INFORMED DISCLOSURE FOR MIDWIFERY CARE

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GEORGIA MIDWIFERY ASSOCIATION

Mission Statement:

The Georgia Midwifery Association was founded in 1985 to provide standards and guidelines for midwives who practice in out-of-hospital settings. The association supports the premise that midwives in GMA are primary health care professionals who independently provide care during pregnancy, birth, and the postpartum period for women and newborns within their communities. Services provided by the midwife include education and health promotion. When the care required extends beyond the midwife's abilities, the midwife has a mechanism for consultation and referral.

We recognize and value the tradition of the midwifery learning cycle: knowledge being passed from woman to woman; experienced midwife to apprentice.

I am a future member of the Georgia Midwifery Association and will participate in community peer review with GMA.

CERTIFIED PROFESSIONAL MIDWIVES

Midwives have traditionally been trained through apprenticeship with experienced midwives. GMA members support this practice of midwifery training. Unlike medical practitioners, certified professional midwives in the state of Georgia do not carry liability or malpractice insurance and are not licensed or regulated by the state.

A Certified Professional Midwife (CPM) is a knowledgeable, skilled and professional independent midwifery practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM) and is qualified to provide the Midwives Model of Care.

CONSUMER GROUPS

Citizens for Midwifery is a national group for consumers desiring information and resources that promote midwifery care. Citizens for Midwifery promotes the Midwives Model of Care. You can find more information at http://cfmidwifery.org/.

OTHER OPTIONS

There are many birth options in our area. Birth locations include home, hospital, or traveling to a freestanding birth center in Savannah or South Carolina. Care providers include family practice doctors, obstetricians, certified nurse-midwives, CPMs, LMs, and traditional midwives.

LEGALITY IN GEORGIA

The practice of midwifery by direct-entry midwives is effectively unlawful, because certification by the Department of Human Resources, required by law, is unavailable.
(http://cfmidwifery.org/states/states.aspx?ST=GA)

While quite a few certified nurse midwives practice in Georgia, most are in hospital settings and none attend home births in our area. There is one free-standing birth center in Savannah and several across the border in South Carolina.

Homebirth is not illegal. Parents have a legal right to choose to birth at home and to choose their care provider.

EXPERIENCE AND TRAINING

I am in training to become a Certified Professional Midwife and I am currently attending births as a Primary Midwife Under Supervision. I am a retired ICAN Chapter Leader and an active La Leche League Leader since early 2007. I am an International Board certified Lactation Consultant (IBCLC). I attend college at Midwives College of Utah and am working toward a Bachelors degree in midwifery. I began attending births as a doula in 2005 and was formerly certified through DONA. I began assisting at homebirths briefly in 2007 but soon moved out of state and took a hiatus from birth work. I began attending births again as a midwifery apprentice in February 2014.

I have given birth to eight children. My personal birth experiences have covered the spectrum- one planned hospital birth, two unplanned c-sections (one singleton, one set of twins), a wonderful midwife-attended twin HBAC, and an unassisted HBA2C waterbirth.

I am not a nurse-midwife or a physician, and I am not licensed by the state of Georgia. I do not carry medical malpractice insurance. I do not accept or bill any insurance plans or Medicaid. All payment is out of pocket.

I am currently a senior apprentice working with a CPM practicing in both Georgia and South Carolina. I am attending births as a primary midwife under supervision.

My preceptor's practice statistics are as follows (as of May 2016):

Total clients as a Primary Midwife (n=164)

Overall transfer rate in labor: 8.5% (n=14)

Total number of first time moms: 32

In labor transfer rate for first time moms: 25% (n=8)

Overall c-section rate 8.54% (n=14)

C-section rate for first time moms: 22% (n=7)

Total number of VBACs: 18

VBACs who had a vaginal birth: 16

Primary VBACs = 7, 6 of those 7 had a vaginal birth.

Nineteen of 164 were risked out before labor: 1 for twins, 2 for fetal demise, 4 breech babies, 2 for high blood pressure, 1 for a maternal heart condition, 1 for pre-eclampsia, 2 for prematurity (35 and 36 weeks), 3 for post-dates with non-reassuring fetal heart tones, 2 for polyhydramnios, 1 for Intrauterine Growth Restriction.

Three in-labor transfers were urgent 911 transfers: 2 for placental abruption, 1 for fetal distress during pushing. Eight (4.9%) babies were admitted to the NICU in the first six weeks: 1 for a heart/lung condition, 1 for postmaturity/dehydration, 2 for Transient Tachypnea of the Newborn, 1 for fetal distress/hypoxia due to a placental abruption, 1 for low platelets, 1 for bradycardia at 24 hours postpartum, 1 for observation following a shoulder dystocia and resuscitation. Seven of those babies were transferred after the birth occurred at home. One mother was transported for stitches for a significant tear after the birth. This means that 79% of the women who intended to have a homebirth with my preceptor at the beginning of pregnancy actually did give birth at home.

PHILOSOPHY OF PRACTICE

I believe that every woman has the right to choose how she will birth her baby, including where she will give birth and who will be present. I recognize birth as an intensely personal, social, and community event and encourage every woman to give birth in a way that makes her feel supported. I believe that the pregnant woman is the most important care provider for herself and her baby and I strive to support you in making informed decisions about your care. Birth can be an incredibly empowering event in the life of a woman and is a moment she will always remember.

My practice is limited to normal pregnancies and births. If your pregnancy is no longer low-risk, I will work with you to respectfully transfer care and will strive to maintain continuity of care. I believe that each pregnancy and birth is unique and care should be tailored to each individual situation.

I believe in the importance of sharing knowledge and skills with the next generation of midwives. Students/apprentices will be an important part of my practice. Although I will provide your care, I will allow students/apprentices to assist in your care to the level with which you feel comfortable and under my supervision.

CONDITIONS REQUIRING CONSULTATION, TRANSFER OF CARE, OR TRANSPORT

Midwives provide care to healthy, low-risk women. The safety of out-of-hospital birth relies upon the midwife's ability to accurately screen clients for risk factors that would make an out-of-hospital birth unsafe. Midwives value continuity of care throughout the childbearing cycle. An important part of the Midwives Model of Care is identifying and referring women who require obstetrical attention.

There are conditions that can occur during pregnancy, birth, or postpartum that require referral, transfer of care, or transport. This includes, but is not limited to, conditions such as uncontrolled high blood pressure, uncontrolled gestational diabetes, and malpositioning of the baby. For more information about conditions that preclude homebirth, please see my Practice Guidelines and my Risk Factors Disclosure.

There is usually ample time to transport to a hospital when a complication arises, but occasionally we must deal with a complication or high-risk situation at home. Some of the complications I have seen and/or dealt with are: fetal distress; prolonged labor; dehydration; cord around the neck; meconium-stained amniotic fluid; Cephalo pelvic disproportion; postpartum hemorrhage; respiratory distress in the baby; shoulder dystocia; postmature baby; significant vaginal tearing requiring stitches; retained placenta; malpresentation; malformations; twins; breech; and placental abruption.

PARENT RESPONSIBILITIES

You are responsible for arranging your own physician back up, if you so desire. If you choose not to use private physician back up and you need to transport to the hospital, we will go to the closest facility for time sensitive emergencies. In a non-emergency transport, we will transport to the facility previously agreed upon at your home visit. Federal law mandates that hospitals may not refuse emergency care to pregnant women or women in labor.

In the state of South Carolina, you are required to have two visits with a healthcare provider who provides perinatal care and is licensed in the state of SC. One of these visits must be in the last six weeks of your pregnancy.

If you hire me as your midwife, I will be your primary care provider. Regardless of any backup care you receive, appointments with me will be on the normal prenatal schedule. If you are seeing a backup care provider, please consult with me before consenting to any procedures or taking any new medications.

Initial Consultation

There is no charge for this service regardless of whether or not we decide to work together. This is a time for you (and your partner) to get to know me, for me to learn more about you, and to discuss any questions or concerns you might have regarding homebirth. I want to answer these questions for you before beginning care.

History and Initial Exam

Based on your family/personal history, reviewed during your initial exam, I reserve the right to terminate the working relationship based on the assessment of a high-risk pregnancy. If the assessment proves your pregnancy low-risk, an initial payment/retainer is due as outlined in the financial commitment, which will be applied to the total fee. This payment covers your initial visit and serves as a retainer for my services. $500 of this payment is not refundable under any circumstances.

Total care includes:

I strive to practice according to the Midwives Model of Care. 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

Specifically, my plan of care includes:

-Prenatal visits approximately every four weeks until 30 weeks of pregnancy, then approximately every two weeks until the home visit (approx. 36-37 weeks), then approximately weekly until birth.

-Providing a qualified backup midwife for prenatal or postpartum appointments during times of scheduled vacation or unexpected illness or emergency. My assistants, apprentices, or students will attend scheduled prenatals and participate in births to the level with which you feel comfortable.

-Postpartum visits will include a visit at your home at 24-36 hours after birth, a phone call or visit at approximately 3 days, a phone call with an optional visit at 2-3 weeks at my office, and a six week (approximately) postpartum visit at my office.

-Ordering any required or requested laboratory tests.

-On call availability beginning 3 weeks before your due date until your birth, with back-up care in the event of an emergency. I utilize a backup midwife in the event of an emergency (including illness, injury, etc.)

-Care during labor will include monitoring of mother and baby's vital signs and the progress of labor, delivery of the placenta, monitoring for at least 2 hours postpartum, and a thorough newborn exam.

-Supporting active participation of family and friends during your birth. This includes assisting you (or your partner) in catching your baby, providing labor support, cutting the umbilical cord, etc.

-Bringing all necessary equipment to the birth, such as resuscitation equipment, medications for postpartum hemorrhage, suturing equipment, etc. Please see my Standards of Practice document for more information.

-Heather and her assistant(s)/ apprentice(s) will start the first load of laundry and clean up the birth supplies and trash. The family will be responsible for deflating and disinfecting the birth pool.

-Completing the infant metabolic screening and CCHD screening.

-Filing the birth certificate after the birth.

-Postpartum care will also include breastfeeding support, as necessary.

GRIEVANCE PROCEDURE

If you have a grievance with the care provided by me during pregnancy, birth or postpartum, please contact the current president of our Georgia Midwifery Association, Debbie Schneider, CPM, at mariettamidwife@earthlink.net.

NARM utilizes three levels of oversight and review of CPM practice: Community Peer Review, Complaint Review, and the Grievance Mechanism.

CPMs are required to participate in community peer review, during which client health information is shared confidentially with other CPMs in our state. Community Peer Review is routine, confidential, professional, non-punitive, and educational.

If you feel your issue is not resolved after a Community Peer Review, it may be escalated to the National Association of Registered Midwives. The complaint procedure may be found on their website at NARM.org. Complaint Review addresses a complaint against a Certified Professional Midwife. This initiates a formal process that must include the participation of the midwife and the client. Any recommendations derived as a result of this process are non-binding.

Grievance Mechanism addresses a second or subsequent complaint against a CPM or CPM applicant. Any recommendations derived as a result of this process are binding and may include probation, suspension, or revocation of a CPM credential, or suspension or denial of a NARM application.

PRIVACY AND SECURITY

As a future CPM, I will participate in regular peer review, which can sometimes necessitate confidential disclosure of health information for the purpose of reviewing the midwife's professional conduct.

Please read my separate HIPAA Privacy and Security Disclosure for more information about how your personal health information is used in my practice.

DISCLAIMER

The expectant parents affirm the following:

I/we have chosen to have a homebirth based upon what I/we believe to be a thorough examination of the alternatives. I/We have discussed my/our prenatal care and birth options with physicians and other knowledgeable people to the extent that I/we feel is necessary. After considering these options I/we have chosen to hire Heather Eckstein, of A BIRTH TO REMEMBER CHILDBIRTH SERVICES to assist me/us in my/our homebirth. Heather Eckstein has discussed with us the information in this document and has discussed her philosophy and experience with me/us. Before signing this agreement I/we have had the opportunity to ask questions and address any concerns I/we have regarding homebirth and midwifery care.

In addition to the other agreements above, I/we also fully understand and agree as follows:

1. I/we are aware that homebirth is not the same as hospital birth in the home setting. I/we understand that the midwife carries safety equipment, including resuscitation equipment, treatments for postpartum hemorrhage, etc. I also understand that the hospital offers access to more emergency equipment and supplies, such as surgical equipment, various medications, blood, plasma, etc. and that these are not available at home. I/we am/are fully aware that in the event of a complication or emergency, there are fewer alternatives available at a homebirth than there would be in a hospital.

2. I/we believe that birth is a natural, safe process. I/We, however, discussed some of the problems which can arise in childbirth such as: malpresentations, placental abruption, prolapsed cord, pre-eclampsia, shoulder dystocia, hemorrhage, birth defects, genetic disorders, meconium-stained fluids, newborn respiratory distress, vaginal tearing, and stillbirth.

3. It may become necessary during the birth to transfer the mother and/or child to the hospital, either before, during, or after the birth. I/We agree to go to the hospital upon the midwives' recommendation. We understand that in most circumstances, transport is via private vehicle. Sometimes the midwife may recommend transporting by ambulance. We understand that in the case of transport, our midwife can no longer act as primary care provider.

4. I/We agree to have the baby seen by a pediatrician for a newborn physical examination within the first 5 days after birth, or sooner if the midwives think it necessary.

5. I/We agree that if the birth is to take place in South Carolina, I/we will see a backup doctor at least two times during the pregnancy, one of those times in the last 6 weeks.

6. I/We agree to participate in a natural childbirth class unless Heather Eckstein specifically indicates that this is not necessary due to my/our previous experiences or personal preferences.

7. I/We agree that if this is our first baby, or first vaginal birth, we will retain the services of a professional doula unless Heather feels our experience or circumstances make this unnecessary.

8. I/We understand that the fees we pay, in advance, to Heather Eckstein are expected to cover only services and items provided by her. I/we understand that laboratory fees, ultrasound examination fees, and other fees charged by third parties are not included in Heather Eckstein's fee and will be billed separately.

9. I/We are willing to have both mom and baby monitored throughout labor, permit resuscitation of the baby if needed, and transport to the hospital if the need arises.

10. I/We realize that the responsibility for the agreements listed above lies entirely with the family and reflects the ideal circumstances under which to have a safe homebirth.

ADDITIONAL RESPONSBILITIES OF THE PREGNANT WOMAN AND HER FAMILY

I understand that I/we have the following responsibilities:

1. To take excellent care of my health in order to continue to be a candidate for homebirth. This includes excellent nutrition, regular exercise, and addressing any health issues as they may arise.

2. To share relevant information about my care and my/our status, both physical and psychological, with the midwife, and to keep appointments and other agreements.

3. To prepare myself/ourselves and my/our home for the birth.

4. To educate myself/ourselves about pregnancy, nutrition, childbirth, newborn care, and breastfeeding. A recommended reading list will be provided and the pregnant woman is strongly encouraged to read, attend lectures, watch videos, etc. to learn as much as possible about childbirth and/or general health during the childbearing year.

5. To respond in a reasonable and cooperative manner in the event of a complication or emergency.

6. To arrange for a responsible caretaker for any older siblings present.

Based upon the understanding of the above, Heather Eckstein and the client/couple each promise to work to establish an atmosphere of trust and cooperation that will contribute to a rewarding birth experience.

I/We_____ are expecting a baby and have requested the services of independent birth attendants to assist us during the prenatal period and with the birth of our child in our home. I/We have read the Informed Disclosure statement, which includes a statement of philosophy, education and experience. I/We understand that Heather Eckstein of A BIRTH TO REMEMBER CHILDBIRTH SERVICES is not licensed by the state of Georgia. All of my/our questions regarding her background and experience have been answered to my/our satisfaction. We understand that I/we may terminate services at any time. In requesting the services of independent birth attendants, I/we exercise our right to seek the type of maternity service which I/we feel is best for ourselves and our baby. By signing this statement, I/we affirm these things of my/our own free will and fully accept any and all risks and responsibilities for homebirth and the health of ourselves and our baby.

Client _____ Date _____

Spouse/Partner_____ Date_____

Heather Eckstein, IBCLC _____ Date_____