is depressed, the newborn may not be getting the attention that's needed," she said.

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Dr. Kelly MacMillan and midwife Theresa Small speak with a reporter in a birthing room at St. Joseph Hospital in Nashua on April 22.

Mental Health

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“Maternal mental health affects the whole family.” Exeter Hospital’s Flamingo Project combats perinatal mental illness with a start-to-finish temperature-taking of maternal mental health. Inspired by a similar initiative at Dartmouth Hitchcock Medical Center, perinatal professionals — nurses, midwives, lactation specialists and doctors, including a psychiatrist — check in with new mothers. Core Obstetrics & Gynecology physicians and midwives and Family Center staff monitor emotional wellbeing during pre-conception and pregnancy planning, throughout pregnancy, after the baby is born and during the first year of motherhood. The goal is to educate women about what’s normal and what isn’t to

The Edinburgh Postpartum Depression Scale		M (SD)
1.	I have been able to laugh and see the funny side of things	1.72 (1.31)
2.	I have looked at things with enjoyment	1.75 (1.19)
3.	I have blamed myself unnecessarily when things went wrong	2.40 (1.29)
4.	I have been anxious or worried for no good reason	2.25 (1.17)
5.	I have felt scared or panicky for no very good reason	2.24 (1.20)
6.	Things have been getting on top of me	1.86 (1.18)
7.	I have been so unhappy that I have had difficulty sleeping	2.08 (1.20)
8.	I have felt sad or miserable	2.26 (1.15)
9.	I have been so unhappy that I have been crying	2.22 (1.25)
10.	The thought of harming myself has occurred to me	2.03(1.36)
Total Score		20.81 (4.92)

The Edinburgh Postnatal Depression Scale is a screening tool to identify women at risk of postpartum depression.

PROVIDED BY RESEARCHGATE/WWW.RESEARCHGATE.NET

make them feel accepted and heard, to encourage them to seek help and connect them with resources

quickly. “When flamingos have a baby, they lose their pink color. That’s like how new parents feel,” said Ashley Mitchell, a registered nurse, nurse educator and safety officer at The Family Center, who helped create The Flamingo Project. “They can feel exhausted, not like themselves.” Flamingos regain their color when their babies become more independent, she said. For new moms, ‘Getting your pink back’ is a trend on social media.”

Professional interest, public awareness

In the past 20 years, there’s been “an increased focus on perinatal mood disorders,” said Dr. Heidi Meinz, an obstetrician at Manchester OB-GYN Associates who delivered babies at Elliot Hospital for 23 years. “They’re more recognized and out in the open. But the true prevalence is difficult to quantify.”

Women with pre-existing mental health conditions are at greater risk for perinatal anxiety and depression, which also affects

mothers with no history of mental illness. “Sometimes they’re tearful, sleeping more than expected. Sometimes they feel rage, extreme anxiety and have difficulty bonding with the baby,” said Theresa Small, a certified nurse midwife at St. Joseph Hospital in Nashua. Across the U.S., maternal mortality is increasing, according to national research. In New Hampshire, the No. 1 and 2 causes of maternal death are substance abuse and mental health disorders that result in suicide, said Meinz. The greatest risk occurs in the first year after the baby arrives. And dads are not immune. Roughly 1 in 10 experience paternal postnatal depression, Slocum said. Just like mothers, fathers are vulnerable during the pregnancy period. Dr. Kelly MacMillan, an obstetrician at St. Joseph Hospital in Nashua, said women are willing to open up and talk more frankly than in the past, which is boosting identification and treatment.

Stories of past tragedies “make us more proactive to ask about it,” she said. “Our last question is always, ‘Are there thoughts of self-harm or harming someone else?’” The Northern New England Perinatal Quality Improvement Network in Lebanon, a collaboration of maternity professionals, hospitals and care organizations, provides education and recommends screening for depression and anxiety during the first and third trimesters, at delivery and postpartum, and aids in connecting women with support groups and outpatient referrals. A screening tool, the Edinburgh Postnatal Depression Scale, uses a questionnaire to identify women at risk for postpartum depression. A score of 10 or higher suggests possible depression. A score of 13 or more indicates an 80% likelihood. Mothers seem more willing to check boxes than to volunteer personal admissions such as “I don’t feel like myself,” MacMillan said. Today’s pre-pregnancy OB-GYN visits review the risks of medications. Psychiatric prescriptions are screened for whether they’re safe and necessary. The focus is on stabilizing maternal mental health, said Small at St. Joseph Hospital. “We keep them on the medications they need with close observation and follow up.”

Baby blues or postpartum depression?

According to The Flamingo Project: The “baby blues” affect new mothers, usually within two or three days of giving birth, bringing feelings such as worry, unhappiness, fatigue, tearfulness, restlessness, anxiety and poor concentration.

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Courses for New Parents and Grandparents

CPR for New & Expecting Parents classes cover Child/Infant CPR AED, using barrier devices, and how to relieve choking. This course focuses on the needs of new parents, grandparents, and babysitters and does not earn a certification card.

Grandparents: Getting Started is the newest course from Safe Sitter. Safety and childcare guidelines are continually improving and this program covers the new current recommendations for caring for your grandchildren. Course includes choking prevention, how to treat choking and Child and Infant CPR.

Pediatric First Aid CPR AED certification courses cover Adult, Child & Infant CPR AED, relief of choking, Pediatric First Aid including treatment of injuries, illnesses and environmental emergencies.

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SAVE NEW HAMPSHIRE NURSING HOME CARE

Over the past five years, average wage costs for nursing homes have gone up over 34%, as have food costs. Medicaid reimbursement hasn't kept pace, and tariffs now drive care costs even higher for food and medical supplies and equipment.

For senior care to survive, the NH Senate must, at a minimum, fund Gov. Ayotte's proposed Medicaid budget for nursing homes, and reject NH House cuts. The Senate budget must also assist facilities providing unpaid care due to a severe Medicaid application backlog.

For more information, see savenhseniors.com

HELP in Concord is needed so facilities can meet rising costs and recruit, and retain, staff to serve the most vulnerable Granite Staters!

Paid for by the N.H. Health Care Association



Increasingly, maternal care professionals are training an eye on mental health, identifying at-risk patients early and treating new mothers who are struggling.

Mental Health

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tration. When the symptoms last more than two weeks, moms are advised to seek help. Full-blown postpartum depression affects 13% of new mothers, Slocum said, and is functionally disabling, bringing a tide of sadness, anger, irritability, guilt, changes in eating and sleeping, trouble concentrating and hopelessness. It can bring a lack of interest in your baby, or thoughts of harming yourself or the baby. Postpartum anxiety afflicts roughly 10% to 20% of women before and after birth, according to behavioral health research. It can manifest as extreme fears over the baby's health and safety. Some women experience panic attacks with chest pain, dizziness, shortness of breath, numbness

and tingling, and feelings of losing control. Slocum said a mother with paralyzing anxiety might feel "I can't go down the stairs with my baby. What if I drop them?" Or, "I can't pare vegetables because what if the knife slips with my baby nearby?" She might stop cooking or won't carry the baby downstairs, the psychiatrist said. But "She's terrified of saying that" because child welfare authorities or someone else "might think she's an unfit mom." Postpartum obsessive-compulsive disorder brings intrusive, repetitive thoughts or mental images, and the subsequent need to avoid things or do certain things over and over again. Postpartum PTSD, which can occur after a scary or traumatic birth, brings

disturbing flashbacks or a need to avoid things related to the birth event. Bipolar depression during pregnancy or after birth can appear as severe depression, mood swings, impulsiveness, rapid speech, little need for sleep, delusions, high energy and grandiose thoughts, according to The Flamingo Project. In perinatal psychosis, a rare but dangerous condition, it may become impossible to sleep. Patients see images or hear voices that others cannot. They believe things that aren't true, distrust those around them, and may experience spells of confusion, mania, depression or memory loss. Perinatal mental health conditions are temporary and are treatable with professional help, Slocum said.

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Birthing Suites

From Page B1

everyone at ease. You couldn't help but smile when he walked in, even if you'd been crying moments earlier. There's something incredibly powerful about having the same doctor who walked you through every question, every late-night fear and every what-if be the one standing beside you when your baby takes his first breath," St. Amant wrote in an email last week.

Jaclyn Bratton of Hampton had her two sons at Exeter Hospital, the second in March. Pregnancy complications required her to deliver at 37 weeks.

"I just wanted someone I could trust. Someone I knew would have my best interests and my family's best interest at heart. I wanted a team in place that I felt confidence in. If anything was to go wrong, they'd be there to take care of us."

She said she felt cozy and comfortable in her birthing suite at the hospital's Family Center, where she and her husband stayed.

When she arrived at the hospital at 5:30 a.m. on delivery day, "they were prepared for me. They knew they needed to give me two IVs because of potential blood loss. They knew the history of my pregnancy without me saying anything."

"I wanted a personal connection with my care team. I didn't want to shuffle through providers," said St. Amant. "It was a very genuine and sincere experience from start to finish."

In her room at St. Joe's, St. Amant used inflatable birthing balls to help her progress through labor. She had her heart set on un-medicated natural childbirth, but it wasn't in the cards. An epidural was advised to prevent her pelvic floor from tearing.

"I had my hesitations but they offered me a consult with an anesthesiologist. That gave me a lot of confidence," she said. "I don't have any complications. It took effect and did exactly what I hoped it would do."

"It's in large part what the women desire," said Caroline Lasewicz, a nurse practitioner

and certified nurse midwife at Core Physicians Obstetrics and Gynecology at Exeter Hospital, which uses the TeamBirth system, a model of coordinated care in use at 12 U.S. hospitals, including Brigham and Women's Hospital in Boston.

"Some people are more comfortable in a medical setting. Others want to be as hands-off as possible. Sometimes that's not in the cards medically, and we help bring it back as much as possible to the experience they wanted," Lasewicz said.

Whether through natural birth without medication, or a scheduled Cesarean section with pain-numbing medicine delivered by an epidural near the spine, the goal "is much less intervention and keeping moms and babies together," said Dr. Kelly MacMillan, an obstetrician who has delivered babies at St. Joseph's Hospital since 2002.

"The goal is for mom to deliver wherever she wants," said Theresa Small, a certified nurse midwife at St. Joseph Hospital. Moms-to-be wear telemonitors while they walk. Delivery can occur "in the bed, on the floor or in the shower, wherever mom lands," the midwife said.

The personalized approach starts when a woman decides she wants to get pregnant. Maternity care experts cite more prenatal education and patient interest in tapping into early prenatal care. Support continues after the baby is born, with hospital staff check-ins by phone and home visits by nurses, and more attention paid to mental health.

"Most women are preparing themselves more for childbirth and caring for themselves." They're coming to maternity ward tours eager to learn, said Renee Maloney, administrative director of maternal child health at Catholic Medical Center in Manchester, where roughly 1,000 babies are born each year.

A home-like ambience helps reaffirm that birth is a natural human process. When people come to tour Mom's Place, CMC's maternity ward, "they comment



Kelly MacMillan, physician, speaks with a reporter as Tim McMahon looks on in a birthing room at St. Joseph Hospital in Nashua on April 22.

on how quiet, homey, peaceful and calm it is."

About 10 years ago, CMC was the first U.S. hospital to practice family integrated care, a model developed in Sweden, said Maloney. Mom dad and baby, labor and delivery, recovery and postpartum care happen in the same room. Both parents participate in step-by-step decision making, and hear staff and shift change-over reports, which are given in their room. If their baby needs intensive care services, the family is transferred together to a family care suite.

"The big shift is to align mater-

nal preferences for delivery with recommendations for maximizing a safe delivery for mom and baby" in a more supportive environment, said Dr. Heidi Meinz, an obstetrician at Manchester OB-GYN and Elliot Hospital.

"We do skin-to-skin immediately. If baby needs intervention, it's done at mom's bedside," said Maloney at CMC. "That includes respiratory support, IV fluids and nutrition or extra labs and tests."

Research shows that having more skin-to-skin time with mom "changes the way babies respond to the outside world. They adapt sooner. They can wean off respi-

ratory support within the hour."

It also reduces the risk of postpartum depression in mothers, which can occur when there's a traumatic birth experience or the baby is removed to neonatal intensive care. If the baby needs to be intubated to support independent breathing, mom sits beside the newborn in a rocking chair in the NICU, Maloney said.

"A very good team approach" leads to patient and staff satisfaction, she said.

In November, Exeter Hospital became the state's first hospital to become certified in the TeamBirth system developed by Ariadne Labs, which found that lapses in communication and care coordination were the key causes of problems in labor and delivery. In TeamBirth at Exeter Hospital, maternal and newborn care continues from pre-conception to after birth and includes free follow-up nursing and lactation visits at home for patients in Rockingham County. During labor and delivery, the team may include an obstetrician, nurse midwife, doula, lactation specialist and a housekeeper for the mother's room.

"Cinderella's mice will come in when you're in the shower and when you come out, your bed is fresh and turned down," said April Henry, director at The Family Center.

During lactation and nursing home visits, "We bring our scale into the home, assess for jaundice" and determine if the baby or mother need to be seen sooner than scheduled, she said. "We do free home visits and don't bill insurance."

"When you go home after being watched for one to three days, you can feel isolated, scared of changes in your body. Your baby is fussy and up all night," said Shauna McMenimen, a nurse and lactation specialist at The Family Center. "It's health and psycho-social."

"Grandparents are still working and not in the area," McMenimen said. "You still need your village. They just don't have the village. We try to create one for them."

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Hunger and pregnancy complications go hand in hand, study finds

By Erin Blakemore
Special to the Washington Post

Those who go hungry or worry about getting food while pregnant are at higher risk of complications such as preeclampsia and gestational diabetes, a new analysis suggests.

The paper, published in JAMA Network Open, used data from an online health survey of more than 19,300 pregnant Kaiser Permanente Northern California members between June 2020 and September 2022. Researchers did not find similar risks among those who received food assistance while pregnant.

Participants were screened for food insecurity with questions about whether they had run out of food or worried about running out because of money while they were pregnant.

Fourteen percent of the participants — about 2,700 — said they had experienced food insecurity during their pregnancy, and 7.6% — 1,470 — said they received food assistance while pregnant.

The analysis found that food-insecure participants had a higher rate of gestational diabetes (10.9% vs. 7.9% among those without food insecurity), preeclampsia (8.1% vs. 6.3%) and other complications, including preterm birth and neonatal ICU admission. Gestational hypertension and Caesarean delivery were not associated with food insecurity.

By contrast, those who said they received food assistance did not experience the same rate of complications.

The reasons for the



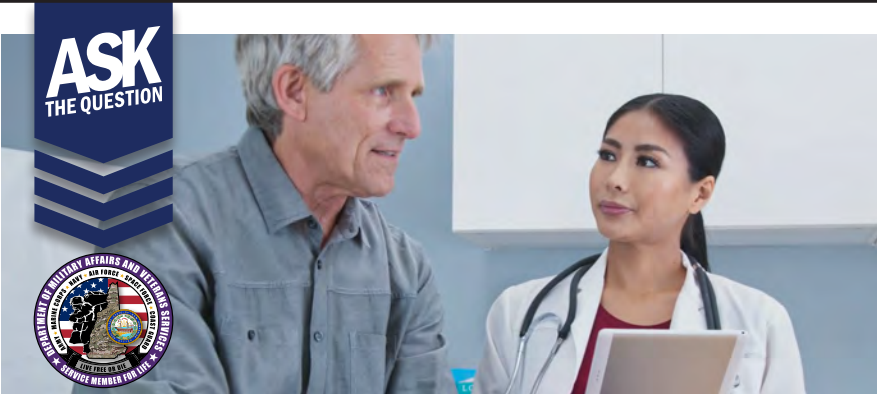
PHOTO BY JOEY THOMPSON ON UNSPLASH.COM
Those who are food insecure or worry about getting food while pregnant are at a higher risk for complications, according to a paper published in the JAMA Network Open.

higher complications rate are unclear, the researchers write: Less healthy diets, inconsistent eating habits and the stress of worrying about food could play a role.

“It was reassuring to see that even during difficult times, receiving food assistance may mitigate the adverse effect of food insecurity on pregnancy complications,” Assiamira Ferrara, a senior research scientist at Kaiser Permanente’s Division of Research and a study co-author, said in a news release.

The majority of participants who said they received food aid got benefits from the grant-based Special Supplemental Nutrition Program for Women, Infants and Children, commonly known as WIC. The program served 6.31 million pregnant and postpartum people, infants and children in 2022, according to the U.S. Agriculture Department.

The researchers recommend better screening for food insecurity in pregnancy and policies that ensure food assistance funding and availability.



The Right Referral Starts with the Right Question

Have You or a Family Member Ever Served in the Military?

In 2013, Lt. Col. Stephanie Riley of the NH Air National Guard was working in an emergency department, where she often saw patients experiencing headaches, dizziness, and hearing loss. Many were misdiagnosed with migraines, when actually they were Veterans suffering from Traumatic Brain Injury (TBI). One day, Lt. Col. Riley encountered a Veteran who had visited three healthcare facilities without being asked about their military service. By the time they reached out, it was too late—the Veteran took their own life.

This tragic experience led Lt. Col. Riley to advocate for a simple practice: asking about military service at intake. Sadly, Lt. Col. Riley passed away in December 2014, but her spirit and message would lead to the creation of NH’s Ask the Question initiative, now marking its 10th anniversary in 2025.

Ask the Question encourages service providers across all sectors—healthcare, housing, employment, mental health, social services, education, and others to ask one vital question: “Have you or a family member ever served in the military?”

Every day, Veterans, Service Members and military families go to work, school, medical appointments, and otherwise enjoy life in NH. Yet not all Veterans self-identify, for different reasons, which can delay or prevent them from obtaining needed services.

Why this matters: nearly 90,000 Veterans live in NH, yet not all receive or are qualified to receive care at the U.S. Department of Veterans Affairs (VA). Asking the Question enables providers of all kinds to more effectively identify, screen, refer, and connect Veterans to targeted care, resources, and earned benefits — which can ultimately lead to improved outcomes, reduced costs, and averted crises, while honoring military members and families for their service and sacrifice.

Over the last decade, Ask the Question has been adopted by thousands of providers in NH. The initiative has inspired efforts across the country, and has been recognized as a “best practice” by the VA and the U.S. Substance Abuse and Mental Health Service Administration.

To learn how you can Ask the Question and what to do when the answer is “yes,” go to www.AskTheQuestion.NH.gov for free training information or call (603) 227-1403.

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DIFFERENCE





The Birth Center
of Nashua

AT ST. JOSEPH HOSPITAL



Choices

From Page B1

more of a focus on patient-centered care over the past two decades.”

Overall, Mainz said, the movement in labor and delivery is toward “a more supportive, less medicated, less interventive birth.”

“We’re very excited when someone wants to have a natural delivery. And we’re ready to intervene when necessary,” Mainz said.

Pre-pregnancy planning

“Pregnancy care starts when you’re thinking of becoming pregnant, rather than when you get a positive pregnancy test,” said Mainz. “One of the most underutilized interventions that has a high potential for significant positive impact is to have a visit with an OB-GYN, primary care provider or midwife before you get pregnant.”

“That pre-conception visit allows us to talk about risks, family history, medications you’re taking and optimize treatment for whatever medical conditions you have.”

The first visit is the time to come up with a profile, including a schedule of tests. “For someone with diabetes, we want to maximize blood sugar control before conception. If women have high blood pressure, certain medications are better during pregnancy than others,” said Mainz.

Genetic testing ideally should be done before a woman gets pregnant to determine if she and her partner both carry a mutation for a genetic disorder, the obstetrician said. Embryos can be tested at 16 to 18 weeks.

Selecting a provider

When making your choice, it’s important to pick “someone you’re comfortable with, who is approachable for the questions you have. Much



METRO

Obstetricians are physicians with four years of college and four years of medical school. They are the go-to specialists when there are any complications, underlying medical conditions, or reasons for heightened risk or worry.

of prenatal care is preparing women for labor and delivery. Communication is the most important thing in that relationship,” said Mainz. Try to meet as many providers within a group practice “so you can to have a familiar face” during labor and delivery.

Here’s a guide to maternity care professionals — who to choose for which services.

Obstetricians

Obstetricians, physicians with four years of college and four years of medical school, are the go-to specialists when there are any complications, underlying medical conditions, or reasons for heightened risk or worry. That may be because of diabetes, chronic high blood pressure, anemia, a low blood count or a mother’s age —

anything that creates more unknowns and things to watch.

Some women choose obstetricians to have a target date for delivery by Cesarean section. Even then, the goal is to make the experience as family-friendly as possible.

“We can delay (umbilical) cord clamping and rapidly transfer the newborn to mom. We can drop the drape so she can see the baby as it’s being born. We’re trying to make Cesarean delivery something that they can experience more than when they were behind a blue drape and hearing their baby crying,” Mainz said.

Some birthing hospitals use hospitalists — physicians who work only at that hospital — to deliver babies whose mothers have received prenatal care from

affiliated outpatient providers.

St. Joseph Hospital in Nashua uses the same obstetricians and midwives for prenatal care and labor and delivery. Patients can choose to see one obstetrician or midwife or rotate between them.

Mainz, an obstetrician at Elliot Hospital, said another option is to use a family care physician for prenatal care and delivery.

Midwives

The percentage of women choosing midwives for labor and delivery has been increasing over time, but “the general public is not aware of the 24-hour service they provide, said Dr. Kelly MacMillan, an obstetrician for 23 years at St. Joseph Hospital.

“A lot of people just don’t know what a midwife is or

does,” said Theresa Small, a certified nurse midwife at St. Joseph.

Midwives who deliver babies at homes and at birthing centers outside hospitals go through professional training, but they do not provide the same scope of services as certified nurse midwives, who are registered nurses with master’s degrees in obstetrics and gynecology.

Certified nurse midwives are at hospitals and OB-GYN practices, where they see patients before pregnancy, during pregnancy, during labor and delivery and postpartum, said Renee Maloney, director of maternal and child health at Catholic Medical Center in Manchester. They tend to spend more time with patients, focusing on communication and building a trusting relationship.

“We spend more time on education, hoping to avoid intervention” during labor and delivery, said Small at St. Joseph. Mothers “get to be the driver of their care, get to make their own decisions and are educated to be able to make them.”

“The widwifery practice sets the tone that this is a normal process. Yes, you need to compromise on what is safest for baby and mom. But it shouldn’t have to be fraught with intervention. It can be a friendlier, less medicalized experience,” said MacMillan at St. Joseph.

“The midwives we work with know their limitations and if they need our help, they call. They will go the extra mile, do whatever they can to give you the birthing experience you want, including holding your hand.”

The team approach

At maternity group meetings at St. Joseph’s Hospital, for instance, staff discuss patients’ needs, and whether a patient needs an obstetrician or a multi-practitioner approach, MacMillan said. Even if doctors and midwives care for patients separately, they’re ready and available to work together.

For moms-to-be, childbirth “is the best momentous day of your life, most vulnerable and most memorable. Eighty to 90% of adverse outcomes in obstetrics can be related to a breakdown in communication or teamwork,” said April Henry, director of The Family Center at Exeter Hospital, which uses the TeamBirth model developed by Ariadne Labs Healthcare Innovation Think Tank in partnership with Harvard Medical School.

The team approach “flat-

▶ See **Choices**, Page B7

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Choices

From Page B6

tens the hierarchy between patients and providers and gives patients dignity and authority. It's a huddle. A doula is part of the team birth process as well."

Doulas

Most patients don't use them, but they're becoming more common and studies by the National Institutes of Health say they foster positive outcomes. Their main role is support during pregnancy and postpartum. "They're a voice for the women who may be in distress," said Meinz. "They translate between staff and patient, and function not only during pregnancy, but also help mothers transition to the outside world with a newborn."

They can be game-changers for women who don't have traditional support from mothers or sisters.

A doula is "a professional resourceful person to turn to. Some people get to know their doula and have a strong emotional connection," said Allison Morgan, a doula and owner of a Holistic Birth and Beyond, a doula agency in Manchester. "The doula gets to be the person who gives them undivided attention" during labor and delivery, and can be available up to three months after birth — during "the fourth trimester," Morgan said, helping with lactation, feeding, meal prep, sibling involvement and overnight care.

Doulas are not covered by health insurance, and cost can be a barrier, running from \$1,500 to about \$3,000 depending on the time and support desired, said Morgan.

Patient education

Pre-and post-natal education from maternity care providers includes what to believe, what to dismiss and where to find reliable



PHOTO BY OLIVIA ANNE SNYDER ON UNSPLASH.COM

A doula's main role is to provide support during pregnancy and postpartum.

information.

When patients ask for outside sources, Small at St. Joseph Hospital steers them to websites such as Spinning Babies, Evidenced Based Birth, Stay Fit Mom, A Midwife Nation, and online medical sources for nutrition advice.

"There's so much people hear on social media. Yes, that information might be true, but we're directing them to the best place to go for that information," she said.

MacMillan stresses the

importance of staying active — "not necessarily running a marathon" — but yoga, stretching, walking, eating healthy and doing what you can to reduce stress.

"Some people have googled every ingredient in every vitamin they're taking. There's so much information whether it's AI or Google. You get different messages depending on what you type," said MacMillan. "When in doubt, just ask. There's no such thing as a stupid question."

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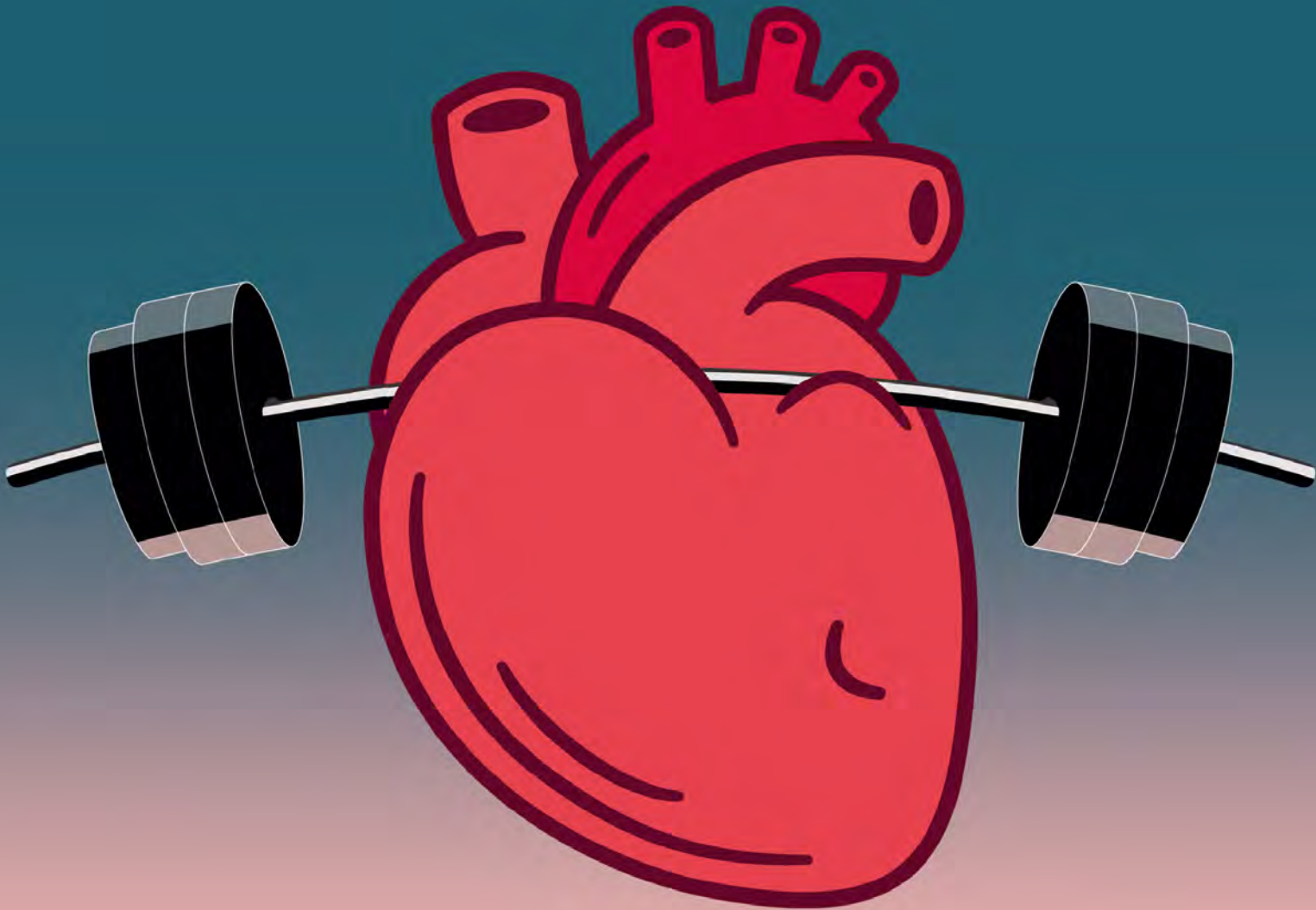
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