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210.262.7201

HOME BIRTH CLIENT PACKET

Homebirth Packet Forms Checklist

Check completed items and initial each item received by Client (Midwife & Client initials)

- Informed Choice and Disclosure _____ / _____
- Midwifery Contract _____ / _____
- Payment Plans _____ / _____
- Client Registration and Medical History _____ / _____
- Medical Records Release and Request for Medical Records _____ / _____
- Birth Certificate Information _____ / _____
- Local Postpartum Counseling Support Services and Resources Information _____ / _____
- Newborn Eye Prophylaxis Agreement or Objection _____ / _____
- Newborn Screening Agreement or Objection _____ / _____
- Personal/Non-Medical Birth Supplies List _____ / _____



INFORMED CHOICE AND DISCLOSURE STATEMENT

According to Texas Law, Texas Occupations Code Ch. 203, the Midwife is required to disclose in oral and written form to a prospective client the limitations of the skills and practices of the midwife. The Informed Choice and Disclosure Statement meets these legal requirements. Each midwife may also expand the document into a more extensive information choice agreement reflecting details of her/his practice.

A. In accordance with the Texas Midwifery Act, the midwife:

1. Assists only with normal childbirth except in an emergency situation that poses an immediate threat to the life of the mother or newborn.
2. Encourages each client to seek prenatal, postpartum, and newborn care if not offered as part of the midwife's service.
3. Advises each client to seek medical care if the client develops signs or symptoms of a complication related to pregnancy.
4. Does not use forceps or surgical instruments for any procedure other than cutting the umbilical cord or providing emergency first aid during delivery.
5. Does not remove the placenta by invasive techniques.
6. Does not advance or retard labor or delivery by using medicines or mechanical devices.
7. Does not administer a prescription drug except under the supervision of a physician licensed by the State of Texas, with the exception of oxygen and state approved prophylaxis to prevent blindness of the infant.
8. Does not knowingly or intentionally falsify or make false statements on a birth certificate application. (This offense is prosecutable as a felony of the third degree).
9. Does not use professional titles other than licensed midwife or Certified Professional Midwife (CPM) if certified by NARM.
10. Has explained to the client all the other legal requirements which are applicable to the midwife's practice;
 - The newborn screening law requires every newborn to receive testing for certain diseases. A midwife is trained to do compulsory newborn screening, or has made arrangements for it to be done by an appropriate health care facility or physician. (see parental consent form in packet)
 - A newborn baby must receive eye prophylaxis within two hours of birth to prevent possible blindness from infection. (see parental consent form in packet)
 - A serology blood test for syphilis & hepatitis B is necessary during pregnancy and on admission for birth.
 - A serology blood test for HIV is necessary at the first prenatal visit and on admission for birth, unless the mother objects. The result of the test is confidential, not anonymous.
 - Communicable diseases must be reported.
 - Registration is necessary for both births and deaths.
 - Compliance with provisions of the Dangerous Drug Act and the Controlled Substances Act is necessary, and other laws as applicable.

11. Has made this form available to the client in English and Spanish.
12. Has made the statistics specified by the Texas Midwifery Board available to each client (see below, under D. Midwifery Experience).

B. Should the client have a complaint about the care she receives from the midwife, she may contact the DSHS Midwifery Program, orally or in writing:

Texas Department of State Health Services
 Midwifery Program MC-1982
 Professional Licensing and Certification Unit
 P.O. Box 149347
 Austin, Texas 78714-9347
 (512) 834-4523 or 1-800-942-5540

A copy of the complaint form is available on the Texas Midwifery Board's website at:
<http://www.dshs.state.tx.us/midwife/>

C. The Midwife must also supply the client with the following information:

1. The expiration date of the midwife's license is 2/28/2010.
2. The expiration date of the midwife's adult and infant Cardiopulmonary Resuscitation Certification (CPR) is 02/14/2010 and Neonatal Resuscitation (parts 1-4) is 09/24/2010. Current certificates are required as part of the license renewal process for all midwives.
3. My medical backup arrangements are: **to transfer to the hospital nearest the location of the currently occurring labor/birth. Or to transfer the mother to the physician and/or hospital of her choice, if the transfer is not an emergency.**
4. I am in compliance with all education requirements approved by the Texas Midwifery Board. **YES**/NO

D. Midwifery Experience

1. I have practiced midwifery for 4 years.
2. Total numbers of birth attended 75.
3. Total number of births as a primary care giver 30.

All the above requirements and acts in sections A-D have been disclosed to me in oral and written form and I understand them.

Signature of Client	Printed Name	Date
Signature of Midwife	Printed Name	Date

Embrace the Bump

Client Policies & Services Contract - For Midwifery & Homebirth

Date

Client Name - Henceforward known as 'Client'

Address

Phone

E-Mail

Primary Midwife Name - Henceforward known as 'Midwife'

1) Terms

- a) Both Client and Midwife understand that the following document is binding, following the signing of this contractual document.
- b) It is understood that within the State of Texas, Midwifery and the practice of midwifery is legal and regulated by the Texas Department of State Health Services, Midwifery Board division. Midwifery within the State of Texas is defined as the practice of a midwife of giving the necessary supervision, care and advice of a woman during normal pregnancy, labor and postpartum period; conducting a normal delivery of a child and providing normal newborn care. Midwifery practice is based upon education in the sciences and upon necessary clinical skills as defined in 831.11 and 831.32 of 22 Texas Administrative Code. Further information regarding the practice of midwifery may be obtained via the Texas Department of State Health Services, professional licensing and certification unit, Texas Midwifery Board, online at <http://www.dshs.state.tx.us/midwife/> or from the Midwife.
- c) All midwives of Embrace the Bump practice within the scope of the midwifery model of care. When deemed necessary, in cases of complications developing, the midwives will consult, collaborate, refer or transfer care to a local physician, specializing in Obstetrics and/or Pediatrics/Neonatal medicine
- d) Midwife and client agree to work jointly to develop and implement a plan of care and evaluate and modify the plan of care in all aspects of the Antepartum, Intrapartum, postpartum and the newborn periods. Midwife agrees to provide health education and counseling based on policies and protocol, assess client on an ongoing basis for any factors which might preclude client from admission to midwifery services or continuing midwifery care based on midwife's policies and protocols.
- e) Midwife may/will not:
 - i) Administer prescription drugs to Client, other than:
 - (1) A drug administered under the supervision of a licensed physician under state law,
 - (2) Ophthalmia neonatorum prophylaxis or,
 - (3) Oxygen administered in accordance with midwifery board rule.
 - ii) Use forceps or surgical instrument for a procedure other than cutting the umbilical cord or providing emergency first aid during delivery.

- iii) Remove placenta by invasive techniques.
 - iv) Use a mechanical device or medicine to advance or retard labor or delivery.
 - v) Make on a birth certificate, a false statement or false record in violation of section 195.003, Health and Safety Code.
- f) Midwife will refer Client to a local laboratory or perform laboratory blood draws and submit to laboratory for the following serology tests:
- i) Obstetric Panel
 - ii) HIV¹
 - iii) Syphilis¹
 - iv) Hepatitis B¹

¹These serology tests are required by law and must be consented to in order to remain under the care of a Texas midwife. If any one of these tests are found to be positive by the laboratory, Midwife will refer Client to a local Physician/Obstetrician for further testing and care. These positive results and diseases are out of the scope of practice of midwives and require a transfer of care to a physician.

2) Termination of Midwife/Client Relationship

- a) Once the midwife/Client relationship has been established, it may be severed as a result of the following:
 - i) Client needs no further care or terminates the relationship.
 - ii) Midwife formally terminates the relationship, in writing, giving 30 days notice to Client, providing antenatal/prenatal care during this notice period. Midwife may also make an attempt to terminate care verbally, in person, in the presences of a witness. Following this severance, midwife will provide referrals to other healthcare providers.

3) Transfer

- i) Midwife and assistant midwives, will perform their services to the best of their training and education. They cannot however, guarantee a homebirth. At times, in childbirth, there are unforeseen circumstances which necessitate the care of a physician. Most of the time, these situations are completely non-emergent. However, the Midwives, are confined to the personal midwife practice protocols as well as the laws and rules set forth by the Texas Department of State Health Services, Midwifery Board, and may only provide care for normal, uncomplicated pregnancies, labor, birth, postpartum and newborn periods.
- ii) If, during any assessment made by Midwife, in any contact with Client, Midwife determines that a complication is occurring or may possibly occur, Midwife will initiate collaboration and/or referral with a physician, in accordance with the practice protocols of Embrace the Bump. If the complication is deemed an emergency, the midwife will initiate an immediate transfer of care to a physician within the nearest hospital emergency facility. If a transfer of care is necessary, Midwife may remain with Client as a birth doula at no additional fee, if Client so chooses and if Client's balance is paid in full. Following the transfer and hospital release, Client may choose to continue postpartum and newborn care with Midwife until six weeks postpartum.
- iii) If Client refuses the transfer of care, Midwife will terminate the Midwife/Client relationship. If the transfer refusal occurs during labor, birth, immediate postpartum/newborn period, Midwife will contact 911 emergency medical services and continue to provide care necessary until emergency medical services arrive. All payments submitted prior to any transfer of care, will not be refunded.
- iv) Initials: _____

4) Fees, Payment & Services

a) Fees

- i) The Fee for **Homebirth Midwifery Services**, with Embrace the Bump, is **\$3,325.00**, with a non-refundable deposit of **\$500.00** due at the signing of this contract. Deposit will be applied to Client's balance.

b) Payment

- i) At the signing of this contract, Client will be assigned a monthly payment schedule (to be determined by the number of weeks remaining in the pregnancy). Payments may be submitted to Midwife at each Antepartum appointment, via personal check or cash. Payment may also be submitted prior to each Antepartum appointment, online, via credit card, debit card or bank draft, through the Client Login page of the Embrace the Bump website. **The entire balance of \$3,325.00 is due by the 35th week of pregnancy.** Midwife and/or Embrace the Bump, reserves the right to notify the client, in writing, of termination of midwife/client relationship, as stated in section '2.a.ii' of this contract, if this term is not met. The termination letter will include contact/referral information for local public hospitals, through which Client may begin care with another Health Care provider. Fees paid will not be refunded.

ii) Insurance

- (1) Texas, Licensed Midwives are not typically covered as "in-network" providers with private health insurance, many times insurance will cover a licensed midwife as "out-of-network". Embrace the Bump's insurance billing company will make all attempts to obtain pre-certification for homebirth and midwifery care coverage. If, after all reasonable attempts have been made, Client's insurance company continues to remain uncooperative; Client will be required to continue with the standard Embrace the Bump payment schedule, until the balance is paid in full. After which, Embrace the Bump will assist Client in filing claims to be reimbursed for fees paid.

c) Services

- (1) Embrace the Bump includes the following services for the fees charged:
 - (a) All in-home or in-office antenatal appointments
 - (b) Standard Obstetric Panel labs
 - (c) 24/7 contact with Midwife, via telephone or e-mail, including urgent contact-*instant email*
 - (d) In-Home or on location, labor assessment and assistance
 - (e) Homebirth/Waterbirth (if one is desired; birthing tub rental is extra)
 - (f) Additional Licensed Midwifery assistance (1-2 additional midwives)
 - (g) Postpartum care (immediately after birth to 6 weeks postpartum)
 - (h) Breastfeeding assistance
 - (i) Newborn & Well baby care up to 6 weeks
- (2) Midwife provides all necessary medical birthing supplies, at no cost to Client.
- (3) Not included in the fees:
 - (a) Optional lab tests
 - (b) Nutritional supplements and medications
 - (c) Ultrasound screening
 - (d) Additional (non-medical, personal) birthing supplies (a list will be provided)

- (e) Birth tub rental
- (f) Newborn screening blood test

In signing this contract, you as parent(s) understand the risks and benefits of laboring and birthing at home. Homebirth is a choice made by the parent(s) and parent(s) are not placing the entirety of the care of the pregnant mother and newborn baby into the hands of the Midwife. Rather, homebirth is a collaboration of hands. The Midwife and Client work together and make all decisions together (with the exception of if Client refuses to accept an emergency transfer, see section 2.a.ii.). All of this said, midwives do not and cannot carry malpractice insurance, therefore, if any situation arises, in which you the Client, are unhappy with the care that you have received by your Midwife, you are encouraged to first discuss any and all issues that you might have directly with the Midwife. You can rest assured that your issues or complaints will be very well received and will be taken as helpful criticism and a great way to improve the midwifery practice of Embrace the Bump and Monica Garza-Vickery, BA, CPM, LM. If you still do not feel resolve in bringing the issues to the Midwife, Client may file a complaint by contacting the Texas Department of State Health Services, Midwifery Program at the following:

Texas Department of State Health Services

Midwifery Program MC-1982
 Professional Licensing and Certification Unit
 P.O. Box 149347
 Austin, Texas 78714-9347
 (512) 834-4523 or 1-800-942-5540

A copy of the complaint form is available on the Texas Midwifery Board's website at:
<http://www.dshs.state.tx.us/midwife/>

Client Signature	Date
Midwife Signature	Date

Deposit Received: \$_____ Midwife Initials: _____ Client Initials: _____

Payment Plan Options

Please select one of the following:

- Pay in full at first prenatal appointment – Eligible for a 15% discount: **\$2,826.25**
- Payments divided per prenatal, to be completed by 30 weeks gestation – Eligible for a 10% discount: **\$2992.50**, monthly payment of: **\$332.34**¹ (after deposit it applied to balance), due at each prenatal appointment.
- Payments divided per prenatal appointment, to be completed by 35 weeks gestation - **\$3325.00**, monthly payment of: **\$376.67**¹ (after deposit is applied to balance).
- Late Transfer of Care Discount – to be applied to fees of Client signing contract after 30 weeks of pregnancy. Fees are still due by 35 weeks gestation. Discount is approximately 12%, totaling: **\$2925.00**. Client has the option of paying in full at contract signing, or making two payments of **\$1462.50**.

Initial Balance

Discount

Number of weeks, beginning midwifery care

Monthly Payment

Number of Payments

Client Signature

Date

Midwife Signature

Date

¹ Monthly payment is based on beginning midwifery services at approximately 6-8 weeks of gestation. This amount is subject to change, when midwifery services are begun later than 6-8 weeks of gestation. Actual amount will be figured at the signing of the Client Policies & Services Contract.

Please see the midwife for the Client Registration Form, available only in PDF file format.

Please see your midwife for the Mother's Birth Certificate Worksheet, available in Word or PDF file format.

Local Postpartum Counseling Support Services and Resources Information

It is not uncommon for women and their families to experience difficulties in adjusting to life after giving birth. Even though, there is a correlation between hospital birthing (with unsatisfactory outcomes) and a higher incidence of postpartum depression, **women who give birth at home can and do experience postpartum depression.** Having personally experienced difficulties in the postpartum period, I feel that I have become highly attuned and sensitive to these situations. Many times, the mother is unaware of her feelings and it may be up to her support persons (partner/husband, mother, friend, etc) and the midwife to identify any postpartum issues (partners, please refer to the quick evaluation on the back of this page). All Texas pregnancy healthcare providers required by law to provide you with resources to help you to feel better so that you may more happily enjoy the magical first year of motherhood. If you feel that you are having any issues with depression or anxiety (thoughts of harming your baby or your baby being harmed, that your baby would be better off without you, etc), in pregnancy or in the postpartum time, PLEASE contact me immediately (day or night), **YOU WILL BE TAKEN SERIOUSLY**. Below is a list of local resources and providers offering help for free and/or a fee.

YOUR MIDWIFE

Monica Garza-Vickery, BA, CPM, LM
210-262-7201

monica@embracebump.com (urgent contact - instant e-mail)

The Postpartum Depression Center of San Antonio

Sue Clifford, LPC

Suzanne Davis-Thomas, LPC

1132 West Blanco Street, San Antonio, TX 78232

Office: (210) 497-0800

Fax: (210) 492-2630

Sally O'Gwinn-Gentry, LPC

1132 West Blanco Street, San Antonio, TX 78232

Office: (210) 213-4658

Fax: (210) 492-2630

Sonya House, LPC, LMFT

1132 West Blanco Street, San Antonio, TX 78232

Office: (210) 865-1913

Fax: (210) 492-2630

Lourdes Aguilar-Landin, LPC, LMFT

Bi-lingual Marriage & Family Specialist

921 Proton, San Antonio, TX 78258

Office: (210) 262-5415

United Way 24-Hour Help Line (210) 227-HELP (4357)

South Texas Behavioral

2050 Vance Jackson, Bldg. 2, Ste. 201, San Antonio, TX 78230

(210) 699-8881

Dr. Sudha Kumar - Psychiatrist

7940 Floyd Curl Dr., Ste. 540, San Antonio, TX 78229

(210) 615-8877

**If you are having thoughts of harming your baby, yourself or your family,
Please STOP & Take a Deep Breath & call 210.262.7201 or 911 immediately!**

Postpartum Depression Quick Evaluation

These signs are different for everyone, but can include any one or more of the following:

- Difficulty sleeping, even when the baby is sleeping
- Sleeping too much
- Appetite changes
- Feeling irritable, angry, or nervous
- Feeling exhausted
- Lack of ability to enjoy life as much as in the past
- Lack of interest in the baby
- Lack of interest in friends and family
- Lack of interest in sex or even being touched
- Feeling guilty or worthless
- Feeling hopeless
- Crying for “no reason”
- Feeling as if you are a bad mother
- Difficulty concentrating or focusing
- Thoughts of harming self or the baby*

*** Please call your midwife (210.262.7201) or 911 if this feeling or thought is occurring, immediate help is necessary in this situation.**

Neonatal Eye Prophylaxis Information & Consent Form

Midwife, Monica Garza-Vickery, LM, CPM, is required by Texas Law (Midwifery Act, Texas Occupations Code Chapter 203) to administer eye prophylaxis approved by the Texas Department of State Health Services to all newborns, or cause it to be administered, unless the parent refuses medical treatment for religious or conscientious objection reasons, or the newborn is immediately transferred to a hospital. Prior to the birth of the newborn and consent to administration of this eye prophylaxis, parents are encouraged to inform themselves of the risks and benefits of the usage of the 'Erythromycin Ophthalmic Ointment' used within the two hours after birth. This neonatal eye prophylaxis is used to prevent neonatal conjunctivitis and ophthalmia neonatorum as a result of exposure to a possible vaginal gonorrhea infection.

Consent to Procedure

I _____ (Client of Midwife, Monica Garza-Vickery, LM, CPM), do consent to midwife, Monica Garza-Vickery, LM, CPM, to administer the neonatal eye prophylaxis of Erythromycin Ophthalmic Ointment to my child. I understand the risks and benefits of applying the Erythromycin Ophthalmic Ointment and that it may possibly cause temporary blurred vision and/or eye irritation in the newborn. I do not hold midwife, Monica Garza-Vickery, LM, CPM liable for any complications of the ointment application.

I _____ (Client of Midwife, Monica Garza-Vickery, LM, CPM), do not consent to midwife, Monica Garza-Vickery, LM, CPM, to administer the neonatal eye prophylaxis of Erythromycin Ophthalmic Ointment to my child. I understand that if I do not have this prophylaxis administered, my child is possibly at risk to an eye infection and possibly blindness resulting from an unidentified vaginal gonorrhea infection. I do not hold midwife, Monica Garza-Vickery, LM, CPM liable for any complications if any infection does arise.

Client Signature

Date

Midwife Signature

Date

Newborn Screening Information & Consent Form

Midwife, Monica Garza-Vickery, LM, CPM, is required by Texas Law (Midwifery Act, Texas Occupations Code Chapter 203) to be trained in the compulsory Newborn Screening procedure and is required to educate parents about the screening as well as offer the procedure to all parents of babies born under the care of the Midwife.

I _____ (Client of Midwife, Monica Garza-Vickery, LM, CPM), have received all necessary education regarding the Texas Department of State Health Services Newborn Screening, in the form of verbal and visual/brochure information.

Client Signature

Date

Midwife Signature

Date

Consent to Procedure

I _____ (Client of Midwife, Monica Garza-Vickery, LM, CPM), do consent to midwife, Monica Garza-Vickery, LM, CPM, to perform the Texas Department of State Health Services Newborn Screening on my child _____ (name of child).

I _____ (Client of Midwife, Monica Garza-Vickery, LM, CPM), do not consent to midwife, Monica Garza-Vickery, LM, CPM, to perform the Texas Department of State Health Services Newborn Screening for my child _____ (name of child) and I will make arrangements to have the screening performed by another licensed healthcare provider. I understand that if I do not have the screening performed, my child may unknowingly be at risk for a number of treatable diseases and disorders, which may cause permanent disability and possibly death.

Client Signature

Date

Midwife Signature

Date

Homebirth Personal Items & Supplies Checklist

Prior to your homebirth, you will need to gather a few things to make your experience as comfortable and convenient for you and your family/support people as possible. Your midwife will provide all necessary “medical” birth kit items at no additional cost to you, however there are a few personal items that should be purchased or collected at or before you reach 34 weeks of pregnancy.

For mother and her support persons

- CHARGED video camera and/or digital camera** to capture the intimate moments of labor, birth and newborn.
- Gatorade or Powerade** (to maintain electrolyte balance and to provide hydration)
- High energy, basic snacks**/foods, fruits, vegetables, breads
- Massage Oil** of your choice (optional, but highly recommended)
- A favorite music selection or movies** to use for relaxation/distraction
- A **phone list** for birth announcements

Labor & Birth

- Comfortable birthing clothes**, if clothing is desired. (*no red or dark orange; ask your midwife)
 - Some mothers prefer to wear bikini or tank tops for water birth
- Olive Oil** (for perineal compresses, to reduce the discomfort of perineal stretching and pressure)
- 6 - bath sized towels**, (buy new towels for your home and use your old towels for your birth) (*no red or dark orange)
- 6 - wash cloths** (for perineal support and warm compresses) (*no red or dark orange)
- Crockpot** (for warming water for perineal compresses)
- Heating pad** (to alleviate discomfort of contractions)
- 2 - packages of underpads** (available in the ‘incontinence’ section of most grocery & drug stores)
- 2 - shower curtain liners** (to protect your bed and floor)
- Emergen-C** (individual packets and whole boxes are available at Whole Foods, to maintain energy)
- Drinking straws** (for sipping water or Gatorade)
- 2 large bowls**, mixing bowls (for emesis and placenta delivery)
- Several plastic grocery bags** (to place in bowl for emesis)
- 2 – large trashbags**

For after the birth

- 2 - gallon sized ziplock bags** (for placenta storage in the freezer, if you wish to keep the placenta)
- Hydrogen Peroxide** (for cleaning up any accidental blood droplets on fabric or carpet)
- Menstrual pads** (cloth, available at FullCircleBaby.com or Chlorine-Free Pads from Whole Foods)
 - Alternative to the pads are adult incontinence underwear (this is usually preferable)
- Newborn/Preemie Sized disposable diapers**
 - (Seventh Generation diapers are available at Babies-r-Us and Whole Foods, for the first few days, preferable until newborn meconium subsides.)
- Newborn receiving blankets**
 - Instead of newborn clothing, skin-to-skin contact is much more beneficial to the newly born baby. We will cover the baby with the blanket while he or she lies on momma’s bare chest
- A healthy, high calorie, high protein meal to enjoy after the baby has arrived**

For Waterbirth, not occurring in a jacuzzi or garden tub

- Birthing tub
- Large, inexpensive tarp & a new, clean waterhose
- Sink hose adaptor
- Available hot water
 - Make sure to turn the hot water heater to the highest setting available, because one full water heater will not fill an entire birthing pool, additional cold water will be necessary; to achieve a comfortable balance, the water from the heater should be very hot.
- Additional reserved towels for drying off after the birth.