



Informed Disclosure of Midwifery Care

Branch of Life Midwifery

This document is provided to help define the care, limitations, and scope of practice of the midwife. Transparency and informed consent are fundamental to our relationship of care. Please read this document in its entirety.

Provider and Education

Certified Professional Midwives (CPMs) are trained through academics and apprenticeship to attain a Bachelor's of Science in Midwifery. Upon receiving the CPM credential, midwives sit for the NARM (North American Registry of Midwives) examination to prove competency. CPMs manage low-risk pregnancies and births, typically within birth centers and homes, and do not provide care for high-risk or complicated pregnancies.

In addition to the CPM credential, your midwife is a certified birth and postpartum doula, Basic Life Support certified, and Neonatal Resuscitation certified. *Jessica Branch obtained a Bachelor's of Science in Midwifery from Midwives College of Utah in May 2024. After obtaining the national credential of Certified Professional Midwife (CPM #CPM24050473), Jessica became licensed in Arizona by the Arizona Health Department (License #LM276) and in California by the California Medical Board (License #LM745).*

Assisting the midwife at births will be a birth assistant and/or additional midwife, and occasionally an apprenticing student midwife. The birth assistant is a medically trained individual who can assist should an emergency arise — they are not a doula. The assistant and apprentice will be available to meet clients by week 30 to establish a relationship. Prenatal appointments may have an attending assistant or student. Starting at 37 weeks and up to one week after delivery, the midwife will be on call for initiation of labor or emergencies.

Philosophy of Birth

Midwifery care is unique in that we aim to be a partner in your well-being before, during, and after pregnancy. Our goal is to provide evidence-based education that supports you and your growing family while empowering you to take charge of your overall health. Shared decisions between midwife and client — grounded in education and informed consent — are central to our care.

Pregnancy and physiological birth are normal events. Through years of education and hands-on experience, we are trained to identify risk factors. If risks outside of the midwife's scope arise, the midwife will inform the client immediately to arrange for appropriate care that ensures the healthiest pregnancy, labor, and birth.

Services Offered

Prenatal Care

At each appointment we assess vitals, listen to baby's heart rate via doppler or fetoscope, perform fundal measurements, discuss lab work, and assess overall health. Appointments are scheduled at:

- Every 4 weeks through 28 weeks
- Every 2 weeks from 28–36 weeks
- Weekly from 36 weeks until labor

Intrapartum Care

Once labor initiates we remain in close contact until active labor, then attend in person. We monitor vitals hourly, assist with comfort measures, ensure hydration, and auscultate fetal heart tones every 15–30 minutes. After birth, delayed cord clamping is standard. We assess bleeding and any tears, repair with local anesthetic, perform a newborn exam, and administer vitamin K and erythromycin eye ointment if preferred. We remain until mother and baby are stable, baby is feeding, mother has urinated and eaten a nutritious meal.

Postpartum Care

We return 24–48 hours after birth for a postpartum follow-up: discuss the birth, address feeding concerns, weigh the baby, check vitals for mother and baby, perform the state-mandated newborn metabolic and hearing screens, and collect birth certificate paperwork. We recommend establishing a pediatrician before birth. Newborn care transfers to the pediatrician after the first postpartum visit, though we remain available for lactation support for up to 6 weeks. A client postpartum visit is available at 4–6 weeks.

Additional Services

Ordering labs, ultrasound referrals, genetic testing, blood glucose screening, childbirth education, and filing birth certificate and Social Security card paperwork within seven days of birth.

Roles of Apprentice

Apprenticeship is key to the legacy of midwifery. A student may accompany the midwife to appointments, under direct supervision and with your consent, participating in prenatal care, birth, and postpartum care.

Equipment and Medications

- Pitocin (for significant postpartum bleeding)
- IV therapy
- Fetal doppler (fetal heart rate monitoring)
- Oxygen with adult and neonatal masks
- Suturing equipment and lidocaine (local anesthetic)
- Urinary catheter
- Neonatal suction
- Vitamin K for newborn
- Erythromycin eye ointment for newborn
- Herbal remedies
- Neonatal resuscitation equipment
- Birth pool (water birth, if applicable)

Limitations of Scope: The midwife is unable to carry narcotic pain medications, administer epidurals, perform surgical procedures beyond basic perineal or labial suturing, or perform blood transfusions. Although trained in neonatal resuscitation, the midwife is unable to intubate a neonate or perform advanced resuscitation skills.

Medical Consultations, Transfer, and Transport

The midwife is an expert at identifying risks within an otherwise normal physiological pregnancy and birth. The midwife is **unable to attend birth** for twins, breech presentation, or VBACs. If a risk arises, a medical consultation with a physician or transfer of care may be indicated. This decision is never taken lightly but is sometimes necessary for the best outcomes.

Indications for consultation or transfer of care include, but are not limited to:

- Persistent anemia
- Postdates pregnancy (42+ weeks)
- Preterm labor (<37 weeks)
- High blood pressure or signs of preeclampsia
- Prolonged labor or prolonged second stage
- Inconsistent or concerning fetal heart tones
- Breathing difficulties in the newborn
- Excessive bleeding
- Signs of infection
- Premature rupture of membranes

If transport to a hospital is needed, this may be by personal car or ambulance to the closest hospital or hospital of choice depending on the severity of the situation. The midwife can accompany the client by following behind or riding in the ambulance.

Conclusion

Branch of Life Midwifery is committed to a high standard of midwifery care. We are available by phone, email, or text at **828-381-2004** throughout pregnancy and the postpartum period. Please restrict non-emergent questions to usual business hours, **8:00 AM – 6:00 PM daily**.

Though entering a collaborative effort of care, you are your greatest advocate and have the most control over your health. A nutritious diet, regular exercise, adequate hydration, and avoiding harmful substances are all ways you can support a healthy low-risk pregnancy and birth. If at any time you are not satisfied with the care you receive, please address it directly with your midwife. If concerns are not resolved, you may file a written complaint with the North American Registry of Midwives within 18 months of care. For more information, visit: <http://narm.org/accountability/>

Consent to Care

I understand the Certified Professional Midwife's scope of practice as described in this document and I consent to midwifery care from Branch of Life Midwifery.

Client Signature: _____ Date: _____

Printed Name: _____

References

- Delaney, S. (2022, April 6). Writing the Informed Disclosure [Webinar]. MDWF 2010, Midwives College of Utah.
- Arizona Department of Health Services. (n.d.). <http://azdhs.gov>
- North American Registry of Midwives. (n.d.). <http://narm.org>
- ACOG Committee Opinion No. 791: Informed Consent and Shared Decision-Making in Obstetrics and Gynecology. *Obstet Gynecol.* 2019;133(2):e34–e41.

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