1

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. It is crucial to the success of this relationship of care to be transparent and provide informed consent. Please read this document entirely.

**Provider and Education:** Certified Professional Midwives are trained through academics and apprenticeship style education to attain a bachelor’s of Science in Midwifery. Once they receive the CPM credential they can sit for the NARM (North American Registry of Midwives) examination to prove competency. CPM’s manage low risk pregnancies and births typically within birth centers and/or homes. CPM’s do not provide care for high risk or complicated pregnancies. In addition to CPM credential the 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 of 2024. After obtaining the national credential of Certified Professional Midwife (CPM # CPM24050473), Jessica then 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 with an apprenticing student midwife. The birth assistant is a medically trained individual that 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 the 37th week of pregnancy and up to one week after delivery the midwife will be on call for the client for initiation of labor or emergencies.

**Philosophy of Birth:** Midwifery care is unique as we want to be a partner in your well-being before, during, and after pregnancy. Our hope is to provide evidence based education to help support you and your growing family while empowering the pregnant person to take charge of their overall health. Shared decisions between the midwife and client are imperative through education and informed consent. Our ability to serve you is dependent on a trusting relationship between the midwife and client. Pregnancy and physiological birth are normal events. Through years of education and hands-on experience to become a midwife, we are trained to identify risk factors. If risks outside of the midwife’s scope do arise, the midwife will inform the client immediately in order to arrange for appropriate care that ensures the healthiest pregnancy, labor, and birth.

**Roles of Apprentice:** Apprenticeship is the key to continuing a legacy of midwifery care. Branch of Life Midwifery may have a student that will accompany the midwife to appointments. The student will be under the direct supervision of the midwife and with your consent will participate in prenatal care, birth, and postpartum care.

2

Informed Disclosure of Midwifery Care

**Services Offered:** Branch of Life Midwifery offers comprehensive prenatal care, labor and delivery, and postpartum care. This care includes ordering any labs that will be needed, referrals for ultrasounds, genetic testing, blood glucose screening, and childbirth education. The goal is to create an atmosphere of relaxed, open dialogue at each encounter to provide evidence based education at each phase of pregnancy. The midwife will file appropriate paperwork for the birth certificate and social security card within seven days of birth.

**Prenatal Care:** During pregnancy the midwife provides prenatal care for clients. At each appointment we assess vitals, listen to the baby’s heart rate with a doppler or fetoscope, perform fundal measurements to ensure proper growth, discuss necessary lab work, and assess overall health. The midwife’s goal is to ensure that the pregnancy is progressing well and remaining low-risk. We will take time to go over any concerns and discuss future appointments. These appointments will be at 4 week intervals until the 3rd trimester (28-30) weeks. At the start of the 3rd trimester we switch to a bi-weekly appointment schedule until around the 36th week. Once at the 36th week we will meet on a weekly basis until labor has begun.

**Intrapartum Care:** Once labor has initiated we are in close contact until the laboring individual needs the care of the midwife, this is usually once the labor has progressed to an active phase. We bring necessary supplies to ensure you and your baby are healthy and safe during labor and

birth. We will monitor the laboring clients' vitals hourly, assist with comfort measures, assure the laboring parent stays hydrated, and monitor the well-being of the baby by auscultation of the heart rate via a doppler every 15-30 minutes. After the birth, delayed cord clamping is standard of care. We will assess bleeding and tears which will be repaired with local anesthetic. After some time to allow bonding, we will perform a newborn exam and administer vitamin K and erythromycin eye ointment, if preferred. We make sure that both the mother and baby are stable, the baby is feeding well, the mother has urinated, and eaten a nutritious meal. We will go over any postpartum recommendations, answer any questions, and make sure the family has support before departing.

**Postpartum Care:** About 24-48 hours after birth we will return to do a postpartum follow up appointment. At this appointment we will discuss the birth, address feeding concerns, weigh the baby, check vitals for both client and baby, perform a state mandated newborn metabolic screen, hearing screen, and discuss any discomforts. We will collect the necessary paperwork for the birth certificate at this appointment. We recommend choosing a pediatrician prior to

birth and making an appointment for a routine newborn visit as soon as you are able after the birth. Newborn care is transferred to the pediatrician after the first postpartum visit for future assessments, but we are still available for up to 6 weeks for lactation advice. Follow up for the client is available between 4-6 weeks for a postpartum visit.

3

Informed Disclosure of Midwifery Care

**Equipment and Medications include:**

-Pitocin for significant bleeding -IV therapy

-Suction for baby -Fetal Doppler (listen to baby) -Urinary Catheter -Oxygen, adult and neonatal mask -Suturing equipment -Lidocaine (local anesthetic) -Vitamin K for baby -Erythromycin eye ointment for baby -Herbal remedies

The midwife is unable to carry narcotic pain medications, administer epidurals, perform surgical procedures besides basic suturing perineal or labial tears or perform blood transfusions. Although trained in neonatal resuscitation we are unable to intubate a neonate or perform advanced resuscitation skills.

**Medical consultations, transfer, and transport:** The midwife is an expert at identifying risks that may arise within an otherwise normal physiological pregnancy and birth. The midwife is unable to attend birth for twins, breech presentation, and VBACs. If a risk should arise during the time of care we may feel the indication for a medical consultation with a physician or transfer of care. This decision is not taken lightly, but is sometimes necessary for the best outcomes. Indications for a consultation or transfer of care could be, but are not limited to: persistent anemia, exhaustion, postdates pregnancy (42+ weeks), preterm labor (<37 weeks), high blood pressure, prolonged labor or prolonged second stage (pushing), inconsistent fetal heart tones, breathing difficulties in the newborn, excessive bleeding, signs of infection, and premature rupture of membranes.

If the need for a transport of care to a hospital is needed this may be in a personal car or ambulance and the closest hospital or hospital of choice depending on the severity of the situation. The midwife can accompany the client to the hospital either by following behind or 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 the duration of pregnancy and the postpartum period. Please restrict non-emergent questions to usual business hours between 8am-6pm daily. Though entering a collaborative effort of care, you are your biggest advocate and have the most control of your health. Through this mutual relationship we hope that you are empowered to make the best health decisions for you and your baby. A nutritious diet, exercise, hydration, and no harmful substances are all ways to ensure you are doing the most that you can to achieve a healthy low-risk pregnancy and birth. If for some reason you are

4

Informed Disclosure of Midwifery Care

not satisfied with the care you receive please address it with the midwife. If your concerns are not met with a solution you can file a written complaint with the North American Registry of Midwives within 18 months of care. For more information and instructions, see http://narm.org/accountability/

I understand the Certified Professional Midwife’s scope of practice and I consent to care:

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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