



*Home Sweet Homebirth*

Welcoming babies with joy, loving kindness, and gentle hands

Holistic Midwifery • Homebirth Maternity Services  
Compassionate Women's Healthcare

*Home Sweet Homebirth Midwifery PLLC*

Welcome to Home Sweet Homebirth. Our team includes two licensed certified nurse midwives Anne Margolis CNM, and Gail Margarita Raymon CNM. We have a full scope group midwifery practice, which means that we provide prenatal, labor, delivery, postpartum and newborn care, breastfeeding support, as well as gynecological and some primary care services to healthy women; and we maintain current licenses in New York and New Jersey. We are the first Westchester based homebirth midwifery practice in over two decades and are thrilled to be part of the holistic integrative center for women at Full Circle Family Care in White Plains, NY. We have spent many years working in various areas of women's and newborn's health, and our experience includes both in-hospital and out-of-hospital settings. While we continue to expand in our academic, clinical and intuitive knowledge and wisdom, we are also growing in understanding, appreciation and awe of the sanctity of life and its many facets, transitions and phases. The homebirth practice began in 1997 and it continues to grow and thrive. Most women are candidates for midwifery care and home birth; over 92% of pregnant women in our practice will have a home birth, and we maintain a cesarean section rate of less than 5%. Ongoing individualized care determines the needs of each childbearing family. Although we do not carry malpractice insurance (mainly due to its prohibitive cost), we follow strict practice guidelines to protect the health and safety of each individual in our care; and we try our absolute best, within our human capacity, to give our utmost attention and care with integrity, honesty, and heartfelt commitment and dedication.

We firmly believe that childbirth is a normal and natural bodily function, while profoundly spiritual, truly inspiring and an empowering rite of passage for women and their families, and that they are best served by caregivers who promote and encourage a loving, respectful, supportive, family centered environment, and maintain trust and calm confidence in the normalcy of the process for the vast majority of

women and babies, until proven otherwise. We have taken and will continue to take every reasonable precaution to ensure your safety, comfort and deep satisfaction, which are our top priorities. A safe and wonderfully positive birth experience requires the joint efforts of both the expectant family and health care providers, with a relationship based upon good open communication, mutual respect and shared responsibility. While childbearing is a healthy, normal and natural process, problems can occur, and need to be recognized and attended to. Although many complications can be prevented or handled simply within our practice, some do require consultation with a collaborative physician or transfer to medical and hospital care to secure a safe outcome. It is our philosophy that decisions regarding your care are informed and collaborative, and ultimately yours to make; however, rare emergent situations may arise in which the professional judgment of the midwife and or consulting physician must be relied on exclusively for the safety of mother and baby. Our responsibilities include review of your complete health history, physical examination findings, and lab results to determine your eligibility for continued midwifery care and home birth, as well as ongoing evaluation and guidance throughout pregnancy, labor, birth and postpartum with attention to signs of normalcy and/or signs of complications. All findings will be discussed openly; and there will be no routine procedures or interventions unless medically necessary and mutually agreed upon. We provide 24 hour on-call emergency service throughout pregnancy and postpartum, and care in your home during active labor, childbirth and for at least the first 2-3 hours after birth (until mom and baby are stable). Non-urgent calls and emails will be returned by the next business day.

Our main helper is Kharis Davey, an experienced homebirth and postpartum assistant, and birth and postpartum doula. She will accompany the attending midwife to your birth as needed, the vast majority of times; Gayla Cirone, an experience homebirth assistant, doula and childbirth educator has rejoined us as part-time assistant, and can be called in to cover if Kharis is sick or on vacation, for example, and she can do an optional postpartum doula visit in the first 1-2 weeks after birth. Kharis also helps out in the office, so hopefully you will get to know them well.

The midwives will divide call coverage and office hours, as well as all the work that goes on “behind the scenes” evenly. We encourage you to get to know each of us, so you are comfortable with all of us, as one or two of us will attend your labor and birth. A wonderful advantage of a group midwifery practice is that it is extremely rare we would need to call on another midwife you have not met to attend your labor/birth--although we do have a great network of like minded, highly qualified and experienced colleagues, with whom we cover for each other just in case. We are passionate about our group midwifery

practice. The benefits of a group midwifery practice for the expectant family are huge: in addition avoiding the risk of an unfamiliar covering midwife having to be called to a laboring mom because of several ladies in labor at the same time, there is added convenience with fewer schedule changes; we can split long labors and shifts so everyone benefits from a clear headed well slept midwife; we do not have to limit the practice size as much as in solo practice; all midwifery and administrative work is shared to minimize strain on any one midwife, and everyone gains from the ongoing nurturing support, and combined broader knowledge and expertise each midwife brings to the practice...all of which improves the quality of care we provide.

Prenatal care will be every 4 to 6 weeks until 28 weeks, every 2 to 3 weeks until 36 weeks, and weekly thereafter until the birth. For new registrants, we do a home visit around 36 weeks of pregnancy. Two postpartum home visits are provided within the first few days, one with a midwife, and one with our assistant; follow up phone call will be made to check in on you and family, and an optional visit at the office can be scheduled at 1-2 weeks postpartum, and again at 5 to 8 weeks postpartum. The remaining contacts will be on the telephone, email if short and simple, or if needed, more frequent visits can be scheduled in our office. Office visits can only be scheduled during set business hours, due to strict village permit and building regulations at home office, and lease arrangements with Full Circle Family Care.

Due to the intimate and time intensive nature of homebirth midwifery care, despite the group practice, we can still only take a limited amount of expectant moms due each month, and therefore, once booked, we have to turn other ladies due then away, and refer them to different providers. Please also keep in mind that we do not offer anesthetic labor pain medication or the standard drug stimulation of labor; if these are needed, you will have to transfer to the care of the consulting physician in the hospital. That being said, it is awesome to be able to say we have never had to transfer a woman experiencing a normal labor, to the hospital because she needed or requested an epidural. We will refer you to medical services if any abnormal condition appears that is outside our scope of practice or beyond our expertise; if hospitalization becomes necessary during labor or in the immediate postpartum, your records will be made available to the consulting physician and hospital staff. We will make every effort to accompany you to the hospital, but for emotional support only, as the care is then transferred to the medical team, and we will resume postpartum care following hospital birth and discharge.

We ask of you the following:

- To learn as much as possible about pregnancy, childbirth, postpartum and newborn care (through open discussion with me and well informed others, books, movies and classes as needed) so that you can make educated decisions and be actively involved in your care;
- To promote a healthy pregnancy by maintaining excellent nutrition and sound health practices, including regular exercise, avoiding tobacco, alcohol and other drugs, breastfeeding and keeping scheduled appointments with us; **main office hours are Mondays in Suffern home office and Wednesdays at Full Circle Family Care in White Plains, and main days for home visits are Tuesdays and Thursdays,; although exceptions can be made depending on need, birth day and schedule, strict permit regulations and rental agreements do not allow office hours on weekends;**
- To read and sign four forms: the informed consent, mutual agreement, hospital transfer and financial policies, and bring them to your first prenatal appointment, as well as the waivers declining any elective test or procedure you do not want;
- To obtain complete records from other health care providers for current pregnancy, and past pregnancies if needed, ideally before the first prenatal visit;
- To choose our consulting physician and associated hospital to provide medical back-up for appropriate transfer of care in case of complications during the pregnancy, birth and postpartum, or arrange one of your own. One prenatal visit with this consulting physician during the third trimester is required of Dr Garber, who is affiliated with Holy Name Hospital in Teaneck, Saint Mary's Hospital in Passaic and Saint Joseph's Medical Center in Paterson, New Jersey. Those who have alternate transfer plans with hospitals such as Nyack, Hudson Valley, Sound Shore or North Central Bronx, the medical staff does not require a prenatal consultation. Those who choose to use the midwives at Full Circle Women's Health in White Plains and their covering obstetricians at Phelps Hospital, will need to see the midwives as they require, several times in the pregnancy. Those who choose to use the midwives and obstetricians at Westchester Medical Group and Hudson Valley Hospital will need to schedule a "meet and greet" consultation with one of the midwives as they require. Those who prefer Dr Reiss in Rye, with privileges at Greenwich Hospital, also need to schedule a consultation with him during your pregnancy. You need to let us know at least one week in advance of your appointment with the covering practice, so your records can be faxed in time for your

visit. Charges for these visits outside our practice will be billed separately by each provider.

- To prearrange for a primary support person (usually a spouse, sister, mother, close friend or hired doula), whose main responsibility is supporting you throughout the birth and immediate postpartum, as well as another adult to be responsible for any small children during the labor and birth; a doula is **STRONGLY URGED** for first time moms. In addition, you of course can have anyone you like at your birth, but it is highly recommended that you only invite those who are supportive, inspiring to your choices, positive, loving, calm, trusting of the natural process, and helpful; someone you can be with without any tension, without feeling watched, someone with whom you are completely comfortable, and can let go, have no inhibitions, so you can labor and birth with much more ease.

- To prearrange (ideally by 36 weeks) for a pediatrician to evaluate the baby as needed after the birth (within the first several days postpartum);

- To have all birth supplies gathered together and a clean birthing room, with a clear table or dresser surface for us to set up our supplies, ready by 36 weeks;

- To agree to transfer mother and/or baby to the hospital at the discretion of the attending midwife.

Obtaining and completing pre-registration forms for the hospital should a transfer become necessary is optional but not required;

- To pay a \$500 deposit and make financial arrangements with us by the first prenatal visit using a payment plan according to our financial policies, to pay all additional fees incurred by us, the hospital and consulting physician, as well as any needed diagnostic tests or lab work, and although payments are to me made out and given to us, work with our biller for all insurance and financial matters.

As of 3/1/2012, we increased our fees based on the reasonable and customary amounts other local homebirth midwives are charging and receiving from insurances that authorize in-network coverage and cover in full, and the increased costs of homebirth midwifery practice and supplies. For those who pay up front prior to the birth the full amount of global maternity care or those with poor or no insurance coverage and financial struggles/hardships, the fee will be discounted to \$8,000, but we will retain any amount beyond the amount that insurance pays. If your insurance sends you any amount over \$8,000 that you paid us towards our global maternity care services, you can reimburse yourself the \$8,000 but need to send the rest on to us via check or credit card payment. Our fee for global maternity care is reimbursable by most

insurance carriers. Our fee includes prenatal and postpartum care, 24 hour urgent call availability, labor and birth support; however, many insurance companies pay us separately for extra procedures, such as resuscitation, medications, IV fluids, contraceptive and newborn care, ultrasounds, non stress tests, circumcisions – and visits not related to maternity, prenatal visits exceeding the standard global amount of up to 13. We bill insurance for the initial and follow-up newborn evaluation and care, and accept insurance payment without billing you the balance, but do sometimes need your help getting the claims processed adequately. If a transfer occurs in pregnancy prior to labor and delivery up until 36 weeks, the fees will be prorated per visit, procedure and call time. If hospital transfer occurs after 36 weeks or during labor or delivery, we expect the full discounted global maternity fee of \$8000– this fee is non-refundable. Our fee is non-refundable for medical/ hospital transfer at this point, also because we work MUCH harder when there is a referral to a physician and hospital, it involves MORE, not less extensive time, energy, complex management and care decisions and medical consultations related to complications; if the transfer occurs during labor, we escort you to the hospital, we give report to the transferring provider, stay with you in a supportive role through the delivery, and resume postpartum care after discharge. If the hospital transfer occurs preterm, or during the prenatal period, we fax your records and give report to the new provider, and your doula or our assistant can go with you to the hospital if you feel the need for additional support. The fees we charge for services rendered are on the low end of the usual and customary fees charged to all clients for similar services. Lab fees, physician visits, diagnostic tests, and birth supplies you need to order are not included in our fee. Please familiarize yourself with our financial policies so you are well informed about the details of payment.

Thank you for your interest in our services. We are thrilled and passionate about our group homebirth midwifery practice and look forward to working with you.

Warmly,

Anne & Gail



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### INFORMED CONSENT FOR HOMEBIRTH

There is an overwhelming cultural belief in the United States that hospitals are the safest place to give birth, regardless of the extensive scientific data that planned homebirths with skilled midwives suggest otherwise. Numerous studies around the world have documented the safety of planned homebirth by trained professional midwives, with outcomes for mom and baby at least as good, if not better than those occurring in a hospital. This is especially true of women who have delivered vaginally before. Despite spending the most money on obstetric care, the United States ranks among the lowest of industrialized countries around the world in neonatal mortality and morbidity, and ranks quite low in maternal mortality and morbidity as well. Countries that consistently demonstrate the best maternal and newborn outcomes have a large percentage of midwife-attended homebirths for healthy women expecting normal pregnancies, with supportive hospital/medical transfer arrangements when needed. Midwives are trained in guarding the normalcy of pregnancy, birth and postpartum, and in knowing when to observe and support, and when to intervene; they are also educated in prevention, assessment and treatment of complications, which sometimes involves consultation or referral to an obstetrician, whose expertise is medically or surgically managing and treating high risk situations. Although unforeseen events and emergencies can occur in any birth setting, some of which can be best handled in a high risk hospital, a low risk healthy woman entering the typical U.S. hospital expecting a normal vaginal birth is subjected to a routine barrage of procedures and interventions that dramatically increase the risk of complications and problems, with potentially longstanding physical and emotional ramifications for both mother and baby. There are many other benefits of homebirth midwifery care, in addition to safety, which provides an alternative

to the impersonal, fear based, law suit prevention oriented medical and hospital care that has become prevalent in our society. These benefits include but are not limited to the power of the human touch and presence, of being surrounded by supportive people of a family's own choosing, security in birthing in a familiar and comfortable environment of home, feeling less inhibited in expressing unique responses to labor (such as making sounds, moving freely, adopting positions of comfort, being intimate with her partner, nursing a toddler, eating and drinking as needed and desired, expressing or practicing individual cultural, value and faith based rituals that enhance coping) -- all of which can lead to easier labors and births, not having to make a decision about when to go to the hospital during labor (going too early can slow progress and increase use of the cascade of risky interventions, while going too late can be intensely uncomfortable or even lead to a traumatic unplanned birth en route), being able to choose how and when to include children (who are making their own adjustments and are less challenged by a lengthy absence of their parents and excessive interruptions of family routines), enabling uninterrupted family bonding and breastfeeding, huge cost savings for insurance companies and those without insurance, and increasing the likelihood of having a deeply empowering and profoundly positive, life changing pregnancy and birth experience. Getting holistic prenatal through postpartum care and birthing in one's own home attended by a skilled midwife, is a refuge for those who want to protect the normalcy and sanctity of pregnancy and birth. But focusing on the normal does not mean that problems go unrecognized or unattended; rather they are viewed as imbalances that need to be righted, not expected or feared.

That being said, certain hazards do exist however, in all settings, whether childbirth occurs in or out of the hospital; and there are risks unique to each setting. Some of these risks will never be eradicated no matter what our state of technology or medical advancement. The practice of midwifery, nursing and medicine are not exact sciences and no assurances can be made regarding the results of examinations, diagnostic tests, treatments, procedures, or interventions. It is impossible for any provider to guarantee a normal healthy birth, mother or baby. However, especially in our country, when "poor" outcomes occur at home, even if the outcome would have been the same if the birth were to have occurred in the hospital, the choice of homebirth is often called into question; yet when there is a "bad" outcome in the hospital, people rarely challenge the hospital care and are much less likely to



question whether or not the same outcome would have occurred or been avoided if the mom birthed at home. If problems occur at home, you will invariably be challenged by friends, family and other professionals as to the wisdom of your choice to have a homebirth. We ask that you honestly project yourself into your worst case scenario (which is extremely unlikely to actually happen) and examine how you would feel about your original choices after the fact. After an honest self evaluation, please feel free to discuss your thoughts and concerns with us so that we can further clarify what would be the most appropriate birthing venue for you.

I have chosen to have a home birth, rather than a hospital delivery, based on what I believe to be a thorough examination of alternatives. I have discussed my prenatal care and childbirth options, including the risks and benefits of both hospital and home delivery, with at least one of my midwives, and the consultant physician to the extent I think necessary. After considering these options, I have asked the midwives of Home Sweet Homebirth, Cathy Gallagher CNM, Anne Margolis, CNM, and Susan Schmidt CNM to be my midwives, provide my maternity care and assist me in my home birth, with one of their assistants as needed.

At least one of my midwives has explained to me the need for complete and adequate prenatal care which includes review of medical and psychosocial history, physical exams, laboratory tests, and possibly other diagnostic studies, such as sonograms, to ensure the normalcy of my pregnancy and appropriateness of birthing my baby at home. My midwife has explained to me the following criteria I have to meet for birth at home with their practice.

**These criteria include, but are not limited to:**

physical health

healthy nutrition and lifestyle

mental health and emotional maturity, with the ability to accept responsibility for my pregnancy and

the outcome of my birth

adequate social support before, during and after the birth, and the postpartum period

help available in the home 24 hours per day for at least the first week (ideally the first 2 weeks)

postpartum

pregnancy, childbirth, breastfeeding and newborn care education secured (with books, DVDs, classes or personal experience)

commitment to breastfeed (ideally for at least 6 months postpartum)

preparation of persons planning to be present at the birth (with books, DVDs, and/or classes, or previous experience)

complete records from previous provider for current pregnancy and other significant conditions as needed

arrangements made for non-urgent as well as emergency transport (gas in working car/directions to back-up and closest hospital and local ambulance numbers posted)

pediatric care arranged prior to 36 weeks of pregnancy

clean home (especially bathroom and birthing space) and all birth supplies obtained, accessible, and gathered in one area, with a clear dresser or table surface for midwife's use

understanding that there will be no intervention unless medically necessary

understanding that there will be no use of anesthesia labor pain medications in the home setting

agreement to use emergency treatments (such as intravenous fluids or resuscitation) and medications (such as oxytocin for postpartum hemorrhage) when needed for the health of mother or baby

agreement to transfer mother and/or baby to the hospital midwife/physician and/or hospital at the discretion of the attendant midwife at any time during pregnancy, labor, birth or postpartum

understanding that our full global maternity fee is expected and not refunded should a transfer occur after 36 weeks or during labor, and that transfers prior to 36 weeks will be prorated and billed itemized per each prenatal visit, procedure and call time

agreement to adhere to one of several payment plans addressed in the financial policies, to pay the \$500 deposit at the initial visit and the full balance by 36 weeks, for those with serious financial difficulties, individualized plans can be accommodated; all matters of insurance will need to be addressed to our biller; for those with written confirmation of 100% insurance coverage of our services as "in-network", agreement to pay the \$500 deposit at the initial visit, and by 36 weeks, to provide a credit card number or blank check to settle inadequately paid claims, as well as to respond to our biller's requests promptly regarding help in dealing

with your insurance company to reprocess the claim appropriately; for those who have select insurance plans with reliable partial payment sent to us, the out of network provider, agreement to pay the \$500 deposit at the initial visit and by 36 weeks, to pay the deductible and percentage not covered and to provide a credit card number or blank check to settle unpaid claims; to assume full financial responsibility for all expenses incurred not covered by insurance, and to pay any remaining balance postpartum within 30 day s of notice (especially after a hospital labor transfer when insurance companies often pay less than the global rate, despite the greater amount of time and effort involved for the midwife/midwives)

In choosing to have a home birth, I knowingly accept responsibility for my pregnancy, labor and birth and the associated risks and my decisions. Pregnancy and childbirth are a normal part of family life, the course of childbearing is a natural physiologic process and the risk is small for well-screened low-risk healthy women. I realize that no matter how carefully my risk status is assessed, there can arise unusual emergencies or other unforeseen events resulting in poor outcome. While there are certain problems and increased risks that occur more frequently in the hospital that are unlikely to occur with skilled midwifery care at home, in rare situations there is a small chance that I may be at greater risk because of being at home. I know that my attendant midwife brings the same emergency equipment that is available in freestanding birthing centers. I am fully aware that this does not mean that home and hospital facilities are equivalent to deal with serious problems should they occur. It is impossible at a home birth to provide the same type of emergency care that is available in a hospital, with all of its staff and equipment. I am fully aware that in the event of an unpredictable complication or emergency, there are fewer diagnostic and therapeutic measures available at home than there would be in a hospital setting, including some that may be life-saving. And transfer to a hospital could possibly result in delay in the initiation of emergency treatment otherwise readily available in a hospital, and this delay could affect the ultimate outcome for me and/or my baby. Many complications can be successfully managed at home by the midwife. However, certain medical conditions may necessitate consultation with the physician and/or transfer of my care from midwife to physician management, and transfer from home to a hospital for me and/or my newborn, because they may jeopardize my baby's life, freedom from disability, and even my life and health, and would thus be more readily treated, with greater chance of salvage, in a hospital setting.

These conditions include, but are not limited to drug or alcohol addiction, serious medical illness such as heart disease, seizure disorder or high blood pressure requiring medication, history of bleeding or clotting disorder, insulin dependent diabetes, serious infections such as HIV, active tuberculosis, active syphilis or primary genital herpes outbreak in labor, pre-eclampsia or eclampsia, premature birth, stillbirth, post-term pregnancy with signs of fetal compromise, Rh incompatibility with rise in antibody titers, severe anemia at term not responsive to treatment, multiple pregnancy, abnormal growth of the fetus or amount of amniotic fluid, malpresentation such as breech or transverse lie at term, prolonged rupture of membranes with maternal fever, placenta previa or abruption, uterine rupture, prolonged labor without evidence of progress, and/or maternal exhaustion and/or fetal distress as indicated by fetal heart rate abnormalities, thick meconium stained fluid, prolapse of the umbilical cord, shoulder dystocia, postpartum hemorrhage, retained placenta, amniotic fluid embolism, unstable health status of the newborn such as respiratory distress, undiagnosed life threatening birth defects, severe jaundice, seizures or sepsis. I fully understand that the above list of complications is incomplete and that some of these complications are not always predictable.

I am aware that Cathy Gallagher, Anne Margolis, and Susan Schmidt have a network of collaborative relationships with hospital midwives and physicians and/or hospitals for consultation, collaboration, referral and or transfer of care based upon my or my baby's health status; these may include obstetricians, perinatologists, pediatricians and other specialists as needed. I understand that while my midwives do not maintain privileges at any hospital, if transfer to a hospital midwife/physician or hospital care becomes necessary, my records will be made available to the collaborating provider and or hospital, and my attending midwife will review my case with the accepting provider to facilitate continuity of care; I also understand that should a labor transfer to the hospital's medical staff become necessary, my attendant midwife will accompany me to the hospital for support and advocacy through birth until immediate postpartum, but will no longer be responsible for, or have control regarding my care until it becomes appropriate after hospital discharge. I fully understand that I am responsible for the separate costs of medical and hospital transfers, which will be charged individually by each service provider.

I fully understand that homebirth cannot be guaranteed. I also understand that should a medical emergency occur during my homebirth, it will be handled in a medically supportive fashion until transfer

to the most appropriate hospital can be accomplished. I understand that in a life threatening emergency, transfer to the closest hospital that provides maternity and or neonatal intensive care via 911 ambulance service is most appropriate, but in a non urgent transfer, the most appropriate, mother-baby friendly, homebirth-transfer supportive and receptive hospital may be a longer distance to travel and will be reached via private car. I have discussed and agreed upon plans regarding choice of hospital midwife/obstetrician, pediatrician and hospitals for emergency and non urgent transfer with at least one of my midwives. I agree to abide by my attendant midwife's professional judgment and recommendations for treatment of any complications that occur and/or for transfer of care to the consulting provider for treatment and/or hospital delivery, as is necessary and in the best interests of me and my baby; and I fully agree to participate and facilitate such treatment recommendations and/or transfer regardless of when in the course of my or my baby's care my attendant midwife makes that decision because of complications that arise necessitating physician and or hospital care.. Whenever possible, decisions regarding such transfer of care will be made jointly between me, the attending midwife and the consulting provider, and if time allows I will transfer to the preplanned back-up hospital by car. However, an emergency may arise where I must rely solely on the discretion of the attending midwife and the consulting provider, and in these situations I hereby consent to participate in emergency care and transfer to the closest hospital by ambulance should it become necessary for the safety of me and/or my baby.

I fully understand that if I refuse to follow the attending midwife's or consulting physician's treatment recommendations or accept their advised transfer of care, they will be free to withdraw at that time from providing further care for me and my baby.

In the course of my care I understand that I am fully responsible for the truth and accuracy of the information given by me or requested of me by the midwife or physician. I understand that the management of my care will be based upon this information among other considerations. Therefore I agree to cooperate fully with my care providers in providing honest information. I fully understand that if it is discovered that I have not been honest, this will result in termination from our homebirth services.

I willingly accept the risks and benefits associated with midwifery care for a home birth, and hereby consent to the care provided by the midwives of Home Sweet Homebirth and associates. I hereby fully and completely release Home Sweet Homebirth midwives and associates, from all liability arising

from acts on their part while functioning in good faith, according to their medically approved guidelines for safe practice. I therefore hold each of them harmless from any and all damages, harm, injury or death that may result to me or my baby as a result of my refusal to follow a treatment recommendation or accept a transfer, as recommended by them at any time.

I have had ample opportunity to thoroughly discuss all of this information and my decision to have a home birth with at least one of my midwives, and she has answered all of my questions. I freely and voluntarily have chosen to enter their practice and attempt to birth my baby at home.

I have received a copy of this consent form if requested.

_____	_____
Signature of Mother	Signature of Father
_____	_____
Date	Signature of Midwife



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## MUTUAL AGREEMENT

A safe birth requires the joint efforts of both expectant mother and midwives, with good communication and shared responsibilities. To achieve this, the midwife agrees to the following:

The Midwives (CNMs) will:

1. Determine each mom's eligibility through review of medical and psychosocial history, physical examination and findings, lab results, and existing support systems. Homebirth midwifery services are available to healthy, mobile women experiencing normal pregnancy.
2. Provide each mom with health care and guidance throughout the pregnancy, labor, birth and the postpartum period as long as pregnancy remains normal, as defined by the CNMs' written practice guidelines.
3. Provide ongoing evaluation throughout pregnancy, labor, birth and the postpartum period with careful attention to signs of normalcy and/or signs of deviation from normal. All findings will be discussed openly with the expectant mother (and father with her consent of course).
4. Provide information regarding procedures, treatments and medications to enable the expectant family to make informed choices regarding the course of her pregnancy, labor and birth.
5. Provide 24 hour emergency on-call service for the expectant mom during her pregnancy, childbirth and first 5-8 weeks postpartum.
6. Provide care during labor and birth, as well as one prenatal home visit for new registrants, and one postpartum home visit. Our assistant will also provide a postpartum home visit. If the birth occurs in the hospital, the hospital assumes immediate postpartum care, and the midwife or our assistant will provide one postpartum home visit after discharge. All other visits are provided by the midwife in the office,
7. Refer the expectant mother to medical services if any abnormal condition appears, if appropriate, or if she requests medications for anesthetic pain management during labor. If hospitalization becomes necessary during labor, birth or in the immediate postpartum period, her records would accompany her and would be made available to the consulting physician and medical staff. Transportation to the hospital would take place according to our established policy. The attending CNM would accompany mom to the hospital, and once there be available for emotional support and advocacy She would give report of events preceding the transfer to the medical team, who would take over care of the expectant mother and newborn. If the hospital transfer occurs preterm, or during the prenatal period, we fax your records and give report to the new provider, and your doula or our assistant, if available, can go with you to the hospital if you feel the need for additional support, which can be arranged separately with her.

The Expectant Mother Will:

1. Make an informed decision to deliver at home, having carefully considered the risk factors associated with both hospital and out-of-hospital birth; to learn as much as possible about pregnancy, childbirth and postpartum, so that you can make informed decisions and be involved in your care (through open discussions with the midwives, childbirth classes, and a wide variety of reading material, DVDs and online resources).
2. Actively promote a healthy pregnancy by maintaining excellent nutrition and sound health practices, including regular exercise, limiting caffeine, avoiding tobacco, alcohol and other drugs, and keeping scheduled appointments in a prompt manner.
3. Provide complete records from other health care providers, if needed.
4. Provide a primary support person (spouse, partner, mother, sister, and/or friend) whose main concern is support of the client throughout pregnancy, labor, birth and the early postpartum period (**a qualified experienced doula is strongly urged for first time mothers...this is so important it should be required!**). Doulas are especially important for the long, intense early and early active labors that can happen with first time moms, when it is too early for the midwife to come to the home. Doula are also very helpful and in the unlikely event of preterm labor or hospital transfer, for additional support.
5. Attend childbirth classes with the primary support person, especially for first time mothers. A refresher class is suggested for subsequent pregnancies if needed.
6. Have list of birth supplies, a cleared dresser or table surface for midwife use, and a clean birthing room ready by 36 weeks.
7. Arrange for an adult other than the primary support person to be responsible for any small children that will be present at the time of labor and birth.
8. Arrange a consultation with the collaborative hospital midwifery practice or physician who will serve as medical back-up in case of complications during the pregnancy, birth or postpartum period (this is required for some providers, but optional for others per their guideline).
9. Prepare for the unlikely possibility of hospital transfer. Obtaining pre-registration forms from the back-up hospital and a hospital tour are optional.
10. Agree to transfer mother and/or baby to the hospital if the attending midwife detects problems that can be managed appropriately only in the hospital.
11. Breastfeeding the newborn without supplemental food is advised for optimal health of mother and baby at least for the first 6 months. First time mothers are strongly encouraged to meet with a lactation consultant before the birth or in the immediate postpartum period, and to attend local La Leche League meetings during pregnancy and postpartum for added breastfeeding support and education.
12. By 36 weeks, arrange for a pediatrician to see the baby within the first several days after birth, and to provide care for the baby as needed.
13. Agree to pay all additional fees incurred if transfer to physician management and hospitalization is necessary.
14. A \$500 deposit is required at the initial visit, as well as a plan for financial arrangements according to the financial policies. The remaining balance should be paid in full by 36 weeks (by cash, credit card or check, but there is a \$30 fee for bounced checks), along with provision of a credit card number or blank check for any outstanding balances from inadequately paid claims and/or insurance reimbursement that is sent to you, not to me the provider; all insurance and financial matters need to be addressed to our biller, as per our financial policies, however, all payments are to be given to the midwives.

The undersigned has/have read and understood the above and is/are in agreement. All questions have been answered satisfactorily.

Signature of Expectant Mother

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Midwife

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Signature of Expectant Father

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Date

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## *Home Sweet Homebirth*

Welcoming babies with joy, loving kindness, and gentle hands

Holistic Midwifery • Homebirth Maternity Services  
Compassionate Women's Healthcare

### *Home Sweet Homebirth PLLC*

#### HOSPITAL TRANSFER:

The most common reason to transport to the hospital is a true lack of progress in labor after having tried all other modalities at home, and mom is becoming exhausted or baby is showing signs of not tolerating the process. This occurs more often in first labors. This can be related to many issues such as the baby's position or size in comparison with your pelvis, tension and fear, exhaustion, intolerance of pain and inadequate weak contractions. It is not an emergency situation, and the usual remedy is that you get an IV with increasing doses of Pitocin to stimulate stronger contractions and compassionate pain medication to help you relax and tolerate the more frequent and intense contractions. In such a case, you need to be continuously monitored with a fetal and uterine monitor, for the safety of your baby, as the unnatural contractions from increasing doses of Pitocin can cause fetal distress. Pitocin is a variable drug, and its use is very empirical. Sometimes a very small dose will put you into dilating labor, and sometimes a lot won't.

Preterm labor is labor more than three weeks before your due date. Very early preterm labor will be stopped if possible with drugs and bed rest. If your baby is very early, you will be sent to a Medical Center where they have tertiary care nurseries for very small babies. It is unlawful for a licensed midwife to attend a homebirth in New Jersey before 37 weeks of pregnancy. In New York, a birth occurring before 36 weeks needs to be in the hospital, and which hospital that would be depends on the gestational age of the baby.

Prolonged Rupture of Membranes (PROM): The majority of times, the bag of waters naturally break in active labor or pushing stage. When the bag of waters break before labor, normally 70% of women are in active labor within 12 hours, 90% by 24 hours, and progress normally to birth. It is the remaining 10 percent (of those cases where the bag of waters break 48 hours or more before onset of labor) that we need to consult with the doctor and make some decisions, because of the increased risk of infection for you and your baby. In New Jersey, hospital transfer is required if there is no active labor by 24 hours of confirmed rupture of membranes.

Thick Meconium Stained Amniotic Fluid: If your amniotic fluid becomes stained green or brown, it may be a sign that your baby has experienced a stress and had a bowel movement. The attending midwife will monitor the baby's heart rate closely if this occurs. If the meconium is thick and particulate, and the expected transport time to the hospital is shorter than the expected delivery time, the attending midwife will transport. Otherwise, the midwife will remain for delivery of the baby at home. The midwife will suction the baby as needed, and will assess the baby and stay home or transport according to the baby's needs. We do not intubate babies at home for meconium, as they do in the hospital. We feel that the risks of the procedure at home outweigh the possible benefits. If your baby inhales thick meconium, which most often occurs prior to birth during distress in or before labor, it may get very sick. Some babies may die from lung disease despite the best care, including babies born in the hospital.

Fetal Distress: If the midwife detects any abnormal fetal rate not responsive to treatment at home, indicating that the baby may not be tolerating labor with or without the presence of meconium stained fluid, the midwife will transport immediately, unless the baby is being born quickly.

Neonatal Apnea/Respiratory Depression: This is an emergency, when the baby does not breathe independently after birth and requires resuscitation. This can occur from a number of reasons, such as compression of the umbilical cord just before birth, shoulder dystocia (when the baby's shoulders are lodged in the pelvis after the head is born, requiring maternal repositioning and manipulation to facilitate birth as soon as possible), birth defects, maternal medications, dehydration, and anything that would cause fetal distress in labor. Although the vast majority of healthy term babies respond to gentle stimulation, while keeping the cord intact and pulsing blood volume and oxygen to the baby as baby adjusts to life outside the womb, some require positive pressure ventilation to breath for the baby. This is usually sufficient to help baby inflate his or her lungs, remove excess lung fluid and stimulate breathing. If baby does not respond and is showing signs of decline, with a decreasing or absent heart rate requiring chest compressions, we will initiate that and call 911 for urgent hospital transfer.

Bleeding: Most women bleed as much as a light period during labor, lose about ½ a liter of blood at birth and bleed like a very heavy period early postpartum, which gradually tapers over several weeks. Globes of blood called clots, can be passed as blood pools in the vagina while you are lying down and forms a clot that is passed as you are up and mobile. If you have any **abnormal** bleeding in pregnancy or labor, you will need to be evaluated and possibly transferred to physician care, as this can indicate problems such as placenta previa (when the placenta implants completely or partially over the cervix), placental abruption (when the placenta separates from the uterine wall partially or completely before birth) or velamentous insertion (when the umbilical cord inserts into the fetal membranes instead of the placenta, causing major blood vessels traveling to and from the placenta to be exposed and vulnerable to rupture, especially if near the cervix). Heavy bleeding postpartum can be addressed naturally with breastfeeding, uterine massage and herbal and or homeopathic remedies. Excessive bleeding and hemorrhage after birth is treated immediately with drugs that aid the contraction of the uterus, and rarely, manual removal of placenta and or clots (use of midwife's hand to reach into the uterus to do this). If you are not stabilized quickly, the attending midwife will start an IV, and transport you to the hospital.

The above conditions are the most frequent causes for transfer to the hospital, but you need to know that as certified nurse-midwives, we observe standard practice guidelines for a safe home birth, which may require a transfer of care and or hospitalization in circumstances not mentioned here, if it is no longer safe to remain at home.

### Final Thoughts

Part of the wonder of the miracle of birth is the inherent lack of guarantees in life and birth, and the surrender to a power far bigger than ourselves. Part of life is death Conception is the beginning of life, yet every life must end sometime. Part of pregnancy is the excitement of new life and the fear of its loss. This is normal human reality and is in part why pregnancy deepens and matures a woman and man spiritually and emotionally.

The safety of home birth is well-documented, but childbirth by its nature is a threshold passage for the baby. Some babies are born with defects and injuries despite all the technology, tests, and skills of the attendants. In spite of the fact that that hospitalization of birth has failed to eliminate fetal or neonatal death, there is a cultural expectation that doctors and hospitals can guarantee a "perfect baby" every time. This is a pervasive myth. It is impossible for any provider to guarantee much of anything. Birth defects may or may not be detectable by prenatal testing. We are only human. We try our hardest to do our best and pray we make the right decisions and that our hands are blessed. Midwifery is a most humbling profession.

The last "what if" is to consider what if your baby is injured or dies at home, despite the best of care given by the midwives, and the attendant midwife. How would you feel? How would your family treat you? In choosing homebirth, you are going against the predominant cultural belief (although

mistaken) that hospitals are safest, regardless of statistical data. When emergencies or poor outcomes occur in a hospital, the site of birth is seldom called into question. If a similar situation occurs at home, even if the outcome would have been the same or worse in the hospital, homebirth is often called into question. We suggest that you ponder the worst case scenario and examine how you would feel about your original choices after the fact. You will need to stand by your midwives in case of problems, in the same way we homebirth midwives place ourselves at personal and political risk so you may have your choice of care and birth place. You will need to live with your decision and face family and the public in a culture where the norm is to go to the hospital for childbirth. Please explore these questions in your self and discuss them with your partner and your midwives.

We believe that by being prepared for all scenarios, you will have a deeper, more empowering birth experience, and will feel that you made the best choices possible given the best information available at the time. The facts are not all in yet. We as a culture are still learning about the wonders of pregnancy and birth. We send you blessings for a wonderful and empowering pregnancy and childbirth experience, resulting in a healthy mother and a health baby. May you make a conscious choice.

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NY licensed midwives with independent practices provide clinical care and evaluation and education for women and babies during the childbearing year. Midwives are also trained and licensed to provide primary and gynecologic care to healthy women throughout the lifespan. Midwifery care includes drawing blood, obtaining pap smears, and ordering other laboratory studies as needed, prescriptive authority, basic pregnancy sonograms, referrals for fetal genetic testing and high level ultrasound, and other screening tests such as mammography, as indicated or requested, and ever performing compassionate newborn male circumcisions. Federal regulations require all hospitals to admit laboring women and or newborns regardless of prior registration or association with a provider on site at that hospital, although after years of experience we have learned that there are those hospitals and physicians that are much more receptive, respectful and kind to homebirth transfers than others, such that in non urgent situations when there is time, it is preferable to travel further to such a receptive hospital, rather than possibly a closer hostile hospital for optimal care. NY state regulations require that midwives have collaborative relationships with physicians and or hospitals to facilitate consultation, collaboration and or transfer of care based on the health status of mother or baby. These include but are not limited to obstetricians, perinatologists, and pediatricians. Home Sweet Homebirth PLLC has such relationships. At any time during pregnancy, labor, birth or postpartum, we may determine it is clinically appropriate for you and or your baby to have your care provided by another provider in another setting. If transfer to a physician or hospital becomes necessary, this will be discussed with you, and your records will be made available to the collaborating physician and or hospital. If you require hospital transfer during term labor, we will accompany you for support and advocacy but will no longer be responsible for or in control of your care while in hospital, as we do not maintain privileges in any hospital; as medically appropriate, we assume postpartum care after discharge. While emergencies that can not be handled simply out of hospital, and transfers are rare, they do occur, so a transfer plan is established prenatally with every family in the practice, depending on the options unique to each location. In an emergency, transfer is made to the closest most appropriate hospital, depending on the special medical needs of the mom or baby. When the situation is non urgent, transfer is made to the preferred physician and or hospital. Possible scenarios can be discussed, but never known for sure.

Name of preferred obstetrician/hospital midwife should a consultation or referral is needed \_\_\_\_\_

Name of preferred hospital for non urgent transfer \_\_\_\_\_

Name of closest hospital for emergencies \_\_\_\_\_

Name of preferred pediatrician \_\_\_\_\_

I am aware of these potential complications and understand that I may request more detailed and complete explanations of these conditions and other risks, consequences and conditions. I do not desire further explanation at this time. I am aware that the practices of medicine, nursing, and midwifery are not exact sciences and I acknowledge that no guarantees or assurances have been made to me regarding the results of treatment, examinations and procedures to be performed.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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## *Home Sweet Homebirth PLLC*

### FINANCIAL POLICIES

Fee: Conducting home births is both qualitatively and quantitatively different from attending hospital births, in terms of total time spent, travel for home visiting, the hiring of assistants, supplies used, and wear and tear on your midwife and assistant, their families, their cars, and their sleep. Our philosophy is that homebirth should be accessible to all women, within the parameters of safety, and we have always been willing to work with families who are experiencing serious financial struggles and are unable to pay the full amount charged. **But due to the complexities of the medical insurance system, our devotion to providing exceptional midwifery care and lack of time needed to deal with inadequately processed or inappropriately denied claims, problems with bounced checks, canceled credit cards, reaching families and trying to collect funds postpartum long after the care was provided, we have changed our longstanding policies and now ask that you pay me our full fee by 36 weeks of pregnancy.** Payment of your bill is considered part of your care, as opposed to going to a larger medical practice and hospital, both with a billing staff, where most people assume their insurance takes care of everything and the billing staff deals with the insurance. As of 3/1/2012, we are increasing our fees based on the reasonable and customary amounts other local homebirth midwives are charging and receiving from insurances that authorize in-network coverage and cover in full, and the increased costs of homebirth midwifery practice and supplies. For those who pay up front prior to the birth the full amount of global maternity care or those with poor or no insurance coverage and financial struggles/hardships, the fee will be discounted to \$8,000, but we will retain any amount beyond the amount that insurance pays. If your insurance sends any amount over \$8,000 that you paid us towards our services, you can reimburse yourself the \$8,000 but need to send the rest on to us via check or credit card payment. This professional fee is for prenatal care, phone consultations, 24/7 emergency call service, home labor/birth care, and postpartum care. At the initial prenatal visit, a deposit of \$500 is due, as well as a plan to pay the rest of the fee throughout the pregnancy, in full by 36 weeks. When payment is received in full prior to 36 weeks, \$500 will be applied to that total amount owed from discounted rate of \$8000 as explained above. Our intent is to work out the financial arrangements early on in our working relationship so we can focus our energies on your satisfying and empowering pregnancy and birth experience. **Our fee does not include any extra procedures, such as diaphragm/IUD or its insertion, sonograms, non stress tests, or pediatric exams (for which claims will be submitted to insurance) or optional circumcision. It does not include rental of birth tub, or sale of vitamins, herbs, remedies, certain medications, books or birth kit.** If a transfer occurs in pregnancy prior to labor and delivery up until 36 weeks, the fees will be prorated per visit, procedure and call time. We only take a limited amount of expectant moms due each month, and therefore, once booked, we have to turn other ladies due then away, and refer them to different providers. If hospital transfer occurs after 36 weeks or during labor or delivery, we expect the full global maternity fee of \$8000 – this fee is non-refundable. Our fee is non-refundable for medical/ hospital transfer at this point, also because we work MUCH harder when there is a referral to a physician and hospital, it involves MORE, not less extensive time, energy, complex management and care decisions and medical consultations related to complications; if the transfer occurs during labor, we escort you to the hospital, the

attending midwife gives report to the transferring provider, stays with you in a supportive role through the delivery, and we resume postpartum care after discharge. Physician consultation is not included in our fee, and will be billed by the physician separately. Also, these fees do not include the cost of laboratory testing, ultrasound, childbirth preparation classes, a hired doula, and hospitalizations, which will be billed separately by each provider. Most insurance plans cover the medical costs according to your benefit plan, and some even cover the rental of a birthing tub. Most of the back-up obstetricians do accept most insurances, except Medicaid plans. There are some supportive hospitals and obstetricians who do accept Medicaid plans.

#### What Our Professional Global Maternity Care Fees Cover:

- 24 hour emergency call availability of a midwife and her homebirth assistant.
- Routine prenatal visits with a midwife, including one prenatal home visit for first time registrants (we do bill insurance extra for special services, such as diaphragm/IUD fitting and insertion, basic obstetrical ultrasounds and nonstress tests, newborn exams, visits not related to pregnancy and for visits exceeding the standard global amount if 13, certain emergency procedures such as IV and medications); for example, we bill insurance for the initial and follow-up newborn evaluation and care, as would a pediatrician who performs these services after a hospital birth
- Labor and birth care, support, and monitoring by the attending midwife and assistant
- Immediate postpartum home care as needed
- Two postpartum home visit in first few days, one by the midwife, and the other by the assistant, telephone follow up, and an optional postpartum doula visit
- Postpartum office visits, optional at 1-2 weeks, and again at 5-8 weeks after birth

Payment: As we are a small business without a large office staff, and wish to devote our time and energy to providing excellent midwifery services, in most cases we ask that you pay us the entire fee by 36 weeks according to one of the payment plans of your choosing mentioned below (these payments can be in cash, credit card, credit card checks). **All matters of finances, insurance, including benefit determination, preauthorization, claim submission, reprocessing inadequately paid claims and appeals, as well as payment plans on remaining balances, need to be addressed to my biller, Haya Brant (her phone number is 347-262-6321, fax is 888-565-3930, and her email address is haya@clearbill.net ).** You are welcome to contact her at any point and she will contact you as needed. Those of you who pay in full prior to your birth can still just simply pay us per the payment plan you work out with the biller, and we are happy to submit your claim and send you your refund once the claims are settled. But those of you who are depending on insurance to pay us in full or partially, you will need to deal with the biller more regularly. After the birth, she will submit your claim for reimbursement, and will attempt to collect from your insurance company in a timely fashion for your maternity care, the newborn evaluation and care, and any other extra procedures that were done (such as diaphragm fitting, IUD and its insertion, vitamin shots, basic ultrasounds etc.); then once the insurance company sends us payment, we will refund you the difference up to our global fee for maternity care of \$8,000. **I would like to clarify that this refund to you involves the payment from the insurance company for the entire global obstetric care only, and does not involve payments to me from the insurance company for other claims (such as pediatric exams, diaphragm fitting, IUD and insertion, ultrasounds, non stress tests, vitamin shots etc.).** I ask that all financial arrangements are made with our biller early on in your care. Please note that there is a \$30 fee for a bounced check. For those with severe financial difficulty and absolutely without resources from which to pay, other arrangements are negotiable. We work on the honor system. If you can pay our full fee, we ask that you do. If it is beyond your reach, we will take your word and trust that the amount you give me is the amount you can afford. That being said, unpaid balances that are not settled by the date billed, will be considered delinquent after 60 days; an account that becomes past due with no valid reason, will be forwarded to our collection agency.



Insurance: Your insurance policy is a contract between you and your insurance company and we are not a party to that contract. Although making sure we are paid for our services is ultimately your responsibility, we are happy to cooperate with families who are covered by medical insurance, and can guide you through the bureaucratic process of dealing with your insurance company to help you get the most coverage for my care, but we ask that you deal with our biller for all practical insurance issues. The coverage of homebirth by insurance companies is mandatory in New York State, but homebirth may not be a covered service if you have a self insured plan or certain plans based out of state; sometimes we can get them to make an exception, or cover the prenatal and postpartum care only. Although most insurance companies pay for the initial and follow up newborn care we provide in your home, just as they would to a pediatrician who evaluates and cares for the baby born in the hospital, some insurance companies arbitrarily determine that it is medically unnecessary at a home birth, and we will need your help appealing to your insurance company to cover the services that we, as your health care providers have determined to be absolutely medically necessary, especially after a homebirth (as most pediatricians do not come to your home and it is inappropriate for you to bring the baby to their office immediately after the birth or so early postpartum). If you and our biller can secure a signed, contracted agreement (often referred to as an in-network exception) from your insurance company (as commonly done with Oxford, United Health Care, Empire Blue Cross/Blue Shield, Aetna of NY, Amerihealth, and HealthNet) as soon as possible in your pregnancy and certainly well before 36 weeks, to pay our full fee for homebirth global maternity and newborn care, we are willing to accept that as payment, and will not charge you. We just ask that you pay us the \$500 deposit at the initial visit (which will be refunded to you once all claims are settled and paid in full), as well as provide us with a blank check or credit card to secure in case of insufficient insurance payment. **We ask for prompt response to our biller's requests for help in dealing with insurance claims inadequately paid and getting them reprocessed, as we try hard to respond to your needs promptly, and do not like to be in the role of collections and having to ask you repeatedly to call your insurance company or pay outstanding balances, especially postpartum when you are busy with your baby.**

The fees we charge for services rendered to those who are insured are usual and customary fees charged to all clients for similar services in the area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual customary rates, which seem to change continuously. Most PPO and POS plans cover 70-80% of their determined rates for our services, not our actual fees, and less a deductible that can range for example, from \$200-\$2000 depending on your policy. The remainder of the fee, the amount your insurance company does not cover, will most likely be the amount of out of pocket expense that you can expect. Your policy may base its allowances on a fixed fee schedule that may or may not coincide with my usual fees. Most insurance companies have deductibles, yearly maximum limits, exclusions, disclaimers, and fee limitations that usually result in benefits that are much lower than the family is led to believe. You should be aware that different insurance companies and plans vary greatly in the types of coverage available. Also, some companies pay claims promptly and others delay payments many months. Since we have no say in the selection of your insurance company, we ask that you look upon your insurance company realistically as a device that partially reimburses you for medical expenses, and work together with our biller to get your claims paid in a timely and appropriate manner.

For those families with PPO or POS plans who have serious financial difficulties, we can agree to wait for the payment from your insurance company, as per the percentage of the global maternity care we estimate your insurance will pay, but ask that you pay us the \$500 deposit at the initial visit, and the general overestimate amount insurance will not pay (the percentage of copay required and the deductible) by 36 weeks, and provide us with a credit card or blank check to cover the difference if insurance company pays me less than expected after the birth, or sends the check to you, not to us. But if the claim is not paid in a timely manner or is stuck in a tangle of denials and red tape, we will then ask that you pay us the balance within 30 days of notice; however our biller will be available to help you fight the claim with your insurance company. Those with NY Medicaid are asked to switch to HIP Medicaid HMO through the local Medicaid office as soon as possible, as this Medicaid plan provides the best homebirth maternity care coverage. HIP is only available in Westchester and the five boroughs. Unfortunately, we can no longer afford to accept other Medicaid HMOs or Medicare, since

their rates of reimbursement were cut so dramatically cut in January 2010. Notify us and our biller as soon as you have your new insurance ID number, and if on HIP, she will get approval for your homebirth maternity care coverage. Time is of the essence, as Medicaid requires a certain amount of prenatal visits spanning at least 2 trimesters, to pay the global maternity rate, as they rightfully so, like to encourage early onset of prenatal care. For those of you who do not live in the area covered by HIP, you have the following option. If you have been on Medicaid or a Medicaid HMO for 12 or more months, Healthy New York has a program of lower cost private but subsidized insurance coverage for low income families (at this point, it costs approximately \$300 -\$400 per month, and you only need to be during your pregnancy and add your baby to the policy for one month postpartum); you can contact them at 866-432-5849 regarding this, and we strongly advise you get on the Oxford HMO plan, which has the best coverage for homebirth maternity and newborn care. Oxford will then become your primary insurance for the short term of your pregnancy, birth and early postpartum, and you need to switch from your Medicaid HMO to straight Medicaid, which you can still retain as your secondary insurance for all other health care needs. After this time, you can resume your Medicaid HMO as your primary insurance. Once on Oxford, provide us and our biller with your insurance ID number as soon as possible, and then deal with our biller regarding insurance preauthorization and claim payment.

The first step is for you to contact your insurance company, explain that you are planning a homebirth with a licensed nurse-midwifery practice, and find out what your coverage is for homebirth global maternity and newborn home care (initial exam and 2 follow up visits), if you need pre-certification or pre-approval, and always get the name of the customer representative (preferably a supervisor). As a courtesy to you, our biller can help with the preauthorization or precertification as needed, complete an itemized superbill concerning your claims and send them promptly your company after the birth (we will be doing this even if you are paying us in full prior to 36 weeks). We suggest that you follow-up with your insurance company 40 days after the claim is sent to ensure that they received it (some insurance companies “lose” claims), and are processing it appropriately (insurance companies legally have to process claims by 30 business days after receipt, or must pay interest on the amount of interest lost, and often find reasons to deny claims, delay payment, or pay less than the amount they indicated they would). We suggest you keep on top of the insurance claims periodically until they are paid. If needed, our biller can also make a follow-up call to the insurance company regarding the claims, but **we depend on your help with getting your claims paid appropriately and in a timely manner**. If an insurance company ever denies a claim, we are happy to assist you with the follow-up phone call and/or one appeal letter if you have already paid me us in full, otherwise this will need to be our biller, after which all appeals should be handled by you.

Hospital Deliveries: While hospital admission during pregnancy, labor or postpartum is rare for home birth clients, it is wise to make plans for financial coverage of in-hospital costs by 30 weeks, just in case of the slim possibility it becomes necessary. Medical fees from complications arising during pregnancy necessitating physician involvement will be charged separately through the physician and hospital. However, if your care must be transferred to physicians prior to labor, our fees will then be pro-rated. In addition the hospital will charge you independently for services rendered there. As previously stated, most of these charges are covered by most insurance carriers, and we advise you inquire about the extent of your coverage beforehand. Our full discounted fee of \$8000, however is not refundable should a hospital transfer occur after 36 weeks or during labor; although occasionally insurance reimbursement to us is less if there is a hospital transfer, we still expect the full fee, so you will need to pay us the remaining balance and then appeal to your insurance company to reimburse you. Again, this is largely because we limit the amount of expectant moms we take care of during each month, and physician and hospital transfers involves MUCH harder work, MORE, not less extensive time, energy, complex management and care decisions and medical consultations related to complications; if transferring during labor, we escort to the hospital, the attending midwife gives report to the transferring provider, stays with you in a supportive role through the delivery, and we resume postpartum care after discharge. Although any hospital is obligated to accept individuals with Medicaid coverage in an emergency, some of the consulting MDs do not participate with Medicaid. Those with Medicaid will need to pay the doctors out of pocket, or transfer to a hospital and OB that does accept Medicaid payment, which unfortunately may not result in respectful and proper

treatment. In Westchester and the Bronx, we have found Nyack and North Central Bronx Hospitals to be quite receptive to homebirth transfers and would be the best option to those with Medicaid plans.

Transfer Out of Our Care: If for any reason you leave the practice prior to labor, the total fee due and payable to us will be prorated based on services actually provided prior to the transfer. The total will be payable prior to transfer of records to your new provider of care. If you must be transferred to the hospital during labor, there are no fee reimbursements. Conditions permitting, the attending midwife will accompany and stay with you if a transfer to the hospital is necessary during labor or delivery, and we resume postpartum care after discharge. If the hospital transfer occurs preterm, or during the prenatal period, we fax your records and give report to the new provider, and your doula, who you will need to pay per her financial policies, or our assistant can go with you to the hospital if available (ie. no one in labor), and you feel the need for additional support. If you transfer to our practice late, even from another practice, there are no discounts.

Newborn Care: **The initial and follow up newborn exam and care at a homebirth is a medical necessity, the attending midwife is the only one present at a homebirth who can perform these services, and it is completely separate from the mother's maternity care.** We do not bill you, but we do expect insurance payment for newborn care and may need your help getting the claims processed correctly if inappropriately denied. Our biller submits the claim for the initial and follow up home evaluation and care we provide for the baby, to your insurance company, and we accept insurance payment on that, so please make sure to add your baby to your insurance policy. For those on Oxford or other HMO insurance companies in which we have obtained 100% "in-network" coverage for our homebirth maternity services, you just need to add the baby to your policy for the first month so our newborn care is covered, and once both maternity and newborn care is paid in full, we will refund your \$500 deposit; after that it is recommended to have some continued insurance coverage for your baby's future care if needed with the pediatrician or other providers. When babies are born in the hospital the pediatrician or nurse practitioner comes to the hospital to assess the baby after the birth and makes two follow up examinations on each day prior to discharge. In the hospital, obstetricians and midwives bill for maternity care, and the pediatricians/nurse practitioners bill separately for the newborn care. But in the home setting, the midwife attends to both the homebirth maternity and newborn care, as this is our training and responsibility as homebirth midwives; and that is why our biller arranges for separate insurance authorizations for mother and baby. The pediatrician does not come to the your home immediately after your homebirth to evaluate the newborn, nor does he or she come to your home to do follow up evaluation and care as he or she would do in the hospital, and it is not appropriate to expect that the baby be taken out to the pediatrician's office where there are sick children, so early postpartum, unless there is a health issue that needs to be addressed (in that case, it is important to keep the baby away from exposure to other children with contagious infections). We examine and care for the baby in your home after your homebirth and this is covered separately by insurance companies, as they acknowledge it is a "medical necessity" for the baby to be examined after the birth, as well as follow up exams in home and office to screen for problems needing immediate pediatric care, to make sure the baby is behaving, eating and eliminating normally, is not developing any health issues, and to provide assistance with breastfeeding and care, and perform testing as needed. Just after birth and for the first week postpartum, as long as baby is healthy, it is not appropriate for a woman who has just given birth to go out of the house to take the baby to the pediatrician. Pediatricians' offices full of sick and infectious children are not an appropriate setting to bring a newborn so shortly after birth. Home care and well office care is much more appropriate in this home birthing population. We recommend the baby is seen by a pediatrician for a check up in a week or so post birth, as long as our assessments have been normal, mom is stable, feels a little better and baby's immune system is stronger from breastfeeding, and pediatrician visits will be billed separately by your pediatrician.

Laboratory Fees: Routine lab work can total approximately \$500-800 or more, but Quest has reduced rates for people without insurance. Some clients may require additional diagnostic or screening tests. These charges are not included in the global fee for your care and are your financial responsibility. Most insurance companies cover these costs, and can be billed directly by the lab.



Birth Equipment and Supplies: You will need to purchase a few supplies if planning a home birth. You should allow approximately \$150-\$200 for the expense. We now buy the births in bulk and can sell them at a reduced rate of \$102. If you want to rent the Aquadoula heated birth tub, we rent it for \$250, without charging you the shipping costs that it would cost you if you ordered from the company directly. We also rent a cheaper inflatable birthing tub that is very comfortable but does not have a heating element to maintain the heat of the water, for \$150 (this is not usually a problem, as the heat of the water can be maintained with occasional additions of hot water)

Missed Appointment Policy: Have you ever sat in a reception area waiting an hour or longer for an appointment? If so, you will be pleased to know that this will not happen in our office, unless the lady before you was late. In this office we do not double book and we make every effort to minimize wait time. The appointment scheduled for you is strictly your time to have our undivided attention. In order to make the best possible use of your appointment it is necessary for you to be punctual. Coming to your appointment late affects all appointments after yours. Our time is extremely valuable, as is yours, and that of other families in the practice.

Certainly we understand that things happen. We all make mistakes and most of us lead very busy, even hectic, lives.. **However, with the exception of a true emergency, you will be charged \$50 for same day cancellations, missed appointments and no shows.** Unfortunately, those charges may not be submitted to your insurance company and are separate from charges for healthcare services. We hope this is just an incentive not to be used. A missed appointment affects three people – you, the midwife, and the other woman who could have come in at that time.

While the purpose of this explanation is to clearly define our office policy, it is also to express concern. In order for you to achieve optimum benefit from the care you receive in this office, scheduled appointments must be kept. Your health and well being is extremely important to us. Together we can work toward better health, naturally!  
Thank you for your consideration!

By signing below, I authorize the midwives of Home Sweet Homebirth Midwifery PLLC to charge my credit card the \$50 missed appointment fee if I fail to call and cancel an appointment at least 24 hours in advance (with the exception of a true emergency)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Credit Card (circle one) :                      Mastercard                      Visa                      Discover

Credit Card #: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing address \_\_\_\_\_

Please check the plan that works for you and sign at the bottom

**If paying in full by 36 weeks, you will only need to pay the discounted fee for global maternity care of \$8000.**

\_\_\_\_\_ \$500 deposit at initial visit and payment of the balance in full (\$7500) by 36 weeks; if insured, provide active credit card or blank check for reimbursement of insurance payments of additional claims if sent to you, such as newborn care, and add baby to your policy as soon as possible after your birth

\_\_\_\_\_ \$500 deposit at initial visit and full payment of balance of \$7500 divided over three trimesters, completed by 36 weeks; if insured, provide active credit card or blank check for reimbursement of insurance payments of additional claims if sent to you, such as newborn care, and add baby to your policy as soon as possible after your birth

\_\_\_\_\_ \$500 deposit at initial visit, followed by full payment of balance of \$7500 divided into monthly payments, completed by 36 weeks; if insured, provide active credit card or blank check for reimbursement of insurance payments of additional claims if sent to you, such as newborn care, and add baby to your policy as soon as possible after your birth

\_\_\_\_\_ \$500 deposit at initial visit (which will be returned after all claims are paid in full), secure written confirmation of 100% coverage of homebirth global maternity and newborn care from your insurance company (some insurance companies require me the provider to preauthorize and arrange this, which our biller is happy to do), provide blank check or active credit card number for outstanding balances and inadequately paid claims or if insurance payment is sent to you; and add baby to your policy as soon as possible after your birth; although our biller will submit and follow up on the maternity and newborn claims to your insurance after birth, you are also responsible to make follow up calls to your insurance company at least every few weeks to make sure claims are processed correctly, provide our biller with updates and **respond promptly to her requests for help in dealing with denials and inadequately paid claims**; if claims are stuck in a bureaucratic mess of denials after 3 months postpartum, or require appeals, full fee must be paid by you within 30 day of notice, although our biller will help you as needed in your efforts with your insurance to appeal for reimbursement. THIS ALLOWANCE IS ONLY FOR LADIES WHO HAVE DELIVERED VAGINALLY BEFORE

\_\_\_\_\_ For those with PPO or POS plans who have serious financial difficulties \$500 out of pocket expense can be discounted, however, payment of \$500 deposit at initial visit is required, along with confirmation of homebirth maternity and newborn care coverage (estimate coverage by subtracting your deductible and figure the percentage of my fee insurance will actually pay, taking into consideration what amount they determine to be reasonable and customary); provide names of insurance representatives and dates of calls; throughout your pregnancy and completed by 36 weeks, payment of an overestimate of the amount insurance will not pay (the percentage of copay required, the deductible and remaining balance or difference between my fee and what your insurance determines to be “reasonable and customary”); provide active credit card or blank check to cover the difference if insurance company pays me less than expected after the birth, or sends the check to you, not to us as an out of network provider; and add baby to your policy as soon as possible after your birth; although our biller will submit and follow up on the maternity and newborn claims to your insurance after birth, you are also responsible to make follow up calls to your insurance company at least every few weeks to make sure claims are processed correctly, provide our biller with updates and **respond promptly to her requests for help in dealing with denials and inadequately paid claims**; if claims are stuck in a bureaucratic mess of denials after 3 months postpartum, or require appeals, full fee must be paid by you within 30 days of notice, although our biller will help you as needed in your efforts with your insurance to appeal for reimbursement

\_\_\_\_\_ For those with severe financial difficulty and absolutely without resources from which to pay, other arrangements are negotiable

I, \_\_\_\_\_, have read the above financial information and understand my obligation.

Signature of Expectant Mother \_\_\_\_\_ Signature of Expectant  
Father \_\_\_\_\_ Date \_\_\_\_\_



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Compassionate Women's Healthcare

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## FAMILY EQUIPMENT FOR HOME BIRTH

\*Obstetrical Birth Kit; we buy in bulk and can sell it you for \$102, or you can get on your own (let us know if you have latex allergy and we can special order the non latex gloves)

Includes:

- 1 cotton baby hat
- 1 bottle alcohol
- 1 paper measuring tape
- 8, 4 X 4 sterile gauze pads
- 1 peri bottle
- 1, 4 oz. bottle betadine antiseptic solution
- 1 betadine scrub brush
- 1 cord clamp
- 5 single sterile gloves (size small, 6 ½ & size medium, 7)
- 5 pairs sterile gloves (size small, 6 ½ & size medium, 7)
- 1 bag 25 non-sterile latex gloves (some size small and some medium)
- postpartum extra large maxi pads
- 1 dozen sanitary pads
- 2 disposable mesh panties
- 15 alcohol prep pads
- 10 23 X 24 underpads
- 10 30 X 36 underpads
- 1 digital thermometer
- 8 packs lubricating jelly
- 2 flexible straws
- 1 Kleenprint footprinter & keepsake home birth certificate

Note: [www.birthwithlove.com](http://www.birthwithlove.com) (800-434-4915) is a great source for optional home birth items such as oral vitamin K , herbal sitz baths, new baby and mom's postpartum care

### Necessary Additional equipment:

- 1 roll paper towels
- 1 box large garbage bags
- 1 box large Ziplock freezer bags
- 1 box of Amonia (smelling) salts
- 4-5 large plastic flannel backed tablecloths - 1 waterproof mattress cover
- 6 old washcloths
- 8 old, clean towels
- 6 cotton receiving blankets
- 2 sets old sheets in addition to regular set of bed linen
- Clean shallow mixing bowl for catching the placenta
- Antibacterial/disinfectant cleaning solution (ie. Mr.Clean or natural alternative)
- 1 bottle hydrogen peroxide
- 1 bottle witch hazel
- Extra pack underpads (especially for first time moms)
- 1 pack of Depends adult diapers (great for the initial bleeding of early postpartum)
- Clock with second hand, easily visible in birthing area
- Table or cleared dresser to set up birth supplies
- Flashlight & batteries
- Full tank of gas in car of good working condition, car seat
- Directions from your home to back-up hospital
- Nursing nightgowns or comfortable old T-shirts and sweat/stretchy pants or skirt
- Newborn diapers, baby clothes, 2 baby hats

### Optional Equipment:

- 2 tall kitchen size garbage cans
- Extra pillows
- Crock pot or plug in tea pot to warm wash cloths
- 1 small unopened bottle olive oil
- Large hand mirror
- Homeopathic Arnica 30C, Shepherds Purse herbal tincture
- Sitz bath
- Heating pad
- Extra sanitary maxi pads
- Space heater
- Knee pad – yoga mat, gardening pad, gel-pro floor mat
- 6 Pack of 16 oz. spring water bottles
- Camera
- List of pertinent phone numbers by telephone (such as midwives, pediatrician, back-up obstetrician, ambulance, family/neighbors/friends or other support people, doula/childbirth educator, la leche league leader)
- Music (create your own CD or ipod play list of both relaxing and uplifting dancing songs)
- Candles and string of lights as desired; aromatherapy diffuser and essential oils with your favorite scents
- Birth art and memorabilia as desired,that reminds you of your strength and loving support around you

### For water labor and/or birth:

- Aquarium tank fish net
- If renting birthing tub, you will need new hose and adapter for your sink, 1 plastic tarp (for under the tub to protect your floor) and duck tape
- Tankini or bikini bathing suit with skirt (crotch cut out) if do not want to be naked
- Bath pillow (optional)

## HOME BIRTH PREPARATION

Please try to prepare to hold that quiet, peaceful, slow paced space for the precious and sacred first hour of your baby's life, transitioning into parenthood, allowing your baby to transition into life outside the womb (and avoiding sensory overload) , and meeting and bonding with your baby for the first time. Assign someone besides new mom or dad to take pictures, text, email and make phone calls, which although is sharing of huge and exciting news to eagerly awaiting family and friends, can be very disruptive and negatively impact baby and new parents....this is ideally postponed until after one hour postpartum. It is also crucial to give mom, dad and baby a pause, at least a minute after birth to adjust, and then when ready, mom can pick up or receive the baby and find out on her own if baby is a boy or girl. So after birth, we will lay the baby down on a warm towel, lower than the placenta, with the cord still attached, giving the baby needed blood volume and oxygen to make the optimal transition, assess and encourage him/her to expand the lungs for the first time and breathe....unless you request differently, baby is adjusting normally, does not need any assistance taking first breaths (which is not uncommon, and in majority of cases, easily handled at home) and has had at least 6 minutes of his or her cord blood.

Have birthing area clean and clutter free. All items from supply list should be in one area, possibly in a bassinet, basket or box in birthing room. By 36 weeks, (just in case your water breaks in the middle of the night before labor), make bed with mattress pad then nice set of sheets. Over that, cover entire area mattress pad, then old sheets. Over that, can make an additional layer of mattress pad, then old sheets. Use additional tablecloths flannel side up to protect floors/rugs, sofa etc. After the birth, old soiled sheets and tablecloths are discarded and bed is ready with set of clean sheets.

Prepare 6 baby packs. The first two baby packs each contain a large towel wrapped in foil. The rest of the baby packs each contain two to three receiving blankets and one baby hat. Wrap all packs in tin foil, and label each from 1-6. As soon as labor begins, place all packs into the oven and leave on "warm".

The birth room needs to be kept very warm for the baby through the first 24 hours of life, ideally at 80-90 degrees and free of drafts. If you do not want to keep the rest of the house this warm, or your birth room tends to be cold, use a space heater.

For postpartum, make your own healing and soothing cold packs, by saturating the largest 2 gradations of pads in the birth kit with witch hazel, putting them in zip lock bags and into the freezer.

Please prepare to have a stocked kitchen with nutritious light complex carbohydrates/protein snacks, juice, frozen juice pops or ice cream, salty soup broth, recharge, coffee and tea, honey, and enough prepared nourishing meals for you and your family to last 1-2 weeks. Oatmeal, granola or protein bars (fruit, nuts, seeds and grains) are great labor foods. So is dairy or non dairy ice cream and fruit smoothies (have available frozen or fresh fruit, juice, yogurt or regular, almond, coconut or soy milk, honey or agave and a blender). Rainbow Light's flavored whole food "Protein Energizer" tastes good and can be added to juice or smoothie for extra nutrition and energy. It is also customary to have enough food in your house to provide meals for your midwives and the rest of the birthing team, such as whole grain no-sugar cereal, low fat milk, fruit, nuts, hummus, rice cakes, veggies etc. as well as space, blankets & pillows for everyone to rest as needed.



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Office Locations:

Wednesdays in Westchester County, as well as some Mondays as needed:

Full Circle Family Care Building  
1241 Mamaroneck Avenue  
White Plains, NY 10605

Mondays in Rockland County:

11 Roble Road  
Suffern, NY 10901

Home Visits on Tuesdays and Thursdays



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#### For Children:

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 Cole, Joanna, How You Were Born.  
 Faber, Adele and Mazlish, Elaine, Siblings Without Rivalry (FOR PARENTS)  
 Fatwell, Cathryn, We Have a Baby.  
 Feiner, Corie Who was Born at Home?  
 Fraasier, Debra, On the Day You Were Born.  
 Lansky, Vickie, New Baby at Cocoa Bear's House.  
 Kitzinger, Sheila, Being Born  
 Lansky, Vickie, Welcoming Your Baby.  
 Mochel, Kelly, We're Having a Homebirth.  
 Nilsson, Lennart, A Child is Born.  
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#### Breastfeeding/Baby Care:

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 Huggins, Kathleen, The Nursing Mother's Companion, 1999.  
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#### Women's / General Health:

American Institute for Cancer Research, The New American Plate Cookbook, 2005  
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 Weschler, Toni, Taking Charge of Your Fertility, 2006.

#### Inspirational Reading:

Bassett, Lucinda, Life Without Limits, 2001.  
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 Cameron, Julia, Transitions: Prayers and Declarations for a Changing Life.  
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 Chopra, Deepak, The Ultimate Happiness Prescription: 7 Keys to Joy and Enlightenment.  
 Chopra, Deepak, Perfect Health: The Complete Mind/Body Guide, Revised and Updated Edition.  
 Chopra, Deepak, Secrets of Meditation: A Practical Guide to Inner Peace.  
 Davidji, Reinventing the Body, Resurrecting the Soul: How to Create a New You.  
 Dispenza, Joe, Breaking the Habit of Being Yourself: How to Lose your Mind and Create a New One.  
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#### *The HEALTHY BIRTH SHOPPE*

*Items for sale (prices on items), rent or borrow (tapes, cds, dvds and videos only)*

*EDUCATIONAL TAPES, CDS, DVDS AND VIDEO LIBRARY*

*INFLATABLE BIRTHING TUB (rental), and AQUADOULA HEATED BIRTHING TUB (rental)*

*BIRTH KIT*

*BIRTH BALL*

*SUPPORTIVE BELLY BAND*

*THE EPI-NO (for tear prevention and postpartum muscle strengthening)*

*BOOKS*

*WHOLE FOOD PRENATAL VITAMINS*

*FLORADIX IRON AND HERBS (whole food liquid and tablets)*

*CALCIUM, MAGNESIUM, VITAMIN D*

*FEMDOPHILUS PROBIOTIC CAPSULES*

*POWDERED ORGANIC GREENS*

*OMEGA THREE FISH OIL (tested free of common pollutants)*

*NOURISHING ORGANIC HERBAL TONICS FOR PREGNANCY AND POSTPARTUM*

*HEALING HERBAL SACHETS FOR POSTPARTUM SITZ BATH*

*SHEPHERD'S PURSE and ARNICA*

*MORE MILK SPECIAL BLEND AND NIPPLE HERBAL SALVE*

*GAIA LIQUID ECHINACEA SUPREME AND ASTRAGALUS, CONCENTRATED GARLIC CAPSULES, AND  
ASISAN MUSHROOM COMBINATION, CRANBERRY CONCENTRATE CAPSULES, YEAST  
ARREST (natural remedies for infections)*

*NATURAL REMEDIES FOR COMMON ILLMENTS*



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## ONLINE RESOURCES

### **PRE-PREGNANCY, PREGNANCY AND BIRTH**

Fertility Awareness---[www.tcoyf.com](http://www.tcoyf.com)

Women's Health---[www.ourbodiesourselves.org](http://www.ourbodiesourselves.org)

Ovulation Calendar---[www.ovulation-calendar.net](http://www.ovulation-calendar.net)

Holistic Woman's Health---[www.drnorthrup.com](http://www.drnorthrup.com)

Sexuality Resource---[www.awomanstouchonline.com](http://www.awomanstouchonline.com)

Pre and Early Pregnancy Education---[www.modimes.org](http://www.modimes.org)

Homebirth Safety & Benefits---[www.gentlebirth.org](http://www.gentlebirth.org)

Lists of Hospital Birthing Statistics---[www.healthgrades.com](http://www.healthgrades.com)

Helping Women Make Informed Decisions About Their Maternity care- ---

[www.childbirthconnection.org](http://www.childbirthconnection.org), [jenniferblock.com](http://jenniferblock.com) and [www.hencigoer.com](http://www.hencigoer.com)

Midwifery & Pregnancy information---[www.midwiferytoday.com](http://www.midwiferytoday.com), [www.cfmidwifery.org](http://www.cfmidwifery.org), and  
[www.midwifeinfo.com](http://www.midwifeinfo.com)

Pregnancy & Birth Educational Sites--[www.birthingthefuture.com](http://www.birthingthefuture.com), [www.mothersnaturally.com](http://www.mothersnaturally.com)

Pregnancy, Birth, Parent & Childcare Education---[www.askdrsears.com](http://www.askdrsears.com)

General Pregnancy, Birth & Parenting--- [www.parenthood.com](http://www.parenthood.com), and [www.iparenting.com](http://www.iparenting.com)

Holistic Pregnancy, Natural Childbirth and Parenting Magazine---[www.mothering.com](http://www.mothering.com) and  
[www.compleatmother.com](http://www.compleatmother.com)

Support for Traumatic Birth Experience---[www.solaceformothers.org](http://www.solaceformothers.org),

[www.sheilakitzenger.com/birthcrisis.htm](http://www.sheilakitzenger.com/birthcrisis.htm)

A Woman's Journey from Hospital to Birth Center to Homebirth---

[www.empoweredtobirthenaturally.com/](http://www.empoweredtobirthenaturally.com/)

Giving Birth Naturally – [www.givingbirthnaturally.com](http://www.givingbirthnaturally.com)

Home Birth information and politics---[www.homebirthsummit.org](http://www.homebirthsummit.org)

### **EDUCATION/LABOR SUPPORT:**

Active Birth Center---[www.activebirthcentre.com](http://www.activebirthcentre.com)

International Authorities on Pregnancy & Birth---[www.inamay.com](http://www.inamay.com), [www.sheilakitzinger.com](http://www.sheilakitzinger.com),  
and [www.pennysimkin.com](http://www.pennysimkin.com), [www.sagefemme.com](http://www.sagefemme.com)

International Childbirth Education Association---[www.icea.org](http://www.icea.org)

Association of Labor Assistants and Childbirth Educators---[www.alace.org](http://www.alace.org)

Natural Childbirth---[www.birthingnaturally.net](http://www.birthingnaturally.net) and [www.childbirth.org](http://www.childbirth.org)

Childbirth Education with Birthworks---[www.birthworks.org](http://www.birthworks.org)

Childbirth Education with Lamaze---[www.lamaze.org](http://www.lamaze.org)

Birthing From Within---[www.birthingfromwithin.com](http://www.birthingfromwithin.com)  
Bradley Method of Childbirth---[www.bradleybirth.com](http://www.bradleybirth.com).  
Hypnosis for Childbirth---[www.hypnobirthing.com](http://www.hypnobirthing.com), [www.hypnobabies.com](http://www.hypnobabies.com).  
Calmbirth Method of Conscious Childbirth with Meditation , Relaxation, and Mind/Body healing---[www.calmbirth.org](http://www.calmbirth.org)  
Waterbirth Websites---[www.waterbirthinfo.com](http://www.waterbirthinfo.com), [www.waterbirth.org](http://www.waterbirth.org) and [www.birthbalance.com](http://www.birthbalance.com)  
The Rebozzo---[www.rebozoway.org](http://www.rebozoway.org)  
Optimal Fetal Positioning---[www.spinningbabies.com](http://www.spinningbabies.com)  
Vaginal Birth After Cesarean---[www.vbac.com](http://www.vbac.com)  
Doulas of North America---[www.dona.org](http://www.dona.org)  
Doula Network---[www.doulanetwork.com](http://www.doulanetwork.com)  
Childbirth and Postpartum Professionals---[www.cappa.net](http://www.cappa.net)  
Meaningful Baby Shower---[www.blessingway.net](http://www.blessingway.net), [www.blessingwaybook.com](http://www.blessingwaybook.com)  
Cord Clamping---[www.cordclamping.com](http://www.cordclamping.com)

### **ORGANIZATIONS:**

Coalition for Improving Maternity Services---[www.motherfriendly.com](http://www.motherfriendly.com)  
Baby Friendly Coalition Hospital and Breastfeeding Initiative---[www.babyfriendlyusa.org](http://www.babyfriendlyusa.org)  
American College of Nurse Midwives---[www.acnm.org](http://www.acnm.org)  
Citizens For Midwifery---[www.cfmidwifery.org](http://www.cfmidwifery.org)  
Midwives Alliance of North America---[www.mana.org](http://www.mana.org)  
New York State Association of Licensed Midwives---[www.nysalm.org](http://www.nysalm.org)  
International Cesarean Awareness Network---[www.ican-online.org](http://www.ican-online.org)  
Political Advocacy---[www.birthnetwork.org](http://www.birthnetwork.org), [www.birthingthefuture.org](http://www.birthingthefuture.org) and [www.advocatesforpregnantwomen.org](http://www.advocatesforpregnantwomen.org)

### **MIND & BODY WELLNESS:**

Pregnancy Nutrition ---[www.naturalbirthandbabycare.com/prenatal-nutrition.html](http://www.naturalbirthandbabycare.com/prenatal-nutrition.html), [www.whfoods.com](http://www.whfoods.com), and the Brewer diet---[www.blueribbonbaby.org](http://www.blueribbonbaby.org), [home.mindspring.com/~djsnjones/](http://home.mindspring.com/~djsnjones/)  
Glycemic Index (the key to healthy eating & weight)---[www.glycemicindex.com](http://www.glycemicindex.com)  
General Health, Wellness & Nutrition (the New American Plate)---[www.aicr.org](http://www.aicr.org), [enzymeactor.com](http://enzymeactor.com), [drweil.com](http://drweil.com),  
Medications, Toxic & Environmental Exposure---[www.motherrisk.org](http://www.motherrisk.org), [www.genesispanel.org/pehservices.htm](http://www.genesispanel.org/pehservices.htm), [www.epa.gov/lead](http://www.epa.gov/lead) and [www.medlineplus.gov](http://www.medlineplus.gov)  
Pregnancy Fitness---[www.maternalfitness.com](http://www.maternalfitness.com)  
Prenatal Yoga---[www.healthandyoga.com](http://www.healthandyoga.com) and [www.yogaclass.com](http://www.yogaclass.com)  
Connecting with the fetus ---[www.birthintuitive.com](http://www.birthintuitive.com), [www.wondrousbeginnings.com](http://www.wondrousbeginnings.com) and [www.birthpsychology.com](http://www.birthpsychology.com)  
Prenatal Parenting---[www.prenatalparenting.com](http://www.prenatalparenting.com)  
Transformative/Spiritual Birthing---[www.sacredbirthing.com](http://www.sacredbirthing.com) and [www.ecstaticbirth.com](http://www.ecstaticbirth.com)  
Affirmations for Pregnancy---[www.pocketmidwife.com](http://www.pocketmidwife.com)  
Relaxation & Stress Reduction---[www.drweil.com](http://www.drweil.com) and [hemi-sync.com](http://hemi-sync.com)  
Mind Body Healing---[www.mbmi.org](http://www.mbmi.org) and [www.drjerryepstein.org](http://www.drjerryepstein.org)  
Personal Coaching, Self Empowerment, Development & Inspiration---[www.drwaynedyer.com](http://www.drwaynedyer.com), [www.thework.com](http://www.thework.com), [www.tonyrobbins.com](http://www.tonyrobbins.com), [www.louisehay.com](http://www.louisehay.com), [www.eckharttolle.com](http://www.eckharttolle.com), [www.victoriamorán.com](http://www.victoriamorán.com), [www.berniesiegel.com](http://www.berniesiegel.com) , [www.stresscenter.com](http://www.stresscenter.com),

[www.evenstaronline.com/lifebydesign/](http://www.evenstaronline.com/lifebydesign/), [www.vibrantvisionsint.com](http://www.vibrantvisionsint.com), [www.wholelifecoach.com](http://www.wholelifecoach.com)  
[www.sacredmotherhood.com](http://www.sacredmotherhood.com) and [www.flylady.com](http://www.flylady.com)  
Women's health---[drnorthrup.com](http://drnorthrup.com)  
Integrative Medicine for Women and Children – [www.avivaromm.com](http://www.avivaromm.com)

### **PARENTING:**

Holistic Moms Network---[www.holisticmoms.org](http://www.holisticmoms.org)  
Parenting Site---[www.mindful-mama.com](http://www.mindful-mama.com), [www.attachmentparenting.org](http://www.attachmentparenting.org),  
[www.childfriendly.org](http://www.childfriendly.org), [www.naturalfamilyhome.com](http://www.naturalfamilyhome.com), [www.zerotothree.org](http://www.zerotothree.org),  
[www.abcparenting.com](http://www.abcparenting.com), [www.aboutourkids.org](http://www.aboutourkids.org), [www.altc.org](http://www.altc.org), [www.healthychild.org](http://www.healthychild.org),  
[www.parentspace.com](http://www.parentspace.com), [www.earthfamily.com/index.html](http://www.earthfamily.com/index.html), [www.kellymom.com](http://www.kellymom.com), and  
[www.naturalchild.org](http://www.naturalchild.org)  
New Father's Site---[www.dadstoday.com](http://www.dadstoday.com), [www.fatherstobe.org](http://www.fatherstobe.org) and [www.brandnewdad.com](http://www.brandnewdad.com)  
Vaccination Information ---[www.vaccineinfo.net](http://www.vaccineinfo.net), [www.909shot.com](http://www.909shot.com), [www.healing-arts.org/children/vaccines/](http://www.healing-arts.org/children/vaccines/), [www.thinktwice.com/support.htm](http://www.thinktwice.com/support.htm), [www.cfic.us](http://www.cfic.us),  
[www.cdc.gov/vaccines/](http://www.cdc.gov/vaccines/), [www.vaers.hhs.gov/](http://www.vaers.hhs.gov/), [www.nyvic.org/nyvic](http://www.nyvic.org/nyvic),  
[www.iom.edu/iom/iomhome.nsf/pages/immunization+safety+review](http://www.iom.edu/iom/iomhome.nsf/pages/immunization+safety+review),  
[www.fda.gov/cber/vaers/vaers.htm](http://www.fda.gov/cber/vaers/vaers.htm), [www.vacinfo.org](http://www.vacinfo.org) and  
[www.hrsa.gov/vaccinecompensation/](http://www.hrsa.gov/vaccinecompensation/)  
Attachment Parenting – [www.attachmentparentingdoctor.com](http://www.attachmentparentingdoctor.com)  
Holistic Parenting and Baby Care - [www.attachmentparentingdoctor.com/](http://www.attachmentparentingdoctor.com/)

### **BREASTFEEDING:**

Breastfeeding Resources---[www.drjacknewman.com](http://www.drjacknewman.com), [www.bflrc/newman/articles.html](http://www.bflrc/newman/articles.html), and  
[www.breastfeeding.com](http://www.breastfeeding.com), [www.gotmom.org](http://www.gotmom.org),  
[breastfeeding.com/helpme/helpme\\_newman\\_index.html](http://breastfeeding.com/helpme/helpme_newman_index.html),  
La Leche League ---[www.llli.org/nb.html](http://www.llli.org/nb.html) and [lalecheleague.org](http://lalecheleague.org)  
Breast Pump---[www.medela.com](http://www.medela.com)  
Human Milk Banking of North America---[www.hmbana.org](http://www.hmbana.org)  
Breastfeeding Bras & Clothing---[www.bravadodesigns.com](http://www.bravadodesigns.com), [www.onehotmama.com](http://www.onehotmama.com),  
[www.momsinmind.com.sg/onlinestore.html](http://www.momsinmind.com.sg/onlinestore.html) and [motherwear.com](http://motherwear.com)  
Breastfeeding Comfort---[www.materna.com](http://www.materna.com), [www.nursingcomfort.com](http://www.nursingcomfort.com), and [lanacare.com](http://lanacare.com)

### **AND BEYOND:**

The Art of Baby Wearing---[www.mamatoto.org](http://www.mamatoto.org) and [www.peppermint.com](http://www.peppermint.com);  
[www.mobywrap.com](http://www.mobywrap.com)  
National Car Seat Safety---[www.seatcheck.org](http://www.seatcheck.org)  
Circumcision---(American Academy of Pediatrics Policy Statements) [www.aap.org](http://www.aap.org) ,  
[www.nocirc.org](http://www.nocirc.org) and [www.circumcisiondecisionmaker.com](http://www.circumcisiondecisionmaker.com)  
New Mothers Organization---[www.minglingmoms.com](http://www.minglingmoms.com) and  
[www.mothing.com/discussions/index.php](http://www.mothing.com/discussions/index.php)  
Cord Blood Banking---[www.cord-blood.org](http://www.cord-blood.org), [www.cordblood.com](http://www.cordblood.com), [www.cryobank.com](http://www.cryobank.com),  
[www.cordbloodbank.com](http://www.cordbloodbank.com), [viacord.com](http://viacord.com), [cryo-cell.com](http://cryo-cell.com), [www.alphacord.com](http://www.alphacord.com)  
Cord Blood Donation---[www.communitybloodservices.com](http://www.communitybloodservices.com)  
Postpartum Meals --- [www.foodtidings.com](http://www.foodtidings.com)

**PRODUCTS:**

Stylish/Chic Maternity Clothing---[www.hstmaternity.com](http://www.hstmaternity.com) and [www.bellablumaternity.com](http://www.bellablumaternity.com)

Shopping for Pregnancy, Birth, Breastfeeding, Baby Care and Beyond.---

[www.attachmentscatalog.com](http://www.attachmentscatalog.com), [www.birthwithlove.com](http://www.birthwithlove.com), [www.birthsupplies.com](http://www.birthsupplies.com),  
[www.1cascade.com](http://www.1cascade.com), [www.preciousarrows.com](http://www.preciousarrows.com), [www.suzannearms.com](http://www.suzannearms.com),  
[www.uniquebabyboutique.com](http://www.uniquebabyboutique.com), [www.mommaslilnursling.com](http://www.mommaslilnursling.com), [www.motherlyway.com](http://www.motherlyway.com),  
[www.magicalchild.com](http://www.magicalchild.com), and [www.earthmamaangelbaby.com](http://www.earthmamaangelbaby.com)

Kangaroo Care Clothing---[www.preciousimagecreations.com](http://www.preciousimagecreations.com)

Cloth Diaper Service---[www.edgediapers.com](http://www.edgediapers.com), [www.healthydiapers.com](http://www.healthydiapers.com),

[www.queenbeediapers.com](http://www.queenbeediapers.com) , [www.greenstylebaby.com](http://www.greenstylebaby.com)

Cloth Diapers, and beyond---[www.cottonbabies.com](http://www.cottonbabies.com), [www.gladrags.com](http://www.gladrags.com),

[www.diaperingdecisions.com](http://www.diaperingdecisions.com), [www.greenmountaindiapers.com](http://www.greenmountaindiapers.com), [www.katieskisses.com](http://www.katieskisses.com)  
and [www.babyworks.com](http://www.babyworks.com)

**\*\* Websites are often updated and addresses change frequently...please notify us if you find any of the above websites to be no longer active or have a new address, or there is a website you would like me to consider to be included in this list**