

What hospital do you deliver at?

We only deliver at Advent Health Tampa.

Who will deliver me?

One of the physicians or our Certified Nurse Midwife will deliver you. We share coverage of the hospital equally. You will meet all providers during your prenatal visits.

How is a Certified Nurse Midwife (CNM) different from a doctor?

There are different types of midwives and CNM has the most thorough training of them all. CNMs are nurses who complete graduate level training at an accredited program. “Accredited” means an authority confirms that the program is held to a high standard as far as education, training, and outcomes. CNMs perform vaginal deliveries, repair common obstetrical lacerations, manage pregnancy prior to delivery, and can perform “Well Woman Care” outside of pregnancy.

What happens if there is an emergency and the CNM needs the doctor?

Whenever our CNM is covering the hospital, one of our doctors is assigned to be her “backup”. In the rare event that there is a true emergency where a doctor is needed immediately, the hospital has obstetrician physicians that will help while we are on our way to the hospital.

Do you support immediate skin to skin and delayed cord clamping after delivery?

It is standard to do immediate skin to skin (for at least an hour) if baby is doing well. It is standard to do delayed cord clamping (30-60 seconds is recommended).

Can I do a water birth?

No. Water births are not an option with our practice or at our hospital.

Do you support a non-interventional birth?

Yes, if you go into labor and both you and baby are well. We encourage movement and have ways to support different positions. You must have IV access and fetal monitoring. But you don’t need to be hooked up to an IV and we have wireless fetal monitors to make movement easier.

If there is an issue, we will recommend interventions. These will never be done without your consent, explaining why, and answering questions. Examples of issues that require interventions include: elevated blood pressures, bag of water breaks but labor does not start, baby is not tolerating labor well

Do you induce your patients?

We induce some of our patients. If patients do not go into labor, we induce at 41 weeks (one week past the due date) at the latest. We will recommend induction earlier for certain groups of patients who have higher risks of complications. This includes patients who develop high blood pressure, patients with chronic medical issues (like diabetes or high blood pressures), or patients 35 and over.

What if I don’t want to be induced?

We know that many patients are anxious about the idea of induction but there are situations where it is safer for mom and baby to induce labor. We encourage you to talk to us about your concerns because there is a lot of information out there that is wrong, particularly on social media. A birth after induction can still be a positive experience where you feel connected to your baby. If we recommend induction and you decline, you will sign a form acknowledging that you are going against our medical advice and accept the risk of doing that.