

vigilant but non-interfering. Statistically, fewer complications and unnecessary medical interventions occur in the home.

CARE PROVIDED

We provide prenatal, intrapartum and postpartum care. This includes prenatal blood tests, genetic screening and ultrasounds. We perform an initial newborn examination and routine home visits for women and their babies following birth, in addition to a four or six week postpartum office visit. After birth, when informed consent is given by the parents, vitamin K and erythromycin eye prophylaxis will be given according to New York State law. The newborn screening test for metabolic birth defects may be administered by the midwives or your newborn's health care provider after seven days. It is your responsibility to arrange for pediatric care by the 34th week of your pregnancy. The midwives and their assistants are certified in neonatal resuscitation.

SAFETY

We take every reasonable precaution to ensure your safety, comfort and satisfaction. The midwives bring emergency equipment such as oxygen, suction devices and medications to the home. However, this does not render the home equivalent to hospital facilities that have equipment for dealing with some serious problems that may occur. In any birth setting, emergencies can arise. Some unforeseen events may result in an unexpected outcome. The overwhelming belief in our country is that hospitals are the safest place to give birth. Despite the fact that the United States spends more money per capita on medical care than any other industrialized nation in the world, it ranks in the bottom quartile of a list of 29 industrialized nations in both life expectancy and infant mortality and its relative ranking in both these categories has been declining since 1960. Our ranking remains low in spite of a 98-99% hospital birth rate.

In choosing homebirth, you are going against the predominant belief that hospitals are safer regardless of statistical data. When emergencies or poor outcomes occur in a hospital, the site of birth is seldom called into question. If a similar situation occurs at home, however, even if the outcome would have been the same in the hospital, the choice of homebirth is always called into question. The midwives cannot guarantee a normal birth or a healthy mother or baby and acceptance of a client for homebirth in no way constitutes any such guarantee.

A MATTER OF TRUST

It is our philosophy that whenever possible, decisions about your care will be collaborative. However, situations may arise in which the professional judgment of the midwives and/or their collaborating physicians must be relied upon exclusively for the safety of mother and baby. ***Homebirth enrollment shall be at our discretion. Your records, physical examinations and laboratory reports will continually evaluate your enrollment.*** Do not hesitate at any time to ask questions about our practice or anything that concerns you, your baby or your family.

I, the undersigned, have read and understood all the statements above. The content of this Informed Disclosure is entirely clear and acceptable to me.

Mother's Signature

Partner's Signature

PART II: INFORMED CONSENT

I hereby request enrollment in the homebirth practice of the midwives of River & Mountain Midwives PLLC.

Physical Examinations

I engage and authorize the health care team (which includes the midwives and their assistants) to perform, according to the expertise of each individual, examinations on my person to confirm general health and pregnancy status, obtain specimens and perform diagnostic procedures including but not limited to:

- a. Drawing blood
- b. Urinalysis
- c. Blood pressure evaluation
- d. Pelvic examination, both vaginal and rectal as needed, with and without instruments
- e. Obtaining cervical, vaginal or rectal specimens

I understand that even when the above are properly and correctly done, there is a potential for infection, tissue damage, false positive or negative lab results and other unpredictable medical outcomes. I agree that the midwives and their assistants are responsible for the performance of their own professional acts only and test results shall be the responsibility of those who perform and report them in the laboratory. Please initial _____

Authority to Treat

I engage and authorize the health care team to treat, administer and/or provide the following, as necessary or available to my baby and me:

- a. Health care including prenatal and postpartum education and physical examinations
- b. Obtaining of blood or other specimens for laboratory tests
- c. Prescribing and/or dispensing oral, intramuscular, subcutaneous or intravenous infusions or medications and local anesthesia for suturing
- d. Artificial rupture of the amniotic membranes
- e. Maneuvers to assist with the birth of my baby
- f. Episiotomy and repair if indicated and repair of lacerations if indicated
- g. Postpartum care including family planning
- h. Immediate newborn care
- i. Follow up home visits
- j. Such other procedures related to childbearing as may be deemed necessary

I grant the midwives full authority to administer any medications and perform any and all treatments, diagnostic procedures and tests, examinations and care to my baby and me as deemed necessary. In case of emergencies, I authorize the midwives to take appropriate measures and, when specialized equipment or hospitalization is believed to be required, to transfer my baby or me to a hospital. All of the above is to be performed as deemed necessary or advisable by the midwives in the exercise of their professional judgment. When time permits, all options for medications and/or procedures will be discussed thoroughly with me. In an emergency, I have no reservation regarding the use of or administration to my baby or me of any medications or treatments referred to above. Please initial _____

EARLY TRANSFER

I understand that if the midwives recognize signs that indicate the course of my pregnancy may deviate from the norm (even though such deviations may not necessarily adversely affect the

outcome of the pregnancy), the midwives will discuss my condition with me in terms of care criteria. Further, if after such discussion it is the decision of the midwives that my care during pregnancy should be transferred to another care provider, I agree to abide by this decision regarding transfer at any stage of the pregnancy to the provider of my choice.

Please initial _____

CLIENT HISTORY & THE RIGHT TO WITHDRAW

In view of all of the above, I understand that in the selection and treatment of mothers in your practice, you will rely on my medical history and the information about myself that I provide. I affirm that such information is and will be correct and accurate to the best of my knowledge. I understand that I may voluntarily withdraw from enrollment at anytime I wish upon written notice to you. Please initial _____

HIPAA COMPLIANCE

I understand that my insurance company may request copies of personal information from my medical record in order to process claims on my behalf. It is my responsibility to inform the midwives or their billing agents if I wish to review any information prior to its being provided to my insurer. Please initial _____

_____ I do want to review such information _____ I do not want to review such information

A FINAL WORD

In our culture, midwifery provides an option for parents who believe that pregnancy, childbirth and lactation can be natural and healthy experiences. Focusing on the normal does not mean that problems go unrecognized or unattended. Rather, they are viewed as imbalances needing to be righted. They are not expected or feared. If problems occur at home, you will invariably be questioned by friends, family members and professionals as to the wisdom of your choices. We ask you to honestly project yourselves into your worst case scenario and examine how you would feel about your original choices after the fact. Then, please feel free to discuss this with us, so that we can create a trusting relationship with you that recognizes both the wonder of birth and the inherent lack of guarantees in life and birth. We depend on you, our clients, to stand behind us in case of problems in the same way we place ourselves at personal and political risk so you may have your choice of care and birth-place.

AFFIRMATION

At leisure, I have read and understood this *Informed Disclosure & Consent* document. I have discussed any questions to my satisfaction with the midwives and do not have any further questions regarding its content at this time. We, the undersigned, understand the operation of this practice and its limitations. I affirm that I have read and fully understand all of the above.

Signature of Mother

Date

Signature of Partner

Date

Signature of Midwife

Date

FINANCIAL AGREEMENT

The philosophy on which this practice is based is that homebirth should be accessible to all women, within parameters of safety. For this reason we have tried to make our fees reasonable. Our \$7000 fee covers all prenatal visits including at least one home visit, care by two midwives during labor & birth and postpartum visits, including care for your baby. Prenatal visits average forty-five minutes to one hour in duration. Postpartum care includes attendance for several hours after birth, until mother and baby are deemed stable, up to three home visits within the first week, a two week office visit and a four or six week office visit. Additional consultations and unlimited phone consults are also included. We also provide you with a completed birth certificate registration form to submit to your town hall. In the event of a transfer for medical care during labor, a midwife will accompany you to the hospital and stay with you throughout the remainder of your labor, easing the transition and offering continuity of care. We will then continue being your providers postpartum. Our fee does not include laboratory tests, sonograms, amniocenteses, any post due date testing or hospitalizations. Your insurance can be billed directly by those facilities rendering this care. In the event of a medical transfer prior to 36 weeks, a reimbursement of payment for care not rendered may be provided at our discretion.

Immediately after your birth, we will furnish our billing service with information to submit to your insurance provider for reimbursement, which usually takes between 8 and 20 weeks. This is submitted after the birth in order to use the all-inclusive, global maternity care fee. Due to the complexity of the medical insurance system and the use of global billing for maternity care, we ask that you make your initial deposit with this signed document and pay the remainder of our fee by 36 weeks of pregnancy. For those who absolutely have no resources from which to pay us the entire fee in advance, we will accept your deposit, bill your insurance provider and ask that you pay any balance *within 30 days* of the birth. If you have received care from another provider during this pregnancy, we will bill your insurance company differently to ensure that our services are covered.

Please feel free to ask us any questions. Our intent is to work out the financial arrangements early on in our relationship so we can get on with focusing on your satisfying and empowering pregnancy and birth experience.

Plan

I have read the above financial agreement and agree to the payment plan designated.

Client

Partner

Date

Midwife

Date