

The Village Birth House

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PROFESSIONAL DISCLOSURE

Philosophy of Care

The *Midwives Model of Care*[™] is a fundamentally different approach to pregnancy and childbirth than contemporary obstetrics. Midwifery care is uniquely nurturing, hands-on care; before, during, and after birth. Midwives are healthcare professionals specializing in pregnancy and childbirth who develop a trusting relationship with their clients, which results in confident, supported labor and birth. Midwives are trained to; provide comprehensive prenatal care and education, guide labor and birth, address complications, and care for newborns. The *Midwives Model of Care*[™] is based on the fact that pregnancy and birth are normal life events. The application of this model has been proven to reduce incidence of; birth injury, trauma, and cesarean section. The *Midwives Model of Care*[™] includes:

- *monitoring the physical, psychological and social well-being of the patient throughout the childbearing cycle.*
- *providing the birthing person with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support.*
- *minimizing technological interventions.*
- *identifying and referring patients who require obstetrical attention.*

Because I believe birth to be; a fundamentally normal, physiological process, I am committed to respecting and protecting the birth space, allowing labor to take its course, supporting and assisting the birthing person when indicated. Essential components of midwifery care include; attentive, skilled midwives and assistants trained in up to date procedures. Evidence-based education, establishing a respectful relationship, and offering standard of care and alternative care options. I prefer and strive to work in a team of three, and attend births with at least one birth assistant or assisting midwife. I collaborate with a childbirth educator who offers a comfort measures course to our home birth families. I also work with an IBCLC that offers a breastfeeding class and lactation support.

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Training and Experience

I am an apprenticeship trained midwife and have attended over 300 births. In 2013, I began assisting families by attending births in the hospital as a birth doula. I began studying midwifery and completing didactic work in early 2016, and began my first apprenticeship serving the Amish in 2017 and have had the pleasure of working in and learning from six midwifery practices in a variety of settings working with families of many backgrounds and cultures. With a background in and passion for anthropology, cultural competency remains close to my heart. I had the great pleasure of working for a non profit where I provided; childbirth education, bodily autonomy and health education, and doula support for young expectant families. I have training and experience in trauma informed care and continue my education and training in providing supportive, healing care. I maintain certification with the American Heart Association in Basic Life Support and CPR for healthcare professionals (AHA BLS), and the American Heart Association and American Academy of Pediatrics in neonatal resuscitation (AHA/AAP NRP). In addition, I have completed the following courses: DONA labor doula training, *Expect the unexpected* through Mercy in Action, *Critical Congenital Heart Defect Newborn Screening*, *Newborn Metabolic Screening*, and *Newborn Hearing Screening*, all through Michigan Department of Health, intravenous (IV) therapy, suturing, *pharmacology* through Mercy in Action, *Cultural Competency and Respect in the Provision of Maternity Care* through Mercy in Action College of Midwifery, *breech delivery training* with Breech Without Borders and *Reteach Breech* with Dr Stuart Fishbien. I earned my CPM through NARM and hold a license through the state of Michigan. I am not a doctor, nurse, or nurse-midwife. This means that I cannot provide medical care in a hospital or write prescriptions.

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Practice Guidelines

Although I believe that every person has the right to choose where and with whom they have their baby, my practice is limited to low risk pregnancies and births. I am trained to recognize and treat common occurrences of pregnancy before they become larger complications, and will do so with careful monitoring throughout each pregnancy and birth. Recommendations I make will always be with you and your baby's best interest and health in mind, and I expect parents to take my advice and requests seriously. For you and your baby's safety, it is my policy to attend each birth with one birth assistant and/or a second trained midwife, at no additional cost to you. When possible working in a team of three. However, this may not be possible in some circumstances and following this policy remains at my discretion.

Reasons for transfer of care during pregnancy include, but are not limited to: uncontrolled hypertension that is unresponsive to treatment ($>140/90$ prenatally), uncontrolled gestational diabetes that is unresponsive to treatment, persistent anemia that is unresponsive to treatment (<9.5 g/dL), placenta previa (placenta implanted partially or completely covering cervix), multiple gestation (taken on at a case by case basis), known fetal congenital anomalies, preterm labor (<36 weeks gestation), and diagnosed preeclampsia. I utilize electronic healthcare records, my office manager, birth assistant and other midwives may have access to your chart. Those with access to my EHR system are HIPPA knowledgeable and compliant. I may counsel with peers on my patients' care, including but not limited to licensed midwives and physicians.

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Equipment and Medications

The equipment and medications that I carry include: doppler, blood pressure cuff and stethoscope, amniotomy supplies, catheterization supplies, suturing equipment, herbal tinctures, antihemorrhagic medications, medical charts and records, neonatal stethoscope, neonatal resuscitation equipment, oxygen tank and supplies, baby scale, and pulse oximeter (tests newborn for congenital heart defects and monitor during neonatal resuscitation), and IV therapy supplies.

Risks of out of hospital birth

Studies have repeatedly shown that for women with normal, healthy, uncomplicated pregnancies, planned home or birth center birth with a skilled birth attendant is as safe, or safer, than hospital birth. However, risks are involved in childbirth no matter where it occurs. I cannot offer any guarantees, other than I will do my best, with the knowledge and experience I have, to provide you with a safe and rewarding birth experience. I expect parents to be well informed, take initiative for reading and educating themselves, and be willing to take full responsibility for the outcome of their birth. The decision to birth a baby at home must be made with the understanding that the location of the birth has inherent implications for access to medical care in emergencies and availability of resources in the home. Complications that can occur with or without warning include, but are not limited to: fetal distress, prolonged labor, dehydration, infection, meconium in amniotic fluid, breech presentation, shoulder dystocia, placenta previa, placental abruption, prolapsed cord, maternal hemorrhage, uterine rupture, stillbirth, birth defects, maternal embolism, newborn respiratory distress, and maternal or fetal death .

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Hospital Transfer Plan

In the event of a non-emergency transfer, we can drive to the hospital of your choice. I prefer to transfer to U of M. In the event of an emergency transfer, we will call an ambulance or drive to the closest hospital. In the event of a hospital transfer, I will do my best to accompany you to the hospital and, if possible, will stay with you to offer support and encouragement. Transferring in with you to the hospital is dependent upon our transfer plan and care plan. I do not have privileges in any hospital and while admitted my role will shift from your midwife to doula support. Postpartum support and visits will resume as planned after a hospital transfer during labor.

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Special Circumstances

I will be on-call for your birth after 36 completed weeks of gestation according to your original due date at the time you hire me and the dating system I employ. If you

go into labor prior to 36 completed weeks I will do my best to make sure you are well cared for at the hospital, but I cannot attend your birth at home. No refund will be made after 36 weeks.

If there are concerns in early labor, I am available to come to verify that everything is normal, however, prior to active labor (6cm) I do not offer continuous labor support. If you feel you will need support prior to this time, I recommend hiring a doula. A discount will be offered for those that utilize the services of a doula.

In the unlikely event that I am not able to attend your birth due to unforeseeable circumstances (such as another labor, inclement weather, personal illness, injury, or a family emergency) I will provide a competent and reliable backup midwife at no additional cost to you. By accepting and trusting me as your care provider you must also accept and trust those backup care providers that I trust. While it is my desire to be able to provide care for you during your entire pregnancy and birth, unexpected situations do come up and I cannot guarantee that I personally will be at your birth. I can, however, guarantee that your needs will be met through whatever means necessary. No refunds will be made regardless of the care provider present at your birth.

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Birth team safety

The health and safety of my team is important to me. If you are verbally, emotionally or physically abusive to myself, my office manager, birth assistants, assisting midwife or anyone else assisting me with your care you risk being discharged from care without prior warning. I reserve the right to discontinue care if bed bugs, unsecured firearms and other hazards are found in the home that can not or will not be remediated before 36 weeks gestation. As a licensed health care provider I am a mandated reporter of reasonably suspected abuse, neglect or exploitation.

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How and When to Contact Your Midwife

I am accessible to clients on a 24hr basis by phone for labor or emergencies. All non-emergency calls are to be placed during daytime hours (9am-5pm) by calling (810

)230 4489. If I do not answer, leave a complete message, and I will return the call as soon as possible. You may also send an email for non-emergency questions. If you follow this process exactly, it is highly unlikely that you would be unable to reach me. If this does occur, however, you should go to the hospital or call 911. If you keep in touch with me in early labor and call me when you are ready for me to come (do not text) it is unlikely that I will miss your birth. However, if your birth does happen so quickly that I miss it, no refunds will be made regardless of the location and outcome of your birth. Please give two full business days for email and other non urgent correspondence.

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Fees and Payment Information

Because professional liability insurance coverage would make out of hospital birth unaffordable to most families, malpractice insurance is not utilized by our midwives. Clients are therefore active in the decision-making process during their care, and assume full responsibility for the outcome of their birthing experience.

The consultation appointment is free, a second consultation for a no show or repeat will be charged \$60. Payment arrangements are made on an individual basis and are at my discretion. I do offer a sliding scale (up to \$500 will be discounted from the universal fee) for those with medicaid and families that make less than \$50,000 annually. Insurance reimbursement is possible in some circumstances, and will be negotiated case-by-case. You will be responsible for contacting insurance for reimbursement or working with an insurance biller.

Bartering is considered on a case to case basis. Up to \$2,000 can be bartered for goods or services at my discretion.

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My full fee is \$5,500 and includes:

1. Office prenatal appointments (to be scheduled every four weeks from 12-28 weeks gestation, every two weeks from 28-36 weeks gestation, and weekly from 36 weeks gestation until you give birth).
2. 24/7 availability for questions or concerns from 36 weeks of pregnancy up to 6 weeks postpartum.
3. Labor, birth, and immediate postpartum clinical support.
4. Two postpartum checkups in the office approximately twenty four hours and three days after your birth.
5. One additional postpartum checkup if indicated in office within the first week.
6. Postpartum visits in the office at two and six weeks postpartum.
7. Ultrasound referral, if desired or indicated.
8. Birth certificate filed.
9. Rental of birth tub.
10. Antihemorrhagic medications, IV supplies, oxygen and other supplies that may be needed in labor, birth and the immediate postpartum.
11. Birth kit supplies (gauze, gloves, chux pads, and other disposable supplies).
12. All birth attendants, I will bring a birth assistant and if available a third attendant to your birth.
13. Facility and cleaning fees, biohazard disposal.

It does not include:

- Insurance billing.
- Your prenatal vitamin taken throughout pregnancy, and any other supplements you may need (I will recommend as necessary).
- Ultrasounds, other consultations or tests, newborn metabolic screen.
- Copies of your birth certificate.
- Bloodwork, GBS culture and other labs.
- RhoGam immunoglobulin injection (needed for negative blood types only)

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A nonrefundable deposit of \$500 towards the full fee is due at the initial prenatal appointment with this signed agreement, with the remainder paid in full by 35 weeks gestation. Late to care patients (twenty weeks gestation or more) will have a \$1,000 deposit due at the initial prenatal. Payment will be collected in

person at your appointment and can be paid via cash, venmo, paypal check or card. Processing fees from using card will be passed on to the payer. Appointments will not be scheduled in the event of non payment. A late fee of \$20 a day will be added to unpaid invoices. We work with a collections company and will release unpaid invoices to collections after 30 days. I will be unable to move forward with the home visit and on call time if this contract is broken and financial obligation is not met. Unless other arrangements are made in writing, failure to pay fees may result in termination of care.

Discounts-

We highly encourage our patients to educate and empower themselves. If you complete a child birth education course and a lactation preparedness course we will offer a discount of \$200. A comfort measures course with a certified CBE teacher and a lactation preparedness class with an IBCLC are offered to home birth and birth house patients and the cost is covered by Michigan Midwifery Co.

Families that hire a doula will be offered a discount of \$300. Doulas and photographers that attend births at the village birth house are asked to sign a safety agreement

Missed appointments- Due to being on call, we may need to reschedule appointments if we are at a birth. We appreciate your understanding that we will hold the same space for your birth. We understand that life happens and you may sometimes need to do the same. We ask that you try to give us as much notice as possible. **No shows are subject to a \$75 fee.**

Refund Policy: In the event that your care is transferred for any reason prior to 35 weeks gestation, I will offer a refund for the amount you already paid, **minus \$150 per prenatal appointment and the \$500 deposit.** Refunds are unavailable after 35 weeks gestation, regardless of the location and outcome of the birth.

Thank you for allowing me the privilege to care for you and your family. I look forward to helping you birth instinctually, safely, and confidently.

Payment Plan

Please use this space to detail your payment plan, including frequency or approximate dates, payment amounts and bartered goods and services and their value. It is strongly encouraged to make payments at each prenatal visit.

Client signature

date

Client printed name

date

Midwife signature

date