



Client-Midwife Contract

The client (print name) _____ and the midwife and her assistants (we) at Highland Midwife Birth Services agree to the following terms and conditions for the provision of licensed midwifery, traditional birth attendance, and other services:

Midwives

The midwife who owns Highland Midwife Birth Services is Lorri Ellen Carr *LM, CPM, LDM, LDEM*. She is a nationally certified professional midwife, licensed to practice midwifery in Washington for many years, as well as Utah and Texas, and previously licensed (license is now retired) in Oregon. She received formal midwifery education and clinical training as outlined in the "Informed Choice for Midwifery Care" document in the client welcome/handout packet, and her resume is posted on the practice website. Her professional goal is to exceed the standards of care for medical obstetrics, while offering clients the maximum safe flexibility and control of their own care. She is a preceptor for midwifery students in training from several colleges, and is usually assisted by at least one student midwife in training. She has informal arrangements with other area midwives to provide backup care in the rare event that she is unable to attend a birth.

Note

While we can deliver in Oregon, it is in the role of traditional midwives only. Any care provided within states where we do not currently hold an active license, is done strictly in accordance with the traditional midwifery laws of those states, which precludes certain medications and authority, and is done with the full understanding and agreement of the clients that the midwife is not a licensed provider in that state, and is **only** acting in the limited role of a traditional birth attendant. Clients are required by Oregon law to sign a form "Traditional Midwife Information Disclosure" prior to us attending their birth in Oregon.

Services provided (subject to limitations imposed by various state laws, depending on location of care)

The midwives will provide you with standard prenatal, intrapartum and postpartum care, including:

- Physical assessment with lab blood draws, cultures, and/or ordering of same;
- Prenatal checkups: once every 4 weeks until 28 weeks, then every 2 weeks until 34-35 weeks, and weekly thereafter until delivery;
- Nutritional counseling, and suggestions for optimal vitamin and herbal supplements;
- One postpartum home visit for mother and baby within 24-72 hours of delivery, including newborn screening and pulse oximetry if desired;
- Postpartum visits in office for mother and infant at approximately 1 week, 2 weeks and 6-8 weeks, including newborn screening and family planning / gyn follow-up with pap if desired;
- Use of a birthing tub during your labor;
- Personal classes on birth self-care for clients utilizing us only as traditional birth attendants,
- 24 hour emergency phone availability of your midwife(s) throughout your care;
- Any additional visits necessary through your period of coverage;
- Any referrals needed or wanted (including for ultrasound), or transfer of care as needed.

Initial consultation

A free initial consultation is provided to determine your compatibility with midwifery care. The following topics are discussed: nutrition; general health history questions; the risks of childbirth and homebirth to the mother and infant; management of complications in an out-of-hospital setting; how labor and birth differs in a hospital birth; your reasons for choosing out-of-hospital birth and midwifery care; arrangements for backup medical consultation and/or transport. Ample opportunity is provided for prospective clients to ask questions.

Client history and screening

In the selection and treatment of clients, we rely on the client's medical history and information provided by the client and from previous healthcare providers. The client agrees that such information will be complete and accurate to the best of her knowledge. The client understands that certain aspects of her health history may preclude her from midwifery care and home birth.

Transfer of care

The client understands that certain complications or conditions may develop during pregnancy, birth, and/or postpartum period that require transfer of care to a medical provider and/or facility. We do our best to provide adequate information in a timely manner in the event of a transfer of care.

Back up medical care

We refer as needed for consultation with qualified obstetricians and naturopathic physicians, and also refer to a perinatologist for evaluation when indicated. If any significant deviations from normal develop, the appropriate specialist will be consulted. If transport to the hospital during labor and birth is required, the attending midwife will stay with you if able, though medical decisions will be made solely by the client in conjunction with the medical providers at the receiving facility.

Pediatric care

Your midwives can provide well-baby check-ups during the first two weeks postpartum, as well as lactation consultation, with optional feeding evaluations (including monitoring growth and weight gain) to 6-8 weeks. Subject to state guidelines, your midwife can provide newborn metabolic screening, pulse oximetry, vitamin K prophylaxis, and eye prophylaxis medication (unless acting as traditional birth attendants, not in a licensed state). Lorri does not offer vaccinations. The client should make long-term pediatric care arrangements prior to delivery, for newborn care after 2 weeks of age.

Use of medical records

The client authorizes the midwives to have full access to her medical records for clinical management, research, and statistical purposes, provided her privacy is protected. State mandated participation in out-of-hospital midwifery statistics projects are anonymous, but occurs only after consent of the client.

Assistants and student midwives

The client understands that the attending midwife will usually have at least one trained assistant midwife and/or student midwife with her at the birth, and at most office visits. This is both for the client's safety and to train new midwives. Senior students who have achieved the level of "Primary Under Supervision" are qualified to manage appointments and deliveries, and are encouraged to do so. We make every effort to arrange for the client to meet all potential assistants prior to birth. We are respectful of the intimacy of birth, and are committed to training students with the same high standards and philosophy of care.

Consent to treat

The client gives her consent to the midwives to care for and treat her during the course of her pregnancy and birth until conclusion of care at eight weeks postpartum, and agrees to reasonably comply with their care recommendations. This will remain in force unless the client informs the midwives of her intentions to seek care elsewhere, or the client is referred for care by the midwife. The client agrees to assume full personal and legal responsibility for her decision to have an out-of-hospital birth and to prepare properly for same.

Informed choice

The client has been informed of the midwives' credentials and scope of practice; the risks and benefits of out-of-hospital birth; and the limitations of midwifery care. The client has had ample opportunity to ask any and all questions pertaining to her midwifery care. This is further outlined in the document "Homebirth and Midwifery Care", which has been provided to the client in her handout packet.

Payment for services

The client agrees to payment under the terms of the "Financial Agreement".

The undersigned have read and understood this contract, and have had their questions regarding its content fully answered.

Client signature _____ Date: _____

Midwife signature _____ Date: _____