

INFORMED CHOICE AGREEMENT

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WHAT IS AN INFORMED CHOICE AGREEMENT?

This Informed Choice Agreement is intended to help you choose a midwife. It includes information on my background, training, certification and details of my practice along with information on the status of midwifery in Colorado.

The North American Registry of Midwives (NARM) is an International certification agency whose mission is to establish and administer certification for the credential "Certified Professional Midwife" (CPM). All CPM's are required to provide their clients with an Informed Choice Agreement such as this one. Ideally, all practitioners, including all midwives and all physicians, will give you this information. It enables you to make an informed choice about the birth attendant you select, a choice based on your needs and what the individual practitioner can provide. Only you can decide if an attendant meets your needs and expectations.

MY BACKGROUND

I. Personal information: I was born June 6, 1951, the second in a family of four children. My parents were missionaries to Japan and I spent most of my childhood growing up in that country in a happy and stable Christian home. I attended nursing school in Colorado after high school, was married in 1972 and had four children, (Tammy-1973, Micah-1978, Graham-1980 and Bonnie-1982) Tammy was born in the hospital where I was working as a labor/delivery room nurse and the last three were born at home. Tammy and her husband have also given me four grandbabies, who, by the way, were "caught" by "NANA" at home!!

II. How I became a midwife: It's been said, "You don't become a midwife, you're born a midwife!" My love for the birthing process goes as far back into my childhood as I can remember. I always had a desire to work with birthing women. The following will give you the steps I followed:

1971 ~ graduated from nursing school and received an RN license from the state of Arizona.

1971-1976 ~ worked as a labor/delivery room nurse in Phoenix, Arizona. I also spent time in the newborn nursery and post partum units.

1973 ~ attended the AAHCC Childbirth Educator training and completed requirements to teach the "Bradley Method" of Natural Childbirth.

1976 ~ I met a midwife and was invited to a homebirth. That experience began to answer many of my growing frustrations with routine hospital births and medical intervention. I began attending births with another midwife. The 40+ births I attended with her were my "apprenticeship" period. I needed to "unlearn" many medical procedures and ways of thinking and learn to trust the birthing process and manage births outside of a hospital.

1976 - Today ~ I have practiced as a homebirth midwife, providing prenatal care, serving as a primary birth attendant and doing follow-up care for birthing families. I have attended just over 2000 homebirths. I began my practice in Honolulu, moved to Lakewood, Colorado in 1980 and finally to Coeur d' Alene, Idaho in 1985 where I spent the past 23 years. I have recently moved back to Colorado to be closer to my elderly parents and help care for them.

All during this time, I have done a lot of self-study and have attended numerous workshops and conferences on midwifery skills. I have been involved with organizations such as the **CMA** (Colorado Midwives Association), **IMC** (Idaho Midwifery Council), **ICEA** (International Childbirth Education Association), **MANA** (Midwives Alliance of North America), **CMI** (Christian Midwives International) and am certified through **NARM** (North America Registry of Midwives). I also subscribe to several midwifery-birthing journals and continue to increase my knowledge through study groups, workshops, seminars, on-line continuing education courses and attend regular sessions of peer review.

III. Statistics: As a CPM, I am required to keep statistics. This includes such things as percentage of transports, reasons for transports, percentage of C/Sections, average length of labors and numerous other “facts” pertaining to my practice. NARM keeps track of these statistics, nationwide for all CPM’s.

MIDWIFERY IN COLORADO

I. Legal status: Midwives in the state of Colorado are required to be “registered” with DORA (Department of Regulatory Agencies). There are “rules and regulations” governing how we practice, what we can and cannot do while functioning as a RM (registered midwife) in this state.

II. NARM: The North American Registry of Midwives’ CPM (Certified Professional Midwife) title, which is a national certification, is accepted by the state of Colorado as “credentials” for being registered in the state.

III. Parent responsibility: As you may be aware, homebirth may not be readily accepted by some in the medical community, although there are supportive doctors to be found. It is important that a special relationship exists between you and your midwife. A midwife attending homebirths is often risking herself to help provide you with the birth you want. You need to support her by taking responsibility for the care you receive and being well read and informed about the choices you are making. You are ultimately responsible for your birthing experience, regardless of where or with whom you give birth. You must work in a partnership with your midwife, one that involves mutual trust and respect.

MY MIDWIFERY PRACTICE

I. The Role of the Midwife: I will support you in having whatever birth experience you desire within reasonable safety guidelines. I expect us to work together to provide you with that experience. I want you to tell me in advance of any special desires you have for your birth and I will try to see those wishes fulfilled, even if you have forgotten about them in the excitement of the moment. I am very open to you giving birth in whatever position you wish and to any degree of father involvement in actually “catching” the baby. My involvement, as well as the setting and who is present, are all yours to determine.

On the other hand, I believe that my experience and training can be very valuable to you during your birth. I see my role as primarily to educate and advise, while maintaining a watchful eye that all is progressing optimally. I will tell you what I have seen work best in the past and then allow you to make your own decisions. In the event that I felt some course of action to be essential and you disagree, then I would have to respect your decision, but may ask you to sign a release form for my protection. There are certain protocols and procedures that I may be required to follow by the state and we will discuss these but the ultimate decision is always yours.

I believe that birth is a very intimate event in a couple’s life. You should be able to experience birth with pride and dignity. It should not be managed and manipulated by others, rather, you should be protected and supported, to allow your own instincts to aid you. I will do whatever I can to see that your baby’s birth is gentle and joyful for all present.

II. How to Reach Me: I carry a cell phone at all times and will give you specific instructions about how to contact me. I have never missed a birth because a client was unable to reach me! There may be times I will have another midwife “on call” for me but as much as possible, I try to schedule these times when I do not have a baby “due”. Except in the case of illness or an emergency, you would always know about this ahead of time. I take my commitment to my clients very seriously.

III. Prenatal Care: Prenatal visits are scheduled in the usual manner, a minimum of once a month until your 28th week, then twice a month until the 36th week and once a week thereafter, until the birth. If you have a lot of questions or just feel you need more time, all you have to do is ask!

Your prenatal care will be thorough. We include all the usual procedures: weight, vital signs, urinalysis, fundal height measurements, fetal heart rate, position of the baby, physical complaints, pelvimetry, medical and obstetrical history and nutrition analysis, along with routine lab work. Husbands are encouraged to attend and your other children are also welcome. We try to involve them as much as possible by letting them feel the baby, listen to the baby’s heart beat, ask questions etc. I would also encourage you to write your questions down and bring the list with you when you come for your scheduled prenatal appointments.

IV. Doctor Back-Up: It may be a good idea for a woman having her first baby to secure doctor back-up. Hospital transports during labor are most often for lack of progress during labor in a primip, (a woman having her first baby) and in this event, it is nice to know which doctor would be meeting you. If you have a family doctor or an OB you know and trust, you might want to discuss this with him.

Doctor back-up is not as important for someone who has already given birth, but some women feel more secure having it anyway. If you choose not to, then in the unlikely event of a transport, you would need to take the doctor who is “on call” at the hospital we transport to. My experience with this has been generally favorable. I would accompany you to the hospital, stay with you throughout your experience there and continue your care at home as soon as you are discharged from the hospital. I might add, transports only occur in approximately 3% to 5% of cases.

V. Birthing Workshop: During the course of your pregnancy, I would ask that you attend the Birthing Workshop that I teach three to four times a year, usually on a Saturday, from 9 AM to 4 PM. It’s informal, informative and discussion orientated. It’s actually a lot of fun! Even if you have birthed at home before, your input may be helpful to others and there is always something new to learn! The best part, of course, is the potluck lunch! It is also a good idea to set some time aside to get focused on this birth and this baby. I find this workshop helps build a trust and a bond between us as well so that we can work together better as a team.

VI. Birth Attendants: Many midwives attend births with either a partner or an apprentice who is working towards her CPM qualifications and preparing to take the NARM exam. WHO this is will vary from time to time but ultimately, who attends your birth is your decision and I will always respect that choice. Just keep in mind that at times, it is advisable to have two midwives there, if possible.

It is your choice, however, who attends your birth and I will always respect that choice. Just keep in mind that it is advisable to have two midwives there, if possible. There are times when a baby needs extra care immediately following the birth and in some cases, it helps to have an extra pair of experienced hands and a knowledgeable midwife assisting!

VII. The Birth: At least one of us will come whenever you start into active labor and feel you need someone with you. Some birthing women choose to have a doula with them throughout labor and that is great, but, even so, I want to be there at least by the time you are nearing transition, if not sooner. Timing is sometimes difficult to determine and the distance you live from me plays a part in determining when I should come. We will discuss that in detail as your due date approaches.

We carefully monitor your labor to make sure it is proceeding as smoothly as possible. Labor monitoring includes checks of maternal vital signs, baby’s position and heart rate and cervical dilation. We will not hesitate to recommend going to the hospital if that seems to be the safest course of action. A healthy mother and baby are obviously more important than where the birth occurs.

We carry emergency equipment and are experienced in handling the more common complications and emergencies. Most births proceed with only minor variations from normal, if any at all.

Episiotomies are not necessary with rare exceptions, usually involving an emergency with the baby (a need to get the baby out quickly). We go over how to avoid tearing in the Birthing Workshop.

We attempt to give you plenty of bonding time as a family, immediately following the birth. This includes a time in an herbal bath that is very pleasurable for mom and baby, as well as being soothing and healing for bruised, swollen tissues. A complete newborn exam is also done right beside you on the bed within the first couple of hours following the birth. We will then stay with you at least two hours following the birth or until we feel you are both stable and ready to rest.

In the event that you should go into labor at the same time as another client, we (myself and an apprentice or assistant midwife) will try to arrange it so one of us is at each birth so you would have a familiar person with you, but there are several other midwives in the area we can call for back-up, if necessary. This has only occurred three or four times in my 30 year career and two of those times, the families decided to both come to my place where I could attend both births, in different rooms in my home, followed by a big BIRTHDAY BREAKFAST about 5 or 6 AM!!! These are the types of things that make for wonderful “birth stories” that you will tell your daughters, granddaughters and great-granddaughters!!

VIII. Postpartum Care: Postpartum care may vary somewhat with the situation (length and difficulty of the birth, your knowledge and security after birth etc.) but normally, we will be in touch with you by phone during the first 24 hours and do a home visit around 48 hours. We ask that you bring the baby in to the office around one week of age for a weight check and the PKU test. We also schedule an appointment for you and the baby around the 6th week following the birth. At this time you may want to have a Pap Smear done, discuss birth control etc.

Some families also take their babies in to see their family doctor within a week or two after the birth. These are decisions you will need to make and I will be happy to discuss this with you.

IX. Fees: The initial interview or consultation visit is free. The Birthwise fee covers all additional prenatal visits, including the first 60-90 minute long visit where we obtain a complete history. It also covers all phone consultations at any time, the services of usually two of us at your labor and birth and the follow-up care for you and your baby up to six weeks post partum. Additional charges will include routine, prenatal lab work, birthing supplies and any ultrasounds and/or consultations to a doctor, should they become necessary.

At the initial visit we will discuss a payment schedule and answer any questions you may have about this. A financial agreement spells out the details.

Should you need to go to the hospital during labor, the fee will remain the same. We would accompany you and continue to care for you in any way we can. Our support, education and advocacy at the hospital can make the situation much more pleasant. Should we stop working together during the prenatal period or anytime before labor begins, a breakdown of charges are on the financial agreement.

There are occasions when I may be out of town during someone's birth. As midwives are "**on call**" 24 hours a day, 7 days a week, we do sometimes need to get away and usually the excuse is a midwifery conference or yes, maybe a vacation! Local midwives do cover for each other in these cases and we try to work our get-aways in between the "due dates" we have coming up. But sometimes babies come 2-3 weeks early or late and surprise everyone! I realize it may feel disturbing, if the midwife you've seen throughout your pregnancy isn't there for your birth, and though it doesn't happen often, try to remember, we are human beings who do get "burnt out" with the schedule and hours we keep and need to have breaks occasionally. We don't take every other weekend or every other week off "call" as doctors do so the chance of this occurring is slim but it "could happen" and I want you to be aware of that.

Most insurance companies do cover our fees so if you have insurance, you need to call and ask them if registered/certified midwives and homebirth are covered under your plan. I am an **RN** (which helps if you have Tri-Care) and a **CPM**, but I am not a **CNM** and they need to know that. Unless you make special arrangements, I ask that you pay prior to the birth and then let your insurance company reimburse you as we cannot bill them until after the birth. I do contract with a company that does my insurance billing and am willing to work out an arrangement to bill your insurance as long as all deductibles and co-pays are met prior to your birth and we know they will cover my services.

PLEASE FEEL FREE to call at any time if you are worried about something or have an emergency. If your call is not urgent, I'd ask you to write it down and bring it to your next appointment or call me week days. You may also email me with any questions at any time and I will respond back to you as promptly as possible.

THANK YOU and I trust your birth is everything you want it to be!

Barbie Burrage CPM, RM