



Meet the Midwives

Midwifery Services
At
The GW Medical Faculty Associates

GW Midwifery: Who and Where We Are

Our Locations

22nd & I Streets, NW
5th Floor
Washington, DC 20037

2300 M Street, NW
Suite 110
Washington, DC 20037

4920 Elm Street
Suite 225
Bethesda, MD 20814

Call 202-741-2500

gwdocs.com/midwifery-services



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Midwifery Services

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Midwifery Services

EMBRACING THE WISDOM OF COLLABORATIVE PRACTICE



Thank you for inquiring about our Midwifery Services at The George Washington Medical Faculty Associates. We believe that collaborative care between midwives and physicians yields the very best outcomes for pregnant women and their babies. Our full-scope midwifery service provides in-hospital, midwifery-managed prenatal care and deliveries for the women of the Washington DC Metro Area. We only deliver at The George Washington University Hospital. We also provide a full array of GYN services and primary health care.

As of August 2018, there are 11 midwives and two Midwifery Fellows in the practice. Midwifery Fellows are fully licensed and credentialed midwives who are taking an additional year of training with us to hone both their clinical and collaboration skills. You will see them and our students working with us both in the office and on labor and delivery. [Click here](#) to learn more about each of our Midwives.

We see women on the typical prenatal schedule and provide 24/7 coverage for deliveries. Medical consultation and collaboration is provided by our physician colleagues at The George Washington Medical Faculty Associates and The George Washington University Hospital.

The George Washington University Hospital is located at 23rd and I Streets NW, at the top of the Foggy Bottom escalators.

We ask that women who consider our midwifery service meet the criteria below:

- Be in excellent health
- Follow our nutritional, exercise, and lifestyle guidelines
- Be committed to natural birth
- Have partners who are engaged in the pregnancy and natural childbirth process and additional labor support (a doula)
- Understand that there is an inherent risk in pregnancy and birth
- Embrace our model of care in a university-based learning environment
- Be committed to waiting for labor to begin on its own until 42 weeks

Additionally, please review the [Midwifery Screening Tool](#) to ensure that you do not have conditions that would preclude you from midwifery care. Once you have reviewed these documents, please call us at (202) 741-2500 to schedule an appointment.

We host monthly **Meet the Midwives** sessions to come learn more about us.

Blessings on your journey!

Established June 2010

Midwifery joins The GW Medical Faculty Associates

Collaborative Practice Model

Midwives and physicians are equal and expert partners with different skill sets practicing together to meet the diverse needs of women



Collaborative Practice

“OB-GYNs and CNMs/CMs are experts in their respective fields of practice...who may collaborate with each other based on the needs of their patients. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.”

-ACOG 2011



Our Administrative Team!



April Stevenson
Administrative Assistant



Tiphanni Perkins
Our Billing Specialist

Meet the Midwife

Whitney Pinger, CNM, FACNM



Meet the Midwife

Nora Fisher, CNM



Meet the Midwife

Kimla McDonald, CNM



Meet the Midwife

Kandace Thomas, CNM



Meet the Midwife

Hannah MacIntyre, CNM, WHNP-BC



Meet the Midwife

Ilana Eastman, CNM, WHNP-BC



Meet the Midwife

Maria Christina “Tina” Johnson, CNM, FACNM



Meet the Midwife

Anayah Sangodele-Ayoka, CNM



Meet the Midwife

Katie DePalma, CNM



Meet the Midwife

Dina Daines, CNM, DNP



Meet the Midwife

Kaitlyn Mole, CNM, MSN, SANE-A



Meet the Midwife

Jeanne Murphy, PhD, CNM, FACNM



Midwifery Fellows



Jashia Pinkney, CNM
Meghan Noonan, CNM

Midwifery Students

Abigail Deangelis, SNM

Liane Guarnieri, SNM

Lina Wong, SNM

Ronit Zelivinski, SNM

Criteria for Enrollment

- Be in excellent health
- Follow our nutritional and exercise guidelines
- Be committed to natural birth
- Have partners or supportive community who are engaged in the pregnancy and natural childbirth process AND additional labor support
- Acknowledge the risk inherent in pregnancy and birth
- Embrace our model of care in a university-based learning environment
- Wait for labor to begin on its own until 42 weeks despite the ARRIVE Study

Prenatal Care

- Review our website: <http://www.gwdocs.com/midwifery-services>
- Call **202-741-2500** to make an appointment at any office
- Verification of Pregnancy or New OB Visit
- Communicating with us:
 - Enrolling in **myHealth**
 - 24/7 coverage **202-741-2500**
 - GW MFA Secure Emails: Welcome Documents and Term Pregnancy Guidelines emails from midwife@mfa.gwu.edu
 - Nurse Phone Line: Call **202-741-2500 and Press 1**
- Regular visits at our three convenient office locations: Every 4>2>1 weeks
- We order: Sonograms, genetic testing, and blood work
- Medical consultations and collaboration
- “Risking Out”: Complications that require transfer of care
- Primary midwife and/or rotating through the midwives
- Focused on helping you feel safe and Optimizing your Chances of Natural Birth

36 Week Guidelines

- Nutrition and exercise: Food, water, fresh air, and sunshine
- Red raspberry leaf tea
- Evening primrose oil
- Love, laughter, and lust: Let the oxytocin flow
- Staying away from negativity
- Be familiar with our labor instructions and how to contact us
- 36-37 Week Visit: GBS swab, consents, and optional mock labor exam
- Read our postpartum guidelines and prepare for breastfeeding

GW Pearls for Physiologic Birth

- Oral hydration and nutrition in labor optimize outcomes
- Avoid routine intravenous fluids
- Intermittent auscultation is the standard of care for all low-risk labors
- Ambulation and freedom of movement facilitate labor progress
- Hydrotherapy is a safe and effective comfort measure during labor
- Continuous labor support is the standard of care
- Avoid routine rupture of the membranes
- Expect individualized labor progress
- Support initial passive descent and self-directed open-glottis pushing
- Avoid routine episiotomy and aggressive perineal massage
- Delayed cord clamping improves neonatal outcomes
- Facilitate immediate skin-to-skin contact and breastfeeding
- Trial of labor after cesarean is the standard of care
- Planned vaginal breech birth may be a safe option in an inter-professional setting
- Inter-professional education, collaboration, and team-based care promote optimal outcomes
- Practice according to current evidence and trust the body's innate capacity to birth

Hospital Routines

- Vital signs
- Cordless fetal monitor for 15-30 minutes and then as indicated
- Blood draw and saline lock
- Vaginal exam
- We are your Birthing Village: You and your partner, midwife, doula, nurse, OB and anesthesia as needed



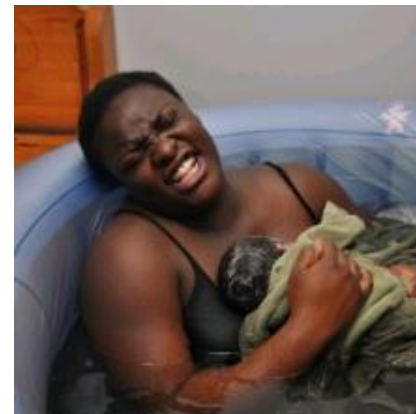
The Pinger Patterns of Labor

- Every labor is unique and different
- Women are sovereign beings whose bodies follow maialogical time, not linear time
- By establishing a healthy lifestyle, following optimal nutritional guidelines, exercising regularly, and having lots of LOVE and support, each woman optimizes her chances of achieving a normal and natural delivery
- We generally see labor following three different patterns. We describe these patterns as The Patterns of Labor or “The Labor Doors”



Pattern 1: Normal Labor 66%

- Labor starts spontaneously
- Labor progresses with no intervention, just love and support
- There are no complications
- A spontaneous delivery occurs within 24 hours



Pattern 2: Prolonged But Normal Labor 22%

- Labor starts spontaneously and progresses slowly, but steadily
- Issues may arise requiring some intervention and additional time
- The 5 P's: The powers, passage, passenger, psyche, pain
- A spontaneous delivery occurs in 48 hours
- OB Team consultation and collaboration as indicated



Pattern 3: Complicated Labor 12%

- May begin with rupture of the membranes without the onset of labor
- Painful contractions may be irregular over several days and nights without progress
- This indicates a mal-presentation of the fetal head in the mother's pelvis
- This labor can be very painful and demoralizing
- Other possible complications: elevated blood pressure, fever, or baby's heart rate
- Pattern # 3 labors requires intervention: OB Team Collaboration and possible transfer of care



Complicated Labor: The Athena Rule



- Athena is the Goddess of WISDOM, COURAGE, and STRATEGY
- When a woman enters Pattern 3 Labor, the midwives go with her, and bring the wisdom of the entire medical, nursing, anesthesia, and NICU teams with us
- In the absence of urgent complications, we are able to provide pain management and then reset the clock, do not have specific timelines, and collaborate with the OB Team to make the right decisions for you and your baby
- If, however, there are two additional issues going on with the labor, in addition to its' length, we advise you to proceed with cesarean or other operative delivery and transfer your care to the OB Team
- First Issue: Prolonged labor
- Additional Issues: Fever, baby's heart rate is not reassuring, persistent mal-presentation, meconium stained amniotic fluid

Our GW Midwifery Outcomes

June 2010 – December 2018

- 93.7 % Vaginal Delivery
 - 80 % Natural Childbirth
 - 20 % Epidural
 - 2.7 % Episiotomy
 - 2.7 % Forceps and Vacuum
- 6.3 % C-Section
- 90 % VBAC Success
- 3 % NICU Admission
- 5.7 % Hemorrhage



National Benchmarking Certificate

TOLAC and VBAC

TOLAC: Trial of Labor after Cesarean

VBAC: Vaginal Birth After Cesarean aka Very Brave And Courageous

- Who is a candidate?
- Benefits
- Risks

Our Requirements:

- Continuous fetal monitoring
- Blood work and saline lock
- Clear liquids
- OB Team and Anesthesia consultation and collaboration at the time of admission

Postpartum Care

Pitocin to prevent postpartum hemorrhage

Mother-Baby Couplet Care

Lactation assistance

24-48 hour stay

Level III NICU

GW Midwifery Postpartum Guidelines



Questions



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