

Little Lambs Birth Services Informed Disclosure

Philosophy. I believe birth is a natural event, trusting your body and intuition is vital. It is important to pair that trust with evidence based care and informed consent. I believe in fostering this process by building a relationship with you and your family; a relationship built upon encouragement, respect, and knowledge. I will support you through pregnancy, labor, birth and into postpartum. I will come alongside you and we will work together to monitor your pregnancy and labor. The birth year is life altering for the whole family. I will be a collaborator with you and your partner to ensure a safe venture and guide your transformation to parenthood.

Evidence Based Care utilizes the most current clinical approach to client care. Combined with traditional midwifery skills, this combination of art and science offers the best practice option for out of hospital birth with a home birth midwife.

Informed Consent is your right to be fully informed about any test or procedure offered during your care in my service. This includes risks, benefits and statistical information, regarding any aspect of care. This informed disclosure considers the risks and benefits of recommendations for care, tests or procedures based on physical evaluation or diagnostic test results. Informed Consent qualifies you to knowledgeably participate in decision making for your birth year.

Home birth is not the best or safest option for every woman. Each woman and her partner must decide where is the best setting for her birth and whom to be the best attendant for that birth. Women at home have the comfort and freedom of their own home, but they have a more limited availability to emergency care should the need arise. The need for emergency care in low risk pregnancy is very rare and is often recognized with enough time to seek assistance. These complications are minimized when the woman cares for herself and growing baby with good nutrition and exercise and she receives consistent and skillful prenatal care. Low risk pregnant women at the hospital have a greater risk of intervention and may risk contracting hospital based infections. Despite the best of care, in any setting, some poor outcomes can be unavoidable. If you (or your family) have any questions regarding the care you will receive from me and my assistants, please feel free to ask. I encourage concerned family members to join us at your prenatal appointments, if you are open to this. The most recent study published in 2015 (by Melissa Cheyney, et al.) revealed that in nearly 17,000 women who had a planned homebirth with a midwife in attendance, 93% of them had a normal, physiologic birth. While promote safe homebirth, hospital birth has its benefits. I am grateful for the technology and expertise available for women that chose or need to have their babies in a medical facility.

Training. I am an experienced doula, having trained and then certified with DONA International in 2010. It has long been my personal and professional desire to assist women in having the births they desire. Shortly after that, I began assisting local home birth midwives as needed. I was offered a midwifery apprenticeship in 2014. My training and academic studies were directed by the protocols developed by the North American Registry of Midwives (NARM) Portfolio Evaluation Process. I have completed the program and earned the credential of Certified Professional Midwife (CPM) from NARM in 2017.

I must recertify with NARM every three years, which includes 30 hours of continuing education. Per NARM guidelines, I participate in regular, confidential Peer Review with other

midwives. I carry certifications in Basic Lifesaving Support (BLS) and Neonatal Resuscitation (NRP), which are renewed every two years.

Currently, the states of Illinois and Iowa do not license CPMs. I passionately support the legal recognition of trained and certified midwives. I am politically active in both states in support of the legislation that will recognize my certification. Illinois and Iowa are two of 17 states that do not permit CPMs to be licensed. Licensure would ensure professional accountability for home birth midwives who have earned their CPM. This recognition would create pathways for better collaboration between midwives and local physicians, making a potential transfer or consultation for a suspected complication seamless.

Plan of Care. I offer routine prenatal, birth and postpartum care for low risk women in my home office and in the comfort of their home. Care typically begins late in first trimester. Once you establish care with my practice, I plan to see you every four weeks for prenatal care. Once you enter into third trimester, we will meet every two weeks until 36 weeks gestation. These appointments generally occur in my home office. Once you have completed 37 weeks gestation, my assistant and I will come to your home once a week, until you give birth, to become acquainted with your space. During these prenatal appointments, I will provide compassionate, skilled care to you. Combined with your ongoing informed decision-making, we will explore nutritional counseling, emotional support, and classes to prepare you for your home birth experience. Each appointment will be approximately an hour long. If at any point I feel it necessary, I will refer to a Certified Nurse Midwife (CNM), a doctor, or the nearest emergency room.

With the onset of labor, my assistant and I will come to your home when you feel it necessary. We will bring with us equipment and medications necessary to ensure a safe birthing process. We will stay with you for at least two hours after you have given birth. During this time, we will ensure you are provided with a meal, ensure breastfeeding has been established, review your post partum instructions, and clean up your birth area – all while making sure you are as comfortable as possible. If at any time I feel it is emergently necessary, I will bring in emergency care (911) and we will transfer to the nearest hospital. I will remain with you during this time.

I will continue supporting you through your postpartum period. I will provide a 24 hour visit, a seven day visit, and a 14 day visit. If needed, I will have a lactation specialist visit on day three or sooner as needed. These visits will all be in the comfort of your home. I will ensure you are doing well and baby is growing according to the World Health Organization's standards. If you chose, I will administer Vitamin K (injection or oral doses) and perform the Newborn Screen (heel stick test) at these appointments. I will go over any questions and concerns you may have during that time. Your final visit will be at six weeks post partum and will occur in my home office.

I will have at least one assistant with me at your birth and possibly at some appointments. My assistants will have access to your file and personal information. They are required to adhere to the protocols of HIPPA, which ensures your information remains confidential. I require that they hold current certifications in BLS and NRP, as well as maintain continuing education.

Transfer of Care. One advantage of our extensive prenatal, birth and postpartum support is to continually evaluate your potential for risk. If I should feel it necessary to have a medical consultation, I will refer you to Becki Wagschall, CNM or Janel Miner, CNM at Edgerton's in Davenport, IA. If you or your baby should need emergency medical care during the birthing

process, we will go to the nearest hospital by personal car or ambulance, as necessary. Please refer to my information guide entitled “Transfer of Care.”

Practice Management. Once care is established, I am committed to you 24/7 via phone, text or email. If you need my immediate attention, please call. I also have a midwife I work closely with. In the event that I am out of town or unavailable, she will answer call.

Relationship. By leaving the medical model of care and entering into the midwifery model of care, you are committing to a relationship with me, your midwife. This relationship must be built on trust. I’m trusting that you will take exceptional care of yourself and your growing baby. I may chose to transfer you out of care if I feel you are jeopardizing that trust. This will be an ongoing conversation throughout our relationship. Likewise, you are trusting that I will take exceptional care of yourself and your growing baby. If at any time you are unsatisfied with my care, I ask that you speak to me. If you find that further action is required, I encourage you to contact my certifying organization, North American Registry of Midwives. A written complaint against any CPM can be sent within 18 months of my time of service to you. These concerns should be addressed to NARM Accountability, Shannon Anton, PO Box 128, Bristol, VT 05443. To find out more about this process, you can go to narm.org/accountability. I do not carry malpractice insurance.

You will have time in office to discuss any questions or concerns you have regarding this document, the care you will receive under my practice, or homebirth in general.

I/we attest that I/we have read and understand the content of this form.

Client

Date

Partner

Date