



Informed Disclosure for Midwifery Care and Home Birth

Ideally, giving birth is a joyful deeply personal experience which leaves a woman in awe of her own strength and in love with her baby. As midwives we are privileged to support women and their families through this experience. Our role as midwives is to encourage a woman in her own ways of moving through pregnancy, labor, and birth. We work with her to promote a healthy pregnancy, and provide education to help her make informed decisions about her own care. Together with our clients, we carefully monitor the progress of the pregnancy and labor, and recommend appropriate management if complications arise. The key elements of this education, monitoring, and decision making process are based on Evidenced-Based Practice and Informed Consent.

Evidence-Based Practice refers to a thoughtful integration of the best available evidence, coupled with clinical expertise. As such it enables midwives and their clients to address healthcare questions with an evaluative and qualitative approach. Evidence based decisions flow from a process that includes the assessment of current and past research, clinical guidelines, and other information resources in order to determine the best course of care.

Typically, Informed Consent refers to the rights of healthcare consumers to be fully informed with the best possible evidence that includes risks and benefits about testing or treatment options so that they can then make a shared decision with their provider among those options. This is in contrast to a model of care in which the health professional decides for the patient what treatment is in her best interest.

As licensed midwives we provide complete care for normal pregnancy, labor, home birth, and the postpartum period. We generally begin care between 8-12 weeks and see women for 60-90 minute prenatal visits every month until 28 weeks. Between 28-40 weeks, we see women every two weeks and sometimes as frequently as weekly in the last month of pregnancy. At least one midwife and an assistant will attend your birth. We will see you and your newborn in your home for at least 2 postpartum visits (usually at 24 and 72 hours) and 1 six-week postpartum visit back in our office. During prenatal visits there will be time set aside for discussion, a physical evaluation of health, and bodywork. In our practice, we offer our clients Maya Abdominal Therapy and Cranio-Sacral Therapy as part of care after 20 weeks gestation. Our clients have found these gentle techniques to have been beneficial during their pregnancy, birth and postpartum recovery.

There are both advantages and disadvantages to home birth, and each family must decide which birth setting feels best for them. Home birth allows women more control over their environment; over how they will birth and who will be with them. The main disadvantage of home birth is the limited or delayed availability of emergency equipment and procedures. Most obstetrical complications are not emergencies and many are predictable beforehand. Complications are best minimized with a healthy mother who maintains good nutrition and receives skilled screening and consistent prenatal care. True emergencies are rare and usually allow for sufficient time to get to a hospital, but there are no guarantees.

Each woman must weigh for herself the risks of birthing outside an emergency facility against the risks of in-hospital birthing, where the risks of unnecessary interventions, emergency-mentality, and hospital born infections present their own dangers. Babies (and very rarely, mothers) do sometimes die in spite of the best care and great love. It happens at home and in the hospital. Please feel free to ask us questions regarding our experience with complicated births. We want you to have confidence in the care you have chosen. Ultimately, this will create a comfortable environment in which to birth your baby.

The majority of studies on the safety of homebirth show that homebirth is safe for low risk pregnant women, provided there is a skilled attendant present. Homebirth studies also demonstrate that good



outcomes are achieved with very low rates of intervention, such as labor induction, labor augmentation and cesarean section. These procedures are used at very high rates in low risk hospital births. We personally believe, and evidence shows, that home birth is safe, but we are not against hospitals. Hospitals are vital for women and babies with complications, and for those who simply feel uncomfortable at home. Ultimately the choice is yours.

The practice of midwifery by Certified Professional Midwives (CPMs) is regulated by the Virginia Board of Medicine. Under Virginia law CPMs are referred to as licensed midwives (LMs). In short, LM regulations require that midwives maintain CPM certification through the North American Registry of Midwives (NARM). This requires continuing education, neonatal resuscitation certification, and adult CPR certification. Also as part of our certification, CPMs are required to participate in a peer review process. During peer review, client health information will be shared in confidence with other CPMs. Virginia regulations also require additional disclosures which will be provided to you in a separate document.

Mountain View Midwives is a partnership of three licensed midwives, Brynne Potter, Deren Bader, and Debbie Wong. Brynne is a CPM and has been attending homebirths in the Charlottesville area for 13 years. She is actively involved in Virginia midwifery politics and serves as a lobbyist liaison for the Commonwealth Midwives Alliance. Brynne also currently serves on the NARM Board of Directors. Brynne is married and the mother of two boys both born at home with the assistance of midwives. Deren is a CPM and also has a doctorate in Public Health. She has been attending homebirths since 1986. Deren currently serves as Chair of the Midwifery Advisory Board under the Virginia Board of Medicine. Deren is married and the mother of three home birthed children. Debbie is a CPM and is new to the Charlottesville area. Debbie moved here from Oregon where she attended births at home and at a birth center. Debbie has also worked with a midwife in Guatemala.

Most CPMs train through a combination of formal education and apprenticeship. Traditionally, midwifery training was passed down from woman to woman as a sacred art. We hold this model of training to be the hallmark of midwifery and to that end strive to incorporate apprentices into our practice. Most prenatal visits and births will be attended by one or two midwives in the practice and one apprentice/assistant. All care provided by our assistants will be under the supervision of a senior midwife and with the permission of our clients. As part of the certification process through NARM, students will need to disclose health information of our clients to NARM as a way to verify their participation in care. This will be done only with the permission of our clients.

As licensed midwives we are most comfortable transferring care to the University of Virginia hospital in Charlottesville. We will make arrangements for transfer with the attending physician and accompany you to the hospital. In our experience we have always remained with our clients during the course of their care in hospital. We have found the physicians and staff to be respectful of our position as midwives and families desire for homebirth. A specific emergency transport plan will be developed with each individual client.

After the birth of your baby, we would like to celebrate this event with others in the Mountain View Midwives community. We do this by posting a birth announcement with a photograph on our Facebook account and displaying a photo of your baby in office photo gallery.

Under both our license and certification we are required to establish practice guidelines, which serve as an outline for the scope of our practice. Our practice guidelines document is available to all of our clients upon request.

You will be given an opportunity to ask us questions about this document. Please keep this copy for your records and return the following signature page at your next visit.



Informed Disclosure for Midwifery Care and HIPAA Signature Page

I, _____, have read the Informed Disclosure for Home Birth Document and have been given an opportunity to ask questions.

HIPAA Disclosures

Please take a moment to read about your rights under the Health Insurance Portability and Accountability Act (HIPAA) and affirm the following authorizations for disclosure of protected health information (PHI):

Mountain View Midwives may use or disclose your PHI to carry out treatment, payment, or healthcare operations (TPO) related to your care. Examples would be: medical consultations, referrals, or transfer of care, lab or ultrasound orders, and insurance claims on your behalf.

You have the right to:

- Request access to your health record at any time
- Request corrections be made to your health record
- Request that all communications regarding your care with Mountain View Midwives be restricted from unsecure transmissions (fax, email, voice mail)
- Complain about a perceived violation of your privacy to us, our licensing board, our certification board, or the US Office for Civil Rights
- Refuse any of the following authorizations:

I agree to allow students and apprentices of Mountain View Midwives who are involved in my care to use my records, with my name removed, as verification of skills with the North American Registry of Midwives. Yes No

I agree to allow Mountain View Midwives to discuss my treatment and care with colleagues as part of professional peer review. Yes No

I agree to allow a photo my baby or me to be posted on the Mountain View Midwives Facebook page with personal identifiers that may include my baby's name and birth weight. Yes No

I agree to allow Mountain View Midwives to use photos that I share with them for the purpose of education in presentations about midwifery and home birth.
 Yes No

Mountain View Midwives has my permission to disclose my protected health information to the following family members or friends:

Signature: _____ Date: _____