

# Seven Cities Midwifery Care

Jenny Derugen, LM, CPM ~757 622-2791 ❖ Terri Hewitt, LM, CPM, ~757 460-4318

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## INFORMED HOMEBIRTH CONSENT AGREEMENT

### **Our Philosophy**

We believe that our role as midwife is to assist the birthing couple in their journey through pregnancy, labor and birth by monitoring that natural process. We embrace that childbirth is a family centered event and our presence is to enhance the family's power of unity and increase their confidence to birth naturally during this experience. We believe, however, that childbirth is a normal and naturally occurring event for the low risk, healthy mother. In most cases, when nature is respected, labor will proceed to an uncomplicated delivery of a healthy infant.

Except when there is an issue concerning the safety of mother or baby, we believe that the parents should have the experiences they desire and we encourage specific parental requests regarding your birth experience. Cases involving complications, which in our judgment cannot be handled in the home, will be referred to persons trained to deal with obstetrical difficulties.

We believe the choice to give birth at home requires parents to take full responsibility for their own health and for the outcome of the birth. We will assist with information on nutrition, exercises and childbirth education, but parents must be committed to maintaining excellent health when desiring a homebirth. We encourage you and your partner to contact us early in your pregnancy to begin prenatal care and to foster the friendship, honesty and trust between us that is foundationally essential for homebirth.

There are both advantages and disadvantages of home birth and each woman must weigh the risks and benefits of her birthing setting. Babies (and 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 you may birth your baby.

### *Prenatal Care*

We believe strongly in preventative health and offer personalized care. Regular visits are once monthly through the seventh month and more as needed in the eighth and ninth months until your due date and then at least weekly thereafter. These prenatal visits are not rushed and allow plenty of time for us to talk with you and listen to you, so that we may understand your unique physical, emotional, and spiritual needs while performing clinical prenatal assessment as well. This assessment includes your weight gain, blood pressure, urinalysis, fundal height, position of the baby, fetal heart rate, and cervical dilation, effacement and station if indicated. We will attend a 36-37 week in-home prenatal visit with you and your partner to become familiar with directions to your home and to confirm that you have all the necessary supplies

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available and to answer any questions or concerns about your upcoming home birth plans. Please allow at least an hour or more for this in depth visit in the privacy of your home.

We will be on call for your homebirth from 37 weeks gestation until 42 weeks. Prior to or after this time, you will be re-evaluated for consideration for homebirth. If necessary, we will transfer your care to a medical care provider to deliver in the hospital. As Licensed Midwives, we have no hospital privileges, however, we will be available for you as labor support in the hospital, if you so choose. You can also utilize the services of a doula to provide excellent labor support as well. A visit with a doctor is not required but is recommended for blood work, referral, consultation and emergencies. It will be your responsibility to arrange supportive physician care.

## *Labor and Delivery*

During labor, we will monitor you and your baby by checking your blood pressure, pulse, temperature, baby's heart rate, position and assess cervical dilation, effacement and station if indicated.

We do our best to honor your requests concerning labor and the birth itself. We encourage you to eat lightly and nutritionally and to keep well hydrated with water, juices, teas and soups in early labor and as desired throughout the birthing process. We encourage you to take a variety of positions during labor and delivery such as walking outdoors, up and down stairs, showering, squatting, hands and knees, a birth stool, birthing ball, birthing tub or anything else that you find comforting. We do not perform routine episiotomies and encourage the use of warm compresses and oil on your perineum during crowning to assist in a tear free delivery. You or your partner may assist in the "catching" of the baby if you desire. We encourage natural placental separation and delayed cutting of the umbilical cord until it has stopped pulsing. Commonwealth Law prohibits Licensed Midwives from prescribing, possessing or administering controlled substances, therefore, it is imperative that you breastfeed your baby in the immediate postpartum period. This encourages your uterus to contract efficiently and also stimulates your baby in the first moments after birth.

We honor intimate family bonding and encourage you and your family to have private time after we have given the baby an apgar score and evaluated mother and baby's vitals immediately after delivery. You and your family may feel free to relax and have quiet time alone to admire and fall in love together while establishing the first breastfeeding.

Then, we will weigh and measure the baby and do a thorough physical exam. We do, however, advise you to consult with your physician to schedule a well baby check up in the first week of life or sooner if there are concerns. We will stay with you for a couple of hours after the birth or until both you and your baby's vitals are stable.

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## ***Postpartum***

A postpartum visit will be scheduled in the comfort of your home 24-72 hours after the birth. At this time, we will perform the state mandated Metabolic Screening Test for your baby, if desired. All additional postpartum visits will be scheduled at the office location unless additional in-home visits are indicated. We are also readily available by phone should you have questions or concerns in regards to your postpartum and to offer assistance with breast feeding and routine baby care. We encourage you to have help in your home the first weeks. Feel free to contact us for a list of excellent postpartum doulas that you may find very supportive and nurturing. We will submit the birth certificate application with vital statistics and apply for the Social Security number for the baby.

## **Midwife Availability**

Our availability is rather secure in the fact that we are two licensed midwives capable of attending births as an individual primary midwife. In the event that two births were to be happening simultaneously, one midwife would be available for each birth. However, occasionally, one or the other midwife may be off call and out of town. In that event and although it is very rare, there is the possibility that we could be unavoidably not able to attend your homebirth. Our midwifery birth services would then need to be transferred at that time to another care provider, as we could no longer incur responsibility for your birthing needs. We will make every effort to transfer your birthing care to another Licensed Midwife offering midwifery services at homebirths. If this was not possible, we would recommend a birthing center or hospital as the accepted solution. We will, however, continue with follow up postpartum care as previously arranged if circumstances permit and with your consent.

## **Emergency Care Plan/Transport to the Hospital**

If for any reason at all, you would choose to go to the hospital before, during or after delivery, we will respect your choice to transport to the hospital for any reason and at any time. We will anticipate the same respect from you with our desire to transport you and/or baby, if in our opinion it is deemed necessary. We will accompany you continuing our care as labor support in the hospital. Our primary goal is a healthy mother and baby and everyone (mother, father, midwife, birth attendants) must feel comfortable with the situation and surroundings for this to occur.

We will also transfer care to those experienced to deal with obstetrical difficulties for the following situations but not limited to: high blood pressure, prolonged rupture of membranes with signs of infection or if there is no sign of labor in excess of 24 hours, thick meconium staining before and during labor, glucose intolerances of pregnancy, abnormal vaginal bleeding

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during pregnancy or labor, placenta previa, placental abruption, severe postpartum hemorrhage, retained or adherent placenta, active genital herpes.

We will call 911 and/or transport as indicated to the hospital for these medical conditions for the baby but not limited to: fetal distress in labor, prolapsed umbilical cord, respiratory distress after delivery, undiagnosed cardiac abnormalities, severe jaundice, severe sepsis, and unresolved malpresentation or severe shoulder dystocia.

When transporting to the hospital, the procedure for an emergency situation will be to activate 911 and transport via ambulance. In the situation that it is clearly not an emergency such as your desire to transfer for a hospital birth you may go by private automobile. We serve many areas, therefore, we will discuss at your prenatal visit which hospital will be your primary choice. It will also be necessary for you to confirm that your local ambulance service will transport you to the hospital of your choice. In a dire emergency it will be imperative to transport to the nearest medical care facility for the safety of mother and baby. We will accompany you to the hospital during an emergency transport and will be available to the hospital staff to provide information in regards to your situation and make available your medical records to the attending physician and hospital. We will remain with you if possible throughout the remainder of your labor and birth as advocate and offer labor support to you if you so choose.

## Education and Training

**Jennifer Derugen, LM, CPM** began assisting with homebirths in the state of Pennsylvania in 1980, and has attended over 650 homebirths. She began training by apprenticeship with a traditional midwife. In 1995, she became a listed midwife with the North American Registry of Midwives (NARM). In 1997, she became a Certified Professional Midwife with NARM. CPM's have completed prescribed studies in midwifery through a variety of educational routes. They must demonstrate competency of skills and pass the NARM exam. This certification supports the apprenticeship model of learning and requires experience with out of hospital births. In April of 2006, Jennifer became the tenth Licensed Midwife in the Commonwealth of Virginia permitting her to practice as midwife offering maternity services at homebirths. Jennifer is also a Certified Hypnotherapist since 2004, and a professional member of the National Guild of Hypnotists. She offers private hypnosis sessions for childbirth and teaches Hypno-Beginning classes for expectant parents. Jennifer continues to update her skills by attending workshops, midwifery peer review and she maintains current certification with CPR for adults and infants. She practices in accordance with the Midwives Alliance of North America Standards and Guidelines for the Art and Practice of Midwifery and in accordance with the regulations set forth by the Board of Medicine of the Commonwealth of Virginia for the practice as a Licensed Midwife. She proudly embraces and extends the Midwives Model of Care to you.

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**Terri Hewitt, LM, CPM** began assisting with homebirths in the state of Virginia in 1994 as an apprentice and midwife assistant with a traditional midwife. After a successful apprenticeship and completion of the required process, she became a Certified Professional Midwife (CPM) with the North American Registry of Midwives (NARM) in 2008. CPM's have completed prescribed studies in midwifery through a variety of educational routes. They must demonstrate competency of skills and pass the NARM exam. This certification supports the apprenticeship model of learning and requires experience with out of hospital births. In November of 2008, Terri became the 41st Licensed Midwife in the Commonwealth of Virginia permitting her to practice as midwife offering maternity services at homebirths. She brings with her the experience of attending over 550 births in home and hospital as doula, midwife assistant and now primary midwife. She continues to update her skills by attending workshops, midwifery peer review, and participation in birth related organizations. She maintains current certification with CPR for adults and infants. She is a DONA certified doula and a certified Hypnobirthing childbirth educator. Terri will practice in accordance with the Midwives Alliance of North America Standards and Guidelines for the Art and Practice of Midwifery and in accordance with the regulations set forth by the Board of Medicine of the Commonwealth of Virginia for the practice as a Licensed Midwife. She proudly embraces and extends the Midwives Model of Care to you.

## **Midwifery Students and Apprenticeships**

We believe in supporting the future of midwifery through education and apprenticeship, therefore, we work with apprentice midwives. You will have the opportunity to meet with them at prenatal visits. We will be your primary care midwife and the apprentices will be assisting for the purposes of learning the Art and Practice of Midwifery to fulfill educational requirements. In the event that the current apprentice is not available for your birth, I may bring another apprentice or midwife to assist me.

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## Parents Statement of Responsibilities/Consent

We have chosen to have a homebirth, based on what we believe to be a thorough examination of the alternatives. We have discussed our prenatal care and birth options between ourselves, with the midwife and others to the extent we think necessary. After considering these options, we have asked Jennifer Derugen, LM, CPM and/or Terri Hewitt, LM, CPM to provide prenatal care and to assist us in our homebirth.

In choosing to have a home birth, we knowingly accept responsibility for our labor and birth. We realize that no matter how carefully our risk status is assessed, there can arise emergencies or other unforeseen events resulting in a poor outcome. It is impossible at a home birth to provide the same type of care that is available in a hospital. In a hospital there would be more attendants available, as well as more equipment such as electronic monitoring devices and surgical apparatus, various medications, blood plasma, and so forth. We are fully aware that in the event of a complication or emergency there are fewer diagnostic and therapeutic measures available at a homebirth than there would be in a hospital setting, including some that may be life-saving.

Although birth is a natural physiologic process, its outcome is not always favorable. Certain medical conditions may necessitate transfer of our care from Jennifer Derugen, LM, CPM and/or Terri Hewitt, LM, CPM to physician management and transfer from home to a hospital for mother and/or infant. We understand that some medical conditions may be more readily treated in a hospital setting, these conditions may jeopardize the baby's life, freedom from disability, as well as, the mother's life and health.

We understand that should a medical emergency occur during our home birth, it will be handled in a supportive fashion in concurrence with established protocols until transfer to the hospital can be accomplished. If transfer to the hospital occurs, Jennifer Derugen, LM, CPM and Terri Hewitt, LM, CPM are hereby released from any liability for care provided by any subsequent medical provider. We further understand that the list of medical complications in the Informed Homebirth Consent Agreement is incomplete and does not include other unpredictable complications that could arise while giving birth at home. We agree to transfer mother and/ or infant to physician management and/or hospital care if the course of pregnancy, birth, or postpartum period becomes medically complicated. Whenever possible, decisions regarding such transfer of care will be made jointly between us and the midwife and any consulting physician. However, the situation may arise where we must rely solely on the discretion of the midwife and/or any consulting physician and in these situations we agree to accept their professional judgment with regard to the nature of treatment or emergency treatment to be rendered.

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In the course of our care, we understand that we are fully responsible for the accuracy of the information given by us or requested of us by the midwife. We understand that the management of our care will be based upon this information among other considerations. Therefore, we agree to cooperate fully with the midwife in providing information and following directions given us.

We willingly accept the risks associated with homebirth and hereby consent to the care to be provided by Jennifer Derugen, LM, CPM and/or Terri Hewitt, LM, CPM. We hereby release Jennifer Derugen, LM, CPM and Terri Hewitt, LM, CPM and the birth assistants, and any consulting physicians from any and all liability arising from acts or omissions on their part while functioning according to their medically approved protocols.

We have read and have had the above Informed Homebirth Consent Agreement fully explained to us and any questions answered. We agree with these practice standards and willingly accept any risks associated with homebirth. We hereby consent to the care provided by Jennifer Derugen, LM, CPM and/or Terri Hewitt, LM, CPM and release both of them and the assistants and any consulting physician from any and all liability arising from acts or omissions on their part while functioning according to their medical approved protocols and practice standards.

Jennifer Derugen, LM, CPM  
757-622-2791

Terri Hewitt, LM, CPM  
757-460-4318

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Client

Date

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Client

Date

We have had the opportunity to read and to ask any questions pertinent to the Practice Guidelines and have reviewed and are in agreement with our personal Emergency Care Plan in the event a hospital transport would become necessary.

\_\_\_\_\_ client initials/date

\_\_\_\_\_ client initials/date

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Jennifer Derugen, LM, CPM

Date

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Terri Hewitt, LM, CPM

Date

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