

Special Delivery

MIDWIFERY CARE



NEW CLIENT PACKET

WWW.TULSAMIDWIFE.COM | 918-477-9343

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WELCOME

Welcome to the wonderful world of homebirth and birth center birth. The following pages will help prepare you for your anticipated birth. If you have any questions, we're always happy to help you with them. You will need to attend a Childbirth Education class if this is your first baby, or you haven't attended a class in the last five years. Listed on the website are the names and numbers of several excellent childbirth educators available in the Tulsa area.

CONTACT INFORMATION

OFFICE: (918) 477-9343

Ruth has an answering machine for messages, questions etc. If it is urgent, please let us know when leaving your message, otherwise a return phone call may be the next day or two. It is a great help if you will leave your phone number every time you call, so we do not have to look it up to return your call. If you think you are in labor, call this number first, and then if needed call the cell phone.

REACHING THE MIDWIVES

The midwives carry a cellular phone at all times. Please use this phone only for emergencies or labor. If you are in labor, call the office number first, leave a message about what is happening with you and then call your midwife's cell phone. **If we have not returned your call within 10 minutes, CALL AGAIN.**

WHO IS QUALIFIED FOR HOMEBIRTH / BIRTH CENTER?

You will be expected to make the decision to have a homebirth an educated decision and take the responsibility involved. Homebirth has proven to be a safe alternative for low risk birthing women. Women have given birth in their homes for centuries; however, as with life in general, there is always the chance of the unexpected. If at any time you feel you need to be in the hospital, please let us know. We would never encourage any woman to deliver in an environment that makes her feel unsafe or uncomfortable. Homebirth is a safe alternative for the vast majority of women, but it is not for everybody. You have to decide what is best for you.

We also believe both parents should be in agreement with the decision to give birth at home. You will be expected to transfer to the hospital should circumstances come up that make you high risk or that the midwives feel are outside of their ability to take care of. You will be expected to follow a healthy diet, prenatal vitamins, appropriate exercise, and frequent prenatal care.

AN INFORMED CHOICE

An informed choice agreement is so that you, the client, can make an informed and educated decision as to who will be your birth attendant. This agreement gives you the information you need concerning my background, experience, training, etc.

BILLING/INSURANCE

We do accept insurance as a form of payment for services. We also accept cash, check, paypal and credit card. For all credit card payments, there is an additional 3% surcharge. To determine if your insurance company will pay for your birth with us, please visit our billing website at www.LarsenBilling.com and input your insurance information. There is a \$20 fee for this insurance verification process charged by the billing company.

VERIFYING INSURANCE

Verifying Benefits through Larsen Billing Service

1. Go to www.larsenbilling.com
2. From the PARENTS tab, select VERIFICATION OF BENEFITS
3. Select REGISTRATION FORM

Complete and submit the Patient Registration Form - - Be sure to include the midwife's name if this is a group or birth center. A VOB will not be completed without that information.

Your Provider PIN is: 09746

4. Choose type of Insurance from drop-down menu Medicaid does not require a VOB so no payment will be collected
5. Select PAY NOW, to pay the VOB service fee

PAYMENT SCHEDULES

To get started with prenatal care, we require a **\$400 non-refundable deposit**. This allows us to begin the process of prenatal care. If you have insurance, we will create an invoice once we receive the VOB back from the billing company. You are responsible to pay the balance due (total minus the estimated insurance payment) by 36 weeks gestation.

For self-pay clients, we offer a \$400 discount when you pay by 30 weeks. You are responsible to pay the balance due by 36 weeks gestation.

SOONERCARE

Unfortunately, SoonerCare does not cover for out-of-hospital births. If you have SoonerCare, they will cover the cost of lab work and ultrasounds but not for the midwifery services. In this case, you will be treated as a self-pay client.

HEALTHY PREGNANCY, HEALTHY BIRTH

SUGGESTED READING

We would like to encourage you to read as much as possible on homebirth. It is very important that you make this an educated decision. Below are various books that you might find interesting. It is not a complete list, but it is a good start. Your local library should have some of them or your childbirth instructor may have books to loan you. We have most of these books, as well as several birth videos. If you would like to check one out, please let us know at one of your appointments.

- Husband Coached Childbirth - Dr. Bradley
- The Womanly Art of Breastfeeding – Le Leche League
- Ina May’s Guide to Childbirth – Ina May Gaskin*
- After the Baby is Born - Carl Jones
- Hey Who’s Having This Baby Anyway? – Breck Hawk
- Pregnancy, Childbirth and the Newborn - Penny Simkin
- The Birth Partner - Penny Simkin
- Homebirth - Sheila Kitzinger
- Special Delivery - Rahima Baldwin
- A Good Birth, A Safe Birth – Diana Korte & Rebecca Scaer
- Birthing From Within – Pam England

VIDEOS

- *The Business of Being Born* by Rikki Lake & Abby Epstein*
- *More Business of Being Born* by Rikki Lake & Abby Epstein*

INTERESTING WEBSITES

- www.americanpregnancy.org
- www.babycenter.com
- www.parentsplace.com/first9months/main.html
- www.midwiferytoday.com
- www.babybooty.com

PRENATAL VITAMINS

You will be expected to take a good quality prenatal vitamin. You may purchase an excellent brand at the birth center or go to the health food store to purchase a good quality brand. Please do not take a generic prenatal vitamin such as those you would find at Walmart, as they do not assimilate well and are a waste of your money.

WHAT TO AVOID

Smoking, alcohol, caffeine (coffee, tea, colas, chocolate, etc.), medications (of any kind), sugar, junk foods, fumes from paints, paint thinners, pesticides, or artificial sweeteners.

*INDICATES FAVORITES

MEET RUTH COBB, APRN, CNM

HER PHILOSOPHY

“I believe birth is a natural physiological process that when nurtured, but otherwise left alone, will function beautifully. I am very aware as a midwife that some complications during the birth process may need to be managed; however, as a rule, I believe the birth process is uniquely able to work for women. As a Christian, I believe that God created the woman’s body to powerfully and wonderfully bring forth children. Through the years, I have watched and assisted in this process with awe and respect; I believe this is the most incredible physical, emotional, and psychological event we ever experience. Next to God and my family, there is nothing in my personal life that gives me more fulfillment than being a midwife. I will try my best to be what you need; to give you support, love, time, information and skilled midwifery care. I believe midwifery to be my “calling” and feel blessed to have the gift of midwifery in my life. “

ABOUT RUTH

Ruth was born in Texas in 1957, but has been a resident of Oklahoma since she was a child. She is a proud mother to three wonderful adult children, and was actively catching babies through her last two pregnancies. Russell Paul was born to Ruth at home in 1975 when she was 17 years old, with two lay-midwives in attendance. Ruth labored 12 hours, and he weighed 8 lb., 4 oz. Next was Stephanie, who weighed 7 lb., 12 oz. when she was born in 1981 at Hillcrest Medical Center following 24 hours of failure to progress in a planned home birth. Ruth believes the fall she had taken two days prior to the birth, plus Stephanie’s posterior position, were responsible for the trouble. Clayton (last, but definitely not least) was born in 1983 at home, with midwives attending, after 9 hours of labor. He weighed the most of the three at 9 lb., 6 oz. Ruth has 8 grandbabies, and was honored to actually catch two of them. Grandchildren are such a gift, and she is loving it! Ruth's family continues to be very supportive of her practice, especially when the hours get long and tiring; she has to give them credit for the many sacrifices they have made to support having a midwife for a mother. When asked if she ever gets tired of the job, Ruth can honestly say she gets tired, but never of the work. Midwifery is much of what defines who she is.

TRAINING AND CONTINUING EDUCATION

In 1977, at the age of 19, Ruth began her 18-month apprenticeship with her aunt, a traditional midwife of 10 years midwifery experience. Much of Ruth’s training began as “hands-on” experience, but her heart has always leaned toward the search for more knowledge. As well as countless hours of self-study and research, she attended every workshop available at the time. In 1997, Ruth began her formal education towards a degree in nursing and nurse-midwifery.

CURRENT CERTIFICATIONS

Certified Nurse Midwife (CNM) – American College of Nurse Midwives
(Licensed by the State of Oklahoma as an Advanced Practice Nurse/CNM)

EDUCATION, TRAINING AND PAST CERTIFICATIONS

- Masters of Science in Nursing Degree - Nurse Midwifery at State University of New York 2002 – 2005
- Bachelor's Degree – Northeastern State University (2001-2002)
- Associates Degree Nursing - Tulsa Community College (1997 – 2001)
- Associates Degree Liberal Arts - Tulsa Community College (1997 – 2001)
- Certified Professional Midwife w/ North American Registry of Midwives (1997)
- Certified Senior Midwife w/ Oklahoma Midwives Alliance (1985-2005)
- Nationally registered Emergency Medical Technician (1983-1989)
- Certified in CPR (adult and infant) 1983 thru present
- Neonatal Resuscitation Program (2005 - present)
- Intensive Midwifery studies with Maternity Center in El Paso, TX (1977-1983)
- Neonatal Symposium - St. John's (1986)
- 18 months apprenticeship (1977-1978)

MIDWIFERY ORGANIZATIONS SERVED

- Midwives Alliance of North America (regional rep.) 1987-1989
- Oklahoma Midwives Alliance (OMA)
- President (1985-1991)
- Secretary (1991-1993)
- Treasurer (1993-1995)
- Apprentice Academics State Coordinator (1988-1993)
- Secretary of OMA (1991-1993)
- State Coordinator for Apprentice Academics (1988-1993)
- Board Member of North American Broad of Midwifery (NARM) 2006

STATISTICS

Birth statistics include only births Ruth was the primary midwife for (hospital transports not included in these stats):

BIRTH EXPERIENCES AS OF JANUARY 1, 2018

- Total number of births attended as primary midwife: **>2,500**
- She has served as midwife to more than 2000 families.
- Although she does NOT routinely deliver twins or breech, she has delivered: 14 sets of twins and 19 breech babies.
- In an average year Ruth transports approximately 6% of her clients/or babies to the hospital for various complications.

LEGAL STATUS

Ruth is licensed by the State of Oklahoma as a Certified Nurse Midwife.

UNDERSTANDING MIDWIFERY

"In every country where I have seen real progress in maternity care, it was women's groups working together with midwives that made the difference." -Marsden Wagner, MD, MSPH

A Certified Nurse Midwife (CNM) is a University education at a Master's level for the Advanced Practice Nurse/CNM. A Certified Professional Midwife (CPM) has received less formal training through sources such as apprenticeship, workshops, correspondence courses, reading, self-training and experience, then successfully passes the North American Registry of Midwives exam. While the State of Oklahoma does not provide licensing or certification or even acknowledges CPMs, many other states are acknowledging CPMs as a viable option as qualified providers.

THE FACTS ABOUT CHILDBIRTH IN THE UNITED STATES

Resource: Citizens for Midwifery Fact Sheet "Midwives" – www.cfmidwifery.org

- Standard U.S. maternity care is big business, with many unnecessary interventions.
- About 4 million births per year.
- About 6 million obstetrical procedures, primarily on healthy women in normal labor. Includes 4 of the 8 most common surgical procedures in the U.S.
- Midwives are key to affordable and effective maternity care in universal health care systems, as many countries have discovered including: England, France, Germany, Netherlands, Denmark, Sweden, Norway, Finland, Spain, New Zealand, Australia, Japan, Chile, Thailand.
- Every country in the world with maternal and infant mortality rates lower than the U.S. has universal health care AND midwives attending the majority of births.
- Midwifery care is cost effective compared to physician care:
 - Midwifery training costs less.
 - More full term, full weight, and healthy babies' not needing special care.
 - Fewer costly and risky interventions.
- Pregnancy and childbirth are normal processes, not diseases. Contrary to widespread beliefs, expensive and interventive doctor care and hospitalization are rarely needed.
- The Midwives Model of Care is health-promoting – an evidence-based wellness model that improves birth outcomes and is mother-friendly and baby-friendly.
- The American Public Health Association supports "increased access to midwifery services," and "efforts to increase access to out-of-hospital maternity services ... through recognition that legally-regulated and nationally certified direct-entry midwives can serve clients desiring safe, planned, out-of-hospital maternity care services." (APHA Resolution Increasing Access To Out-Of-Hospital Maternity Care Services Through State-Regulated and Nationally-Certified Direct-Entry Midwife," October 24, 2001)
- Consumers are directly affected by all health care policies!!! CONSUMERS must be included at every level of health care policy development!

PRENATAL CARE

You are expected to receive regular prenatal care. **This is extremely important to the outcome of your birth.** There are many situations that potential problems, if dealt with in a timely fashion, never become true complications. At this time there are very few doctors in the Tulsa area (that we are aware of) offering prenatal care and emergency back up to homebirth parents (primarily due to liability issues and disapproval of homebirth). If we have to transport to the hospital, we will go to the nearest emergency room and take the doctor on call. A midwife will stay with you through that process as well.

PRENATAL VISITS

Our midwives provide prenatal care. We will see you monthly until your eighth month of pregnancy, after that time a midwife will see you more often. If you are having problems, we will see you more frequently. If you go past your due date, a midwife will see you weekly to keep a closer watch on you and your baby.

WE HAVE ON SITE LABS AND ON SITE ULTRASOUND.

Each prenatal visit will include:

- Checking your urine for glucose and protein if you are having problems
- Taking your blood pressure/pulse, weight gain, listening to the baby's heartbeat, and feeling the baby's size and position.
- We will discuss your diet, vitamins, problems, questions, birth preparation, tests, etc. We will discuss with you at the appropriate time in your pregnancy, tests and procedures routinely done with pregnancy. Such as, at 15-19 weeks you would be offered testing for the AFP test (a blood test for birth defects) and at 18-24 weeks you would be given the option for an ultrasound, Glucose Tolerance test, etc. A midwife will give you the information on what the test is, what it checks for, if you have indications for it, etc.
- You will be required to have regular prenatal blood work, which may include a complete blood count, antibody screen, blood typing, Rh factor, syphilis and hepatitis. At 28 weeks testing for gestation diabetes and anemia screening is routinely done.
- A culture for Group B strep (GBS), will be offered at 35-38 weeks.
- Approximately 2 to 3 weeks before your due date, the midwife may be doing an internal exam to determine dilation, effacement, position, and station of the baby's head.
- If you go past your due date by 1-2 weeks, you will be asked to have a Non-Stress Test and/or ultrasound to evaluate the health of the baby, and status of the placenta, amniotic fluid, etc.

DANGER SIGNS OF PREGNANCY

Consult with your doctor or Ruth immediately if you experience **any of the following signs:**

- any vaginal bleeding
- severe, persistent abdominal pain
- severe headaches in the last three months (especially with dim or blurred vision)
- no movement from the baby for 24 hours after the 5th month
- premature rupture of your membranes (bag of waters breaks)

PRENATAL PERINEAL MASSAGE

Perineal massage is a technique used to increase the possibility of delivering a baby without tearing the perineum. It stretches the perineal tissues, resulting in less resistance to the birth of the baby, and less need to cut into the tissue to make room for the delivery. If the muscles of the pelvic floor are relaxed, there will also be less resistance. The massage helps a woman identify those muscles and learn to relax them in response to pressure. Massaging oil into the perineum may soften the tissue, again reducing resistance.

INSTRUCTIONS:

The massage should be done daily for at least five (5) minutes, beginning about two (2) weeks before your due date. Either you or your husband (or partner) can do the massage. Wheat germ oil, (available at the health food store) is recommended, and olive oil or other vegetable oils can be used as well.

1. Make yourself comfortable lying in a semi-seated position against pillows. The first few times you do this, take a mirror and look at your perineum so you know what you are doing.
2. Dip your fingers into the oil and rub it into the perineum and lower vaginal walls.
3. If you are doing the massage yourself, it is probably easiest to use your thumbs. Your partner can use his index finger. Put your fingers approximately 3" in the vagina and press downward toward the rectum. Maintaining steady pressure, slide your fingers upward along the sides of the vagina, moving them in a rhythmic U or sling type movement. This movement will stretch the vaginal tissue, the muscles surrounding the vagina, and the skin of the perineum. In the beginning you will feel tight, but with time and practice, the tissue will relax and stretch.
4. Concentrate on relaxing your muscles as you apply pressure.
5. As you become comfortable massaging, use enough pressure until the perineum just begins to sting from the tension you apply. You will later recognize this stinging sensation as the baby's head crowns.
6. Partners can insert more fingers as the woman approaches term and the perineum has become elastic. This creates the confidence that a baby's head can surely fit through.
7. If you have any questions, ask your class instructor or call us.

THE BIRTH

You need to contact your midwife as soon as you know you are in labor. When she comes to your home or heads to the birth center, will depend on your past OB history, the frequency and strength of your contractions, and when you feel you would like her to be there. Upon arrival, your midwife or the assistant will do an initial exam to see how far you are dilated, monitor the baby's heartbeat, take your vital signs (blood pressure, temperature and pulse), set-up equipment and your birth supplies. Mom and baby are closely monitored throughout the labor. Your birth attendant will carry a Doppler (to monitor the baby) and oxygen if you or your baby needs it. We also bring any other equipment needed, such as scissors, clamps, baby scales, etc.

DURING LABOR

The midwife usually has one assistant/apprentice at each birth. If you are uncomfortable with more than one assistant/apprentice, please let me know. If the midwife has simultaneous births, there will be a qualified midwife at each birth. We usually go to the one that is progressing the quickest, or the one who might require more help. If your midwife is sick or out of town, there is always another midwife as backup. You may be in the position of your choice for the birth and if you have special requests, let us know.

AFTER DELIVERY

Once the baby is delivered and the midwife knows that the baby's airway is clear, the baby will be placed on your abdomen. Unless there are conditions requiring early cutting of the cord, she will wait until the cord has finished pulsating to clamp it, and then give the baby's father the opportunity to cut it. When you are ready, you will be cleaned up, checked for lacerations, and given something to drink and/or eat. The baby will be given a newborn exam, (we also recommend a newborn exam by a doctor within the 24-48 hours) cleaned up (the vernix rubbed in), and dressed to maintain his/her warmth. A midwife will stay with you 2 to 3 hours after she knows you and baby are stable, unless there are complications that require her to be there longer. In that case, a midwife will stay until all is well.

Your midwife will return within a few days after the birth to check on you and the baby, fill out the birth certificate, PKU, and do baby feet prints. We will see you again at six weeks for a postpartum visit. If you want a Pap smear at the six-week visit, let your midwife know when you set the appointment. If you have special requests, please feel free to discuss them with your midwife. We believe every birth is special and would like it to be what you want it to be.

BREASTFEEDING

If this is your first experience with breastfeeding, please discuss it with your midwife and consider attending some La Leche meetings. If you have flat or inverted nipples, or are not sure, let us know so we can discuss remedies to this problem. If you are not planning on breastfeeding, please talk to us about it.

FAMILY

We encourage your family's (or friend's) participation in this birth experience. This will be a very special time for you and can strengthen your family bonds. If you would like your other children to be at the birth, you will need to educate them about the birth process and we strongly encourage you to ask them if they want to be at the birth. You may have anyone that you like at the birth, but make sure that you are **completely comfortable** with whoever is there. You are welcome to bring them to prenatal visits as well.

BIRTH SUPPLIES

FOR HOMEBIRTHS

You will be given an order form to order your birth supplies. If you have not received one by 30 - 32 weeks, please ask for one at your appointment. In addition to this, you will need to have:

- 2 old, clean bath towels (that can be thrown away after the birth)
- 2 rolls of Viva or Job Squad paper towels (large grocery stores carry these brands, please do not buy the cheap paper towels)
- 8 oz. of Olive oil
- Disposable diapers (newborn)
- Digital thermometer
- Birth Ball

Place the 2 old bath towels, an old receiving blanket (to cover the baby up immediately after birth) and the paper towels (out of the plastic) in a paper bag and seal it (staple, tape, etc.). Place the towels and paper towels in a large trash bag and tie it off until we need it for the birth.

The Room: The room that you plan to deliver in needs to be thoroughly cleaned, and all supplies purchased by your 36th week.

FOR THE BIRTH CENTER BIRTHS

Plan on bringing any items you might need to make yourself comfortable including music, massage tools, nightgown, etc. If you are planning on giving birth in the birth pool consider bringing a robe and a swimsuit top/sports bra.

FOR THE BABY

Please have the baby's clothes in a convenient place. Place a gown, T-shirt or onesie, socks, and 2 receiving blankets in a sack with your birth supplies. The baby's clothes do not need to be sterilized, just clean.

BIRTHING CHAIR

We have a birthing chair if you would like to use it. The birth chair can be very helpful if this is your first birth or a large baby. It does not require a lot of room or time to set up. Please let us know if you wish to use it, as we don't carry it all the time.

AFTER BABY ARRIVES

HAVE HELP:

It is extremely important that you have help after the baby is born. Your family, a friend or husband can help you with your other children, the housework, cooking, etc. which will allow you to recuperate so you can care for yourself and your baby. Please remember that you have just had a baby and that your body is making some big adjustments.

UTERUS:

You will be shown how to check the size and firmness of your uterus after birth. It should be the size and firmness of a small grapefruit. There will be some extra bleeding when you get up, sneeze, cough, or nurse your baby, etc. If you have had more than one baby, you may experience “after-pains” which will last 2 - 3 days. You may wish to have Tylenol or Ibuprofen available (no aspirin). Cornsilk is a good natural treatment for afterbirth pains.

TEMPERATURE / PULSE:

You will need to take your temperature and pulse 2 times daily. (a.m. and p.m.) Call me if it is elevated above normal. Your temperature should be 97 to 99 degrees Fahrenheit. Pulse normally runs below 90.

URINATION / STOOLS:

You need to get up and try to urinate within 2 - 4 hours after birth. Do not strain and do not be too concerned if you are unable to urinate. Try later. You may pass blood clots when you get up. Please remember this is normal. When you do urinate, you will need to use a peri-wash. Always use white toilet tissue to pat dry.

BLOOD LOSS:

If you are soaking more than 1 sanitary pad in a half hour, contact your midwife. **Do not use tampons at all!**

POSTPARTUM DIET:

It is important that you increase your fluid intake to supply enough for milk production; this will replace the fluids lost during birth and increase overall well-being. Try to avoid caffeine drinks, and eat foods that are easily digestible. The same diet that applies before birth, applies after birth.

REST:

You need an abundance of rest. You will have to adapt to the baby’s sleep schedule if possible. Keep your visitors to a minimum the first few days.

BATHING:

Baths should wait for 24 hours after the birth to give you a chance to get some strength and let your bleeding regulate. Showers are fine as soon as you feel like it. If you have stitches, a sitz bath will feel wonderful. An herbal bath is included in your birth supplies and is enjoyable when taken with your baby.

NIPPLE CARE:

Apply some type of oil or cream to your nipples after every feeding. Allow your nipples to get as much fresh air as possible. You can use moist heat on your breasts to relieve the discomfort of engorgement.

NEWBORN CARE

TEMPERATURE:

Since your baby's temperature regulating mechanism is not working well at birth, you will need to keep the baby very warm the first 12 hours. Normal newborn temperature is 97 to 99 degrees. Do not use hot water bottles or heating pads on the baby.

BREASTFEEDING:

Nurse the baby on demand, as the baby is the one who knows when he is hungry. If you have nursed repeatedly and the baby still acts hungry, call me and we will discuss your options. Do not lay the baby on his/her back when they are sleeping. Lay baby on his/her side. For concerns or problems, consider hiring a lactation consultant for a home visit.

STOOLS/URINATION:

The baby should have a bowel movement (meconium-black tarry stool) and urinate within 24 hours.

SKIN/CORD CARE:

The vernix (white, cheesy cream on the baby at birth) should be rubbed into the baby's skin. Rag bathing is best until the cord stump falls off. The cord stump usually falls off between 6 to 10 days, and can be cleaned with alcohol or hydrogen peroxide when it gets stained with bowel movements or appears "gooey," otherwise leave it alone to dry.

JAUNDICE:

This is a common occurrence that usually appears 2 to 3 days after birth and disappears about the 6th or 7th day. If it appears within the first 24 hours or persists after 7 days, you need to contact your pediatrician or myself. You should watch the baby for signs of lethargy, dehydration and lack of appetite. Remember, the best thing you can give your new little one is lots of love and a solid sense of security. These first few days are very important to you and your baby, so set these days aside for your family. The bonds you form during this time are so very special and will last a lifetime.

NEWBORN PROCEDURES

PKU

(Phenylketonuria)/T4 (Congenital Hypothyroidism)/ Classic Galactosemia, Sickle Cell (and other hemoglobin diseases)/ Cystic Fibrosis/ Congenital Adrenal Hyperplasia:

This test is required by the state of Oklahoma. Phenylketonuria (PKU) is an inborn metabolic disorder that affects 1 in every 10,000 babies. The problem stems from the inability of the baby to properly metabolize PKU, which is an essential amino acid (protein). There is a buildup of this protein causing severe mental retardation. This can be significantly reduced with dietary changes if caught in time. This procedure is done by pricking the baby's heel to obtain a blood sample in the first week of life. This disorder is inherited from normal parents who are carriers of PKU. There are no physical symptoms and even if your other children do not have this condition; this has no bearing on this baby. **There is a charge of approximately \$100.00 by the state of Oklahoma.**

HEARING SCREENING:

The State of Oklahoma requires a hearing screening of every newborn. The health department will do this free of charge.

EYE MEDICATION:

Due to blindness caused by gonorrheal infection the state requires that an antibiotic medication (i.e. Erythromycin) be placed in the newborn's eyes shortly after birth.

VITAMIN K:

This procedure is not state law, but it is routinely given to the newborn after birth, by injection to prevent coagulation disorders causing bleeding tendencies in the newborn. Please discuss these procedures and let me know what you would like to do about them. If you have any questions, please let me know.

VACCINE RESEARCH:

Many of our patients do their own research on vaccines to better understand why they are given. We recommend reading **"The Vaccine Book"** by Dr. Sears for more information. This is available on Amazon.com or your local bookstores.

BIRTH CERTIFICATE INFORMATION

MOTHER'S FULL MAIDEN NAME: _____

Address: _____

City: _____ State: _____ County: _____

Zip Code: _____ Date of Birth: _____

City and State of Birth: _____

Social Security # _____ Race: _____

Hispanic: ___ Yes ___ No

Highest grade of education completed (years): _____ Degree? _____

First day of last menstrual period: _____ Total number of pregnancies: _____

Date of last live birth: _____ # of terminations: ___ Date of last termination: _____

Have you or will you receive WIC with this pregnancy? ___ Yes ___ No

Do you give permission to the State of Oklahoma to send your child's birth information to the Social Security Administration? (If yes, they will automatically issue a SS card per mail in the months following the birth) ___ Yes ___ No

Do you give permission to the State of Oklahoma to use your child's birth information to other state agencies? ___ Yes ___ No

FATHER'S FULL NAME: _____

Address: _____

City: _____ State: _____ County: _____

Zip Code: _____ Date of Birth: _____

City and State of Birth: _____

Social Security # _____ Race: _____

Hispanic: ___ Yes ___ No

Highest grade of education completed (years): _____ Degree? _____

INFORMED CONSENT FORM

I hereby acknowledge that I am voluntarily contracting for midwifery services. I have made this decision after being informed that in the course of childbearing, which is a normal human function, medical problems may unpredictably and suddenly arise which may present a hazard to myself and my unborn child. These problems include, but are not limited to, the possibilities of excessive bleeding, infection, convulsions, coma, allergic reaction and respiratory distress. Some other medical problems affecting the fetus and newborn which could occur are cord prolapse and other problems relating to the umbilical cord, congenital abnormalities, fetal distress, malpresentation, immaturity and post maturity, birth injuries affecting the newborn such as the effects of hyperbilirubinemia, blood incompatibility, anomalies, allergies, infections and brain damage which are difficult to recognize or are unrecognizable immediately after birth.

I have been informed and understand that personnel, facilities, and equipment for dealing with potential problems that may arise during the course of my labor, and delivery of my child, are available in a hospital, and that in choosing to deliver outside of the hospital, I am taking certain risks for my unborn child and myself. These risks relate mainly to delay in medical treatment for unforeseen childbirth complications to mother or baby requiring transfer to a hospital.

I understand that in the event transport or transfer to a medical facility is necessary; I will be taken to a medical facility and be seen by the physician on call for my care. My acceptance into the care of a midwife is based on information I have given in my medical history and by remaining low risk based on regular risk assessments throughout this pregnancy. In order for the midwife to attend the delivery of my child, certain care requirements must be met. I will share the responsibility for meeting these requirements as follows:

- I will obtain laboratory tests recommended by my midwife.
- A regular schedule of prenatal visits will be followed.
- If I start labor before 37 weeks or after 42 weeks of pregnancy, the midwife and/or a physician for possible transfer of care will evaluate me.
- I am responsible for choosing a pediatrician to examine the baby within 24-72 hours of delivery.
- I have been informed of the Midwife's training and experience.
- The midwife's training and experience is designed to enable her to assist the mother with as little intervention as possible, in normal labor and delivery where no maternal or infant complications are expected.

PRINT YOUR NAME: _____

SIGNED: _____ DATE: _____

FINANCIAL AGREEMENT

1. Parties

This agreement is made between Client(s) and Special Delivery Midwifery Care, LLC.

2. Fees (checks or money orders should be made out to Special Delivery Midwifery Care)

Non-refundable deposit \$400.00 due at 1st prenatal visit which applies to the total fees. The birth fee is \$3,200.00, which includes:

- Prenatal Visits
- Assistant fee
- Labor, delivery and immediate postpartum care for the mom and the baby.
- Post-Partum Visits

This fee DOES NOT include:

- Lab work
- Birth Supplies
- Distance Fee
- Newborn screenings or other tests required by state law
- Any referred services (e.g. ultrasound)
- Birth tub rental
- Birth Center Fee

3. Payments

All payments must be received by 36 weeks of gestation, as calculated by the midwife. You will receive a monthly invoice of your outstanding balance. If paying by credit card, there is an additional 3% surcharge for each transaction.

4. Cash Discount

Self-pay clients will receive a \$400.00 discount, reducing the birth fee to \$2,800.00, if they pay in full by the 30th week of gestation, as calculated by the midwife. This cash discount only applies to non-insurance patients.

5. Transport

The **delivery fee is not refunded after or during the 37th week** of your pregnancy or after the onset of your labor (including, but not limited to the rupture of your membranes).

I understand my midwife cannot promise me a homebirth and should the need for transfer to a medical facility become necessary, she and/or a qualified assistant will continue to offer support and will remain through whatever situation develops, because midwife support and advocacy at the hospital is very valuable, and having an knowledgeable person there can make the experience much more successful. I further understand that post-partum care will be available following my discharge. INTIALS _____

6. Transferring Care

Should you transfer care prior to 37 weeks of gestation as calculated by the midwife, and prior to the onset of labor (including, but not limited to the rupture of the membranes), the delivery fee will be refunded with the exception of \$600.00 plus \$45.00 per each prenatal visit).

7. Distance

If you live more than 60 miles from the midwife's office, there is an additional charge of \$400.00 for a homebirth to cover additional travel time and expense.

8. Birth Center Fee

The fee to use the facility for birth services is \$500.00.

9. Insurance

If you have insurance or health care coverage, my billing service will bill your insurance company or health carrier for you. By entering into this contract, you authorize my billing service to release health information to your insurance company or health carrier for the purpose of processing your claims. My billing service may bill your insurance company or health carrier for the following services related to your care including, but not limited to: Initial visit, lab work, OB global fee including delivery, intrapartum care, birth assistance, facility fees, supplies, IV therapy, newborn exams & PKU, postpartum home visits. When we bill clients directly, we standardize services into the birth fee. However, when we bill insurance and health carriers, we itemize services in accordance with the insurer's claims payment structure, which may require billing the insurance company in excess of the standard \$3,200.00 fee. Due to repeated claims processing and tracking expenses, it is more costly to bill insurance than it is to collect directly from the clients. We have the right to accept reimbursement from the insurance that exceeds the package fee of \$3,200.00. You are responsible for paying the midwife enough to ensure that the minimum reimbursement is \$3,200.00, regardless of insurance reimbursement. If your insurance company denies your claims, you are responsible for paying the entire package of \$3,200.00.

If, upon verification of benefits, your insurance company is likely to pay, we agree to only collect your deductibles for you and your baby, and approximate co-pay. If your insurance company pays and I find that you have overpaid, you will be refunded accordingly. There is a \$15 charge for the Verification of Benefits through the insurance billing company, Larsen Billing Service. To verify your insurance benefits, visit www.larsenbilling.com. If your insurance company reimburses you directly, which is not uncommon, you agree to cooperate with my billing service. The billing service will determine how much of the reimbursement should be sent to me, and how much, if any, is yours to keep. In this situation, you agree to reimburse me immediately.

9. Disclaimer

We relieve the midwife of any financial responsibility arising from outside medical care. We understand that if our bill is not paid according to the terms of this agreement, our midwife cannot attend our birth unless other arrangements are made in writing. We also agree to assume primary responsibility for the outcome of the pregnancy and birth and to the extent permitted by law, will not hold the practice, midwife or her assistants responsible for outcomes that are a result of complications beyond their control. We view pregnancy and birth as a normal physiological process, and we understand that our midwife is merely acting within her scope by simply assisting and supporting us in our decision to birth our baby out of the hospital.

This is to verify that we have read and understand the above financial agreement and have agreed to fulfill our obligations to Special Delivery Midwifery Care, LLC, as stated above.

Client _____ Date _____

Spouse or Partner _____ Date _____

Midwife _____ Date _____