

Informed Choice for Homebirth & Midwifery Care



Highland Midwife Birth Services Owner; Lorri Ellen Carr, *LM CPM LDM*

About Me: I am a direct-entry Licensed Midwife (Washington and Oregon) and Certified Professional Midwife (national). I have been attending births since 1983. My formal education includes a degree in Pre-Med Biology, undergraduate study at Sage Femme Midwifery School and Seattle Midwifery School, and on-going post-graduate study at Midwives' College of Utah. I am an approved preceptor at several colleges. My clinical training occurred in a variety of settings, and included births at home, in birth centers, and in hospitals, as well as clinical gynecology. I have studied under and worked with many different types of midwives and doctors. My practice is located in Goldendale, Washington.

Birth Assistants: It is highly preferred to have at least two sets of trained hands at your birth, so it is my policy to have at least one assistant or student midwife at births whenever possible. I am personally committed to helping preserve critical midwifery skills for the future, so may be assisted at any time by students in clinical training. I use other experienced midwives for backup in the event that I cannot attend a birth. More information about each of them is located on my 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 midwife expects that the client will thoroughly research the benefits and risks to homebirth and midwifery care and thoroughly discuss with her 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 midwife’s 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 in Washington State (and Oregon) 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. LMs can also carry Lidocaine and suturing materials for repairing lacerations, and herbal and homeopathic medications.

Malpractice Insurance: The midwife does not currently carry malpractice insurance due to the prohibitive costs which would have to be passed on to the clients.

As a woman freely choosing midwifery care and out-of-hospital birth, I understand that (please initial):

- _____ I am ultimately responsible for the outcome of this pregnancy and birth.
- _____ My midwife is responsible for providing adequate clinical management of healthy, normal childbearing, as outlined in her 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 midwife carries 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 midwife may not be able 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 the place of birth of my child. I am choosing homebirth with my midwife.

Client - Please Print Full Name: _____ Date of Birth: _____

Client signature: _____ Date: _____

Midwife signature: _____ Date: _____