Informed Disclosure for Midwifery Care and Out of Hospital Birth

This Informed Disclosure for Midwifery Care given by the midwife, Rebecca Honeycutt, LM, CPM to

Client's Name(s) _____

for the purpose of describing the midwife's credential's, philosophy, home birth safety, services provided and limitations, transfer plan, client privacy, as well as the rights of the clients and grievance mechanisms to the client.

Credentials: Midwifery training was a combination of college courses, 4 years apprentice-based clinical studies, an informal educational program required by my preceptor, and a score of 75% or more on the National Midwifery examination. I am licensed as a midwife through the Louisiana State Board of Medical Examiners and certified by the North American Registry of Midwives. I am not an advanced practice registered nurse, certified nurse assistant, or medical doctor. My midwifery license number is 310822. I have been a licensed midwife for 2.5 years, attending approximately 97 births, 40 of those as primary caregiver.

Philosophy: The midwife agrees with the Midwives Model of Care, which is based on the fact that pregnancy and birth are normal life processes.
The Midwives Model of Care includes:

- Monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle
- Providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support
- Minimizing technological interventions
- Identifying and referring women who require obstetrical attention

The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma, and cesarean section.

As a midwife, I believe the practice of midwifery to be distinct from the practice of medicine. I base my profession on a model of care which believes:

- Each woman is unique and her care should be tailored to meet her individual needs.
- Attending to a woman's emotional and spiritual needs is as important as providing adequate medical care.
- Midwives are trained by other midwives, whether that training takes place in schools or through apprenticeships.
- Midwives maintain a professional attitude and practice which promotes collegial and respectful relationships among all healthcare providers.
- The relationship between midwife and client is collaborative.
- Midwives support the inter-relationship of midwifery and communities.
- Midwives promote the awareness of the connection between health of women, babies, and families; the environment; and the world communities.

Safety: The midwife finds it difficult to give an accurate comparison for the safety of giving birth in different birth settings in the United States, reasons being there are no comparable ways for collecting data among hospitals, freestanding birth centers and homebirth midwives. The midwife believes it is disingenuous to use studies outside the United States as the standard of

midwifery care is integrated into the medical establishment in those countries, while that is not the case in the US. However, the midwife acknowledges these studies have shown out of hospital birth, birth center births, and hospital births to have similar statistical outcomes for the mother and the baby when low-risk or normal risk women are in attendance with a skilled birth attendant and ready access to medical care. The American College of Obstetricians and Gynecologist (ACOG) also agrees that the safety of out of hospital birth meets the same criteria of low risk pregnancy, skilled birth attendant and ready access to medical care. In Louisiana, the access to medical care must be taken into special consideration for the overall context of home birth safety. In addition, the latest statistical analysis for home birth outcomes in the United States conclude that there are far fewer medical interventions that affect overall maternal and neonatal health with a slight increase for neonatal death.

Midwifery Services Included: Services include regularly scheduled prenatal visits that include dietary and healthy lifestyle recommendations, well checks on the pregnant person and the baby, and referrals given as needed. There is text availability for questions, concerns between appointments. Education is given based on needs in the areas of nutrition, childbirth, newborn care, breastfeeding, etc. The midwife provides the medical supplies needed for the birth and immediate postpartum. The midwife has a birth pool available and includes supplies necessary for maintaining a sanitary pool environment. Intensive postpartum care that specifically guards against maternal infection, postpartum depression and supports the breastfeeding relationship. The midwife is responsible for filing the birth certificate, verifying paternity for unmarried couples, the newborn screen (heel prick test), and the congenital heart defect screen. The midwife makes referrals for lab work, ultrasounds, the newborn hearing screen, and for any indication that may require more specialized care or assessment. The midwife keeps detailed records of the prenatal, labor and birth, and postpartum and newborn periods up to six weeks. The client is given access to their records by a secure online format for review and download, and has the right to make requests for corrections. A hard copy of the Birth Summary, Immediate Postpartum for the Baby, and first few days of Well Baby Checks will be given to the clients for review by their Pediatrician of choice.

Limitations: Services provided by the midwife are complete obstetrical care of the low risk woman and her baby up to six weeks postpartum. Per state regulations, the “midwife shall refer a patient to a physician for risk assessment whose progress at any time during pregnancy or the postpartum period deviates from the criteria generally accepted as normal as defined by the board Louisiana State Board of Medical Examiners §5315 including but not limited to: is prescribed medication for diabetes, has hypertension (high blood pressure), Rh disease isoimmunization (Rh negative blood type) with positive titer, active tuberculosis, active syphilis, active gonorrhea, HIV positive or is otherwise immunocompromised, epilepsy, hepatitis, heart disease, kidney disease, or blood dyscrasia (any disorder affecting blood cells or platelets including an abnormally high white blood cell count); contracts primary genital herpes simplex during the pregnancy or manifests active genital herpes during the last four weeks of pregnancy; ingests more than 2 ounces of alcohol or 24 ounces of beer a day on a regular day or participates in binge drinking; smokes 20 cigarettes or more per day, and is not likely to cease in pregnancy; has a multiple gestation (twins, or more); has a fetus of less than 37 weeks gestation (premature baby) at the onset of labor; has a gestation beyond 42 weeks (overdue baby by 2 weeks) by dates and examination; has a fetus in any presentation other than vertex (head down) at the onset of labor; is a primigravida (first time mother) with an unengaged fetal head (sign of baby not moving down as normal) in active labor, or any woman who has rupture of membranes (water broke) with unengaged fetal head, with or without labor; has a fetus with suspected or diagnosed congenital anomalies (birth defect) that may require immediate medical intervention; has a parity (previous pregnancies) greater than five with poor obstetrical history;

or is younger than 16 or a primipara [first time mother] older than 40." [Brackets mine for clarification].

Transfer: Any medical transfer of care made prenatally for reasons of maternal mental and physical safety will be done in writing with referral for appropriate care. Emergency transport during labor will be to the closest hospital that utilizes a Labor & Delivery ward. A non-emergency transport may be made to the hospital of the client's preference. Reasons that may indicate an emergency transfer during labor may include, but not be limited to: fetal heart rate outside normal limits or not detected, thick meconium, vaginal bleeding not from cervical dilation, low abdominal pain between contractions, unstable maternal vital signs, any reason the midwife deems necessary. Reasons that may indicate an emergency transfer during the immediate postpartum may include, but are not limited to: baby not transitioning well after the birth, signs of infection in the baby or the mother, unstable baby or maternal vital signs, postpartum hemorrhage, any reason the midwife deems necessary.

Primary Health Care Provider: _____

Address: _____

Phone: _____

Hospital closest to Client's Home: _____

Address: _____

Phone: _____

Patient Privacy: The midwife shall maintain compliance with HIPAA (Health Insurance Portability and Accountability) regulations by keeping all client personal and medical information protected and private. The midwife may only use or disclose the client's private health information in the normal course of carrying out healthcare operations related to care. Examples would be referrals or transfers of care, lab or ultrasound orders, and insurance billing on the client's behalf. Like other medical professionals, the midwife participates in regular peer review, which can sometimes necessitate confidential disclosure of health information for the purpose of reviewing the midwife's professional conduct. The following are not protected by HIPPA, therefore require the client's permission.

Students and apprentices who are involved with my care are allowed to use my records, with my name removed, to use as verification of skills with the North American Registry of Midwives.

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(initial if permission granted)

The midwife is allowed to discuss my treatment and care with colleagues as part of professional peer review.

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(initial) if permission granted)

The midwife is allowed to share the client's anonymous information for statistical studies with Midwives Alliance of North America. These statistics are used in the studies of midwifery care in the United States, outcomes for homebirth, and waterbirth for the purpose of quality assurance, quality improvement measures and research.

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(initial) if permission granted)

Additional Information: The midwife shall provide upon request supplemental information to the midwife's practice, including the laws and regulations governing the midwife's practice and the midwife's personal practice guidelines.

Rights and Grievances: The client may complain about a perceived violation of privacy to the midwife, her licensing board (LSBME), her certification board (NARM), or the US Office for Civil Rights. The midwife does not carry liability insurance.

Termination of Midwifery Relationship: The client has the right to terminate the midwifery relationship at any time without reason to the midwife. Termination of midwifery relationship does not forgive the client of any debt incurred for services rendered by the midwife. The midwife may terminate the midwifery relationship for reasons when the midwife deems that out of hospital birth may be contraindicated for the client's physical or mental well being.In the event of termination of care by the midwife, the reason(s) will be given in writing and a recommendation for alternative care will be given.

Acknowledgement: I have read and understand the Informed Disclosure of Midwifery Care and Out of Hospital Birth. My signature formally documents the beginning of midwifery care with Rebecca Honeycutt, LM, CPM of Midwife Louisiana, LLC. Midwifery care with Rebecca Honeycutt, LM, CPM of midwife Louisiana, LLC may be terminated by me at any time with receipt of written notice to midwife.

Client's name: _____

Signature: _____ Date: ____/____/_____

Spouse/Partner's name: _____

Signature: _____ Date: ____/____/_____

Midwife's signature: _____ Date: ____/____/_____

(Informed Disclosure with Emergency Care Plan, 4 pages)