



## Homebirth & Midwifery Care

### Highland Midwife Birth Services, LLC

The Midwives: Lorri Ellen Carr, *LM CPM LDM LDEM*, & assistant/student midwives.

**About Us:** Lorri is very experienced with hospital, birth center, and home births. Her Washington-based maternity practice includes fertility and nutrition consults, gynecology, and early pediatrics as well as complete pregnancy care, birth, newborn, and postpartum care for home birth families. She is also clinical training instructor for several colleges. (Note that inside the state of Oregon, the midwives attend births strictly in the role of Traditional Midwife.)

**Birth Assistants:** It is highly preferred to have at least two sets of trained hands at your birth, so it is our policy to have at least one assistant or student midwife at births whenever possible. We are personally committed to helping preserve critical midwifery skills for the future, so may be assisted at any time by students in clinical training. We use other experienced midwives for backup in the event that we cannot attend a birth. More information about each of them is located on our website.

### **The Midwives Model of Care:**

“At the core of the Midwives Model of Care is deep respect for the normalcy of birth and for the uniqueness of each childbearing woman and her family. This approach to maternity care promotes health and helps prevent complications. Care providers who practice this model of care have excellent outcomes while providing safe individualized 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; and
- identifying and referring women who require obstetrical attention.”

“The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma, and cesarean section.” (Copyright © May 1996, Midwifery Task Force, All Rights Reserved.)

**Birth Philosophy:** Midwives view childbirth as a normal part of a woman’s life that is best supported with good nutrition, personal responsibility of the mother for the pregnancy, and attentive clinical management throughout the childbearing cycle. It is our philosophy that the health and safety of mother and infant can best be promoted when preparation for birth is regarded as a mutual responsibility of client and midwife. We make every effort to consult with the client on clinical care decisions as this allows for truly informed choice on the client’s part. An essential component of midwifery care is education and empowerment of the client.

**Birth at Home:** The decision to birth a baby at home is made with the parent’s understanding that the location of the birth has inherent implications for access to medical care in emergencies and availability of resources in the home. Access to the hospital may be limited due to the distance between the home and hospital, weather conditions, and availability of EMS services. The political atmosphere in your area may mean that a transport to the hospital, with transfer of care from the midwife to the doctor, may result in strained or difficult relations between you and the hospital staff. You may need medical attention and/or equipment that would not be available at a home birth.

**Benefits and Risks:** The midwives expect that the client will thoroughly research the benefits and risks to homebirth and midwifery care and thoroughly discuss with them any questions or concerns prior to the birth. The client's responsibility is to educate herself and her family on her choice of homebirth. The midwives' responsibility is to make sure all important points have been discussed, adequate informed choice is made, and be available for all client questions. There are many benefits to midwifery care and out-of-hospital birth. These include: high levels of safety for healthy women and their infants; personalized care and attention; continuity of care through the childbearing cycle; timely and adequate referral when needed; low cesarean rates; high rates of maternal satisfaction; lower costs to families and insurance; reduced use of interventions; and superior personalized nutritional counseling. Many report better long-term outcomes for mothers and babies, improved family bonding, and more successful breastfeeding. There are also risks to midwifery care and out-of-hospital birth. These are largely due to the fact that emergency medical support and treatment during birth may be at some distance from the location of the birth. Certain birth emergencies develop very quickly and treatment for these situations may be outside the scope of practice of LMs or may require hospitalization. Additionally, the political atmosphere surrounding midwifery may mean that medical care for women choosing out-of-hospital birth is reduced or unsatisfactory.

**Medications:** Licensed Midwives are allowed to carry and administer certain life-saving medications. These include anti-hemorrhagic and anti-seizure medications, intravenous fluids, epinephrine, oxygen, and antibiotics for the treatment of group B strep infection in most states. Midwives also carry Lidocaine and suturing materials for repairing lacerations, and have the advantage of also using herbal and homeopathic medications.

**Malpractice Insurance:** The midwives do not currently carry malpractice insurance due to the prohibitive costs which would have to be passed on to our clients.

**By initialing the Informed Choice for this document, you are agreeing to the following:**

As a woman freely choosing midwifery care and out-of-hospital birth, I understand and agree that;

- I am ultimately responsible for the outcome of this pregnancy and birth.
- My midwives are responsible for providing adequate clinical management of healthy, normal childbearing, as outlined in their training, credentials, and licensing.
- The development of certain conditions during pregnancy, birth and/or the postpartum period may require the transfer of care to the medical system.
- There are benefits and risks associated with labor and birth in both non-hospital and hospital settings.
- The midwives carry certain emergency medication and equipment but cannot duplicate such services as are available at some hospital facilities, including continuous electronic fetal monitoring, Cesarean sections, or blood transfusions.
- My midwives may in some circumstances be unable to accompany me into the hospital and/or birthing room in the event of a transport.

*I have had the opportunity to ask questions of my midwifery care providers, and I am satisfied with the completeness of the responses. I have been encouraged to do my own research, and have had the opportunity to do so. I have made an informed choice regarding my selection of caregiver and the place of birth of my child. I am choosing homebirth with my midwives.*