Client Informed Disclosure

Jen Jester, BSM, CPM, of Birth Wisely, LLC, requests that you read this document in its entirety, as it outlines midwifery care in Missouri, provides basic information about midwifery practice, and provides protection for both the midwife and you. I request your signature(s) on this document before your care begins.

Midwifery in Missouri
Missouri legalized Certified Professional Midwives (CPMs) in 2007, and the law was upheld by the Missouri Supreme Court in 2008. Missouri does not require midwives to carry malpractice insurance.
376.1753. Notwithstanding any law to the contrary, any person who holds current ministerial or tocological * certification by an organization accredited by the National Organization for Competency Assurance (NOCA) may provide services as defined in 42 U.S.C. 1396 r-6(b)(4)(E)(ii)(I). **
* Tocology is the science of midwifery or obstetrics. The National Organization for Competency Assurance (NOCA) certifies more than 160 credentials, most of which are in the medical field. The Certified Professional Midwife (CPM) and Certified Nurse Midwife (CNM) are the only tocological certifications under NOCA. CNMs are already allowed to practice under their own statute. There are no ministers certified by NOCA. Therefore, the CPM is the only credential affected by this language.
~ Missouri Midwives Association website http://www.missourimidwivesassociation.org/legislative.html

Certified Professional Midwife (CPM)
A Certified Professional Midwife (CPM) is a knowledgeable, skilled and professional independent midwifery practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM) and is qualified to provide the Midwives Model of Care. The CPM is the only midwifery credential that requires knowledge about and experience in out-of-hospital settings.
Based on the MANA Core Competencies, the guiding principles of the practice of CPMs are to work with women to promote a healthy pregnancy, and provide education to help her make informed decisions about her own care. In partnership with their clients they carefully monitor the progress of the pregnancy, labor, birth, and postpartum period and recommend appropriate management if complications arise, collaborating with other healthcare providers when necessary. The key elements of this education, monitoring, and decision making process are based on Evidenced-Based Practice and Informed Consent. ~ North American Registry of Midwives www.narm.org

Jen Jester
Jen Jester graduated from the Midwives College of Utah with Bachelor of Science – Midwifery, and passed her NARM boards to become a Certified Professional Midwife (CPM) in 2018. Jen is an experienced midwife that has studied under multiple preceptors, both CPMs and CNMs (nurse midwives). Jen has been an active birth professional in the St. Louis area as a DONA, Int'l. trained doula and an Informed Beginnings Childbirth Educator since 2004 and 2009, respectively. She has guided over 600 families through their birth journey as a doula, childbirth educator, and birth assistant.
Jen pursues professional development and continuing education annually, and participates in monthly peer review with her collaborative partners, and with the St. Louis MMA chapter. Jen is certified in CPR for the Professional Responder and is certified in the Neonatal Resuscitation Program. Jen is a board member (Treasurer/Membership) of the Missouri Midwives Association (MMA), and is the local chapter rep and peer review coordinator, is a member of the National Association of Certified Professional Midwives (NACPM). Jen serves as a board member for Jamaa Birth Village in Ferguson, MO.

Philosophy of Practice

Jen Jester practices the Midwifery Model of Care™ in accordance with the Midwives Association of North America's (MANA) Core Competencies:

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;
- 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.[http://cfmidwifery.org/mmoc/define.aspx; Copyright © 1996–2008, Midwifery Task Force, Inc., All Rights Reserved.]

- Midwives work in partnership with clients and their chosen support community throughout the caregiving relationship
- Midwives respect and support the dignity, rights and responsibilities of the clients they serve
- Midwives are committed to addressing inequities in health care status and outcomes
- Midwives work as autonomous practitioners, and they collaborate with other health care and social service providers whenever appropriate
- Midwives work to optimize the well-being of the mother-baby unit as the foundation of caregiving
- Midwives recognize the empowerment inherent in the childbearing experience and strive to support clients to make informed decisions and take responsibility for their own and their baby's well-being
- Midwives integrate clinical or hands-on evaluation, theoretical knowledge, intuitive assessment, spiritual awareness and informed consent and refusal as essential components of effective decision making
- Midwives strive to ensure optimal birth for the whole family and provide guidance, education and support to facilitate the spontaneous processes of pregnancy, labor and birth, lactation and mother–baby attachment, using appropriate intervention as needed
- Midwives value continuity of care throughout the childbearing cycle and strive to maintain such continuity
- Midwives are committed to sharing their knowledge and experience through such avenues as peer review, preceptorship, mentoring and participation in MANA's statistics collection program

Read more at: http://mana.org/about-us/core-competencies

In addition, Jen believes that pregnancy and birth are normal physiologic events - not an illness. She considers the whole person, and focuses on each individual's wellness during pregnancy, birth and postpartum. Our nation's maternity care system has normalized interventions, and she has experienced the differences and disparities between the common birth experience versus a holistic, physiologic birth. In order to foster change within our local maternal health community, she offers families a healthy, safe, and age-old alternative for low-risk pregnant women - Midwifery care. For more information, please ask to see Jen's Philosophy of Care Statement.

Rights and Responsibilities of the Client

- Provide honest answers about health history and intentions for their upcoming birth
- Maintain excellent health and nutrition
- Become knowledgeable about birth; a birth education course is preferred, or if you prefer independent study, your midwife will provide you with a list of educators and recommended reading
- Maintain open communication with your midwife regarding decisions that impact the well-being of yourself and your baby
- Arrange a specific physician back-up, if you desire; otherwise, your midwife will transport to the hospital and physician with whom the midwife has an established relationship
- Careful selection of birth support team (family, friends, photographers, etc.) so that they do not impede the safety of the mother or baby
- Obtain specific laboratory work that is required by physician or other out-of-office facilities, as indicated
- File for your baby's birth certificate after your midwife provides you with the necessary information and signatures
- Complete the infant hearing screen at a licensed location
- May withdraw from care at any time
- May delay or decline procedures, therapies, tests, or treatments
- May have access to midwife's basic practice guidelines at any time

Rights and Responsibilities of the Midwife

- Provide safe, competent, and evidence-based care during pregnancy, birth, and postpartum periods
- Disclosure of training, education, certification, and experience
- Clean and professional appearance
- Provide physician referral and prompt transfer, as indicated
- Provide clear requirements for payment of fees and services
- Provide information for filing a grievance
- Engage the client in shared decision making and informed choice
- Maintain transparency throughout client care
- Acknowledge the right and responsibility of the client to make decisions regarding their care
- Utilize sterile equipment, instruments, resuscitation measures and equipment, and therapies, as indicated
- Maintain certifications and professional trainings
- Participate in peer reviews, monthly
- Maintain a HIPAA compliant practice in accordance with NARM recommendations
- Provide the client with HIPAA Privacy and Security Disclosure (separate document)
- May withdraw care if it seems appropriate or necessary
- Document any refusal of care, treatment, procedure, therapy or testing

Role of Students, Apprentices, and Assistants

- Birth Assistants will be assigned to the client to aid the midwife during prenatal care, birth, and the postpartum periods; the Birth Assistant could be a midwife, apprentice, or midwife's assistant
- The client will meet the assistant during their prenatal care; the client may alert the midwife if the client feels the assistant is not acceptable
- The midwife works with students and apprentices at various times; the client has a right to decline the involvement of any student or apprentice that is not the client's assigned Birth Assistant
- The client must complete a waiver to share any information (health history, lab results, birth plan, etc.) with the student the client agrees to work with

Explanation of Services

Services offered, but are not limited to:

- Consultation visit
- Initial prenatal visit
- Prenatal visits every 4 weeks at the initiation of care; every 2 weeks beginning at 28 weeks, and weekly from 36 weeks until birth
- Required labs include (but others may be recommended):
  - Full Obstetric Panel
- Home visit between 35-38 weeks
- Attendance at labor and birth
- Attendance during transport
- Postpartum visits at 24-48 hours, 3 days, 7 days, 2 weeks, 4 weeks, and 6 weeks
- 24/7 availability by cell
- Provide appropriate back-up when unavailable due to emergency, illness, or planned time away
- Consultation and collaboration with area physicians and midwives, as indicated
- Provide all state mandated newborn screens and prophylactic measures

Medical Back-Up and Transfer of Care

- The midwife shall maintain a collaborative relationship with area physicians for the purpose of consultation, referral, or possible transfer of care
- The midwife shall transfer to the nearest appropriate hospital in the event of an emergency, unless the client prefers a different location
- The midwife shall transfer to the hospital in which she has an established relationship with a physician in a non-emergent transfer, unless the client prefers a different location
- The midwife shall drive separately to the place of transfer in non-emergent situations, and will attend the client in the ambulance in emergent situations.

- The midwife shall provide all documents and information to the staff upon transfer, as agreed to in this client informed consent

Conditions Requiring Physician Consult or Transfer of Care
Numerous conditions require physician consult or transfer of care. A list will be provided upon request. The client shall be involved in all decision making and informed consent for consultation and transfer of care. The midwife will arrange for consult or transfer of care, as needed.

Fees for Services
- Fees for midwifery care are $5,000.00 to be paid in full or in installments agreed upon by the client and midwife, as outlined in the Financial Agreement
- Sliding scale options are available for those who qualify
- The midwife uses SLB Billing for those who qualify for filing for reimbursement
- A non-refundable deposit of $500.00 is due at the initial visit
- Refunds are considered on a case-by-case basis, as outlined in the Financial Agreement

Filing a Complaint
As stated in the NARM Complaint Review Overview:

"If a conflict arises between a client and a midwife, a local Community Peer Review may discuss the details with the midwife. NARM urges the use of the Complaint Review process, which includes participation of the client whose course of care initiated the complaint and the formation of a Complaint Review Committee. This is to be done on the most local level possible. If this cannot be achieved to the client's satisfaction and the client wishes to take action against the CPM's credential, a written complaint may be filed with the Accountability Department by either the client or the Complaint Review Committee.

Recommendations resulting from NARM Complaint Review are not binding. However, the midwife named in the complaint may reach resolution with the complainant by addressing the concerns expressed in Complaint Review. In extreme circumstances, NARM may make additional recommendations or binding requirements to the midwife. A complaint will be addressed in Complaint Review only if the client whose course of care has prompted the complaint is willing to sign a records release. With a records release, her chart will be confidentially reviewed and discussed by the midwives participating in Complaint Review. Without the client's permission to review her chart the complaint is closed.

Detailed guidelines and forms for NARM Complaint Review can be found in the Candidate Information Booklet or in the NARM Peer Review Guidance Documents at www.narm.org ."

Safety
The midwife takes every measure and precaution to ensure the safety of the mother and baby at all times, and is appropriately equipped, trained and prepared to handle an emergency. The client acknowledges that homebirth with a midwife has been found to be safe within the parameters of a low-risk pregnancy and birth. This does not mean that all births are safe within the home. Hospital care may become necessary to ensure the health and safety of the mother or baby at any time. The midwife will refer the client or transfer to a physician in the event that a homebirth would be considered unsafe. Despite sufficient research and study, the presiding cultural belief is that hospitals are the safest place to deliver a baby. However, in any place of birth, unfortunate situations may arise in which a midwife or a doctor cannot guarantee an ideal outcome.

Safety Equipment and Medications carried includes, but is not limited to:
- Oxygen
- Infant and adult oxygen masks and tubing
- Newborn and adult bag and mask for resuscitation
- CPR infant and adult masks
- IV fluids and tubing
- Urinary catheter
- Lidocaine injection for perineal repair
- Pitocin, Methergine, and Misoprostol for bleeding or hemorrhage
- DeLee suction device for clearing airways of the infant

Procedures that are not performed:

- Cesarean section
- Epidural/spinal anesthesia
- Assisted delivery with vacuum or forceps
- Hysterectomy
- Intubation
- IV narcotics

Disclaimer and Affirmation

I/we acknowledge that I/we willingly and freely choose the Midwives Model of Care, as well as other services and products provided in this practice. I/we fully accept this practice and its limitations, the information in this document, and the inherent risks and benefits of birthing at home – except in the case of gross negligence of the midwife. I/we understand that a midwife does not practice medicine, but the art and scope of traditional midwifery. I/we agree to provide the midwife with accurate and honest information regarding the pregnancy and birth intentions.

I/we affirm that we have taken time to read all parts of this document and accept full responsibility for the decisions regarding the care of the mother and baby. I/we completely and fully understand all that is disclosed in this document and have had any questions answered satisfactorily.

Client _____
Print Name

Client _____ Date_____
Signature

Client's Partner _____
Print Name

Client's Partner _____ Date_____
Signature

Midwife_____ Date_____

Witness_____ Date_____

References:

Frye, A. (2013). *Holistic midwifery: A comprehensive textbook for midwives in homebirth practice, Volume 1 care during pregnancy.* Portland: Labrys Press.

Informed Disclosure and Consent. (n.d.). Retrieved April 4, 2015, from http://www.riverandmountain.net/wp/wp-content/uploads/2014/02/2014-informed-disclosure.pdf

NARM Accountability and Informed Consent. (n.d.). Retrieved April 4, 2015, from http://www.narm.orghttp://narm.org/accountability/informed-consent/

Updated by Jen 10/2021