



Midwifery in Colorado

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

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

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

Introduction

Birthwise, represented by Barbie Burrage, CPM, RM, LM, is a midwifery service offering prenatal, intrapartum and postpartum care to pregnant women and their newborns. It is my philosophy that birth is a normal and natural life event; that pregnancy is a journey and birth can be life changing. I believe that women know their own bodies best and are best served in pregnancy through gentle guidance and information. I believe strongly in informed choice, which is an ongoing discussion about choices, options, risks, and your needs. I believe women need a care provider who is willing to listen, respect their needs and attitudes and who values honesty and compassion.

I see my role as primarily to educate and advise, while maintaining a watchful eye that all is progressing optimally. All choices are yours to make but I also believe my experience and training can be valuable to you during your birth. There may be a situation arise where I felt some course of action to be essential and you disagree, then I would have to respect your decision, but may ask you to sign a release form for my protection. There are certain protocols and procedures that I may be required to follow by the state and we will discuss these but the ultimate decision is always yours.

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

Services Provided

As a CPM/RM, I provide comprehensive care to childbearing women from early pregnancy through the postpartum period. RM’s are licensed to perform all procedures necessary during the course of a **normal pregnancy, birth and postpartum period**. When the health of the mother or newborn deviates from normal, a CPM/RM/LM consults or refers clients to physicians. In an emergency, a CPM/RM/LM is trained and equipped to carry out life-saving measures.

Comprehensive prenatal, labor and birth care and postpartum care for you and your baby includes but is not limited to:

- Initial consultation
- Physical assessment and necessary, prenatal laboratory studies
- Regular prenatal visits including no less than:
 - Monthly until 28 weeks
 - Every two weeks until 36 weeks
 - A Home visit between 36-37weeks
 - Weekly visits from 36 wks to birth.
- Attendance at your labor and birth, unless care is transferred prenatally
- Comprehensive newborn exam
- Regular postpartum visits including no less than:
 - Home visit between 24- 48 hours after birth & a second visit between 3-5 days after birth
 - Office appointment between 2-3 weeks postpartum
 - Office appointment at 6 weeks postpartum

Who I Work With

I may use an assistant at your birth. This will be either a trained birth assistant; another registered midwife or a midwifery student. If you request, I can provide referrals for doulas and postpartum assistants. If I am unable to attend your birth for any reason, I will ensure that another local midwife is available to assume your care.

Physician Back-up and Hospital Care

Midwives are specialists in the care of women during normal childbearing. As such, we are trained to recognize and screen for potential problems and complications that might arise. Please review your handout “Indications for Physician Consultation or Referral” for a list of conditions or illnesses which require consultation and/or referral. If you require physician or hospital care during your labor or delivery, I will accompany you and remain with you if possible. However, the responsibility for your care will be transferred to the physician and hospital staff. All hospital and physician related expenses are separate and not included in our financial agreement.

Medical Records

Your medical and midwifery records will be kept confidential unless a legal written authorization is presented.

Discontinuation of Care

In the event that you are referred to another health care provider and do not continue care with Birthwise or choose to discontinue care for any reason before the birth, fees will be revised to reflect the actual amount of care received. (See Financial Agreement for details of fees.) Birthwise reserves the right to discontinue care if professional judgment so dictates. In these cases, a written discontinuation of care and a referral to another care provider will be provided.

Your Responsibilities

- To become knowledgeable about the risks and benefits of out-of-hospital birth through independent study and discussions with the midwife. To complete a childbirth education class or demonstrate independent preparedness. To prepare for and commit to natural childbirth without the use of narcotics, sedative, or regional anesthesia.
- To provide complete and accurate medical, family, and personal history throughout care. To be honest in all dealings with the midwife. To actively participate in the establishment of a care plan for your pregnancy and birth by asking questions, researching options, and following the agreed upon care plan.
- To attend all scheduled appointments. To notify the midwife if you are unable to come or must reschedule. To come to appointments prepared with any questions or discussion items.
- To pay your midwifery fees on time according to the established financial plan.
- To prepare your home (or other birth site) as directed in handouts. To make provisions for the midwife and her staff at the birth. To arrange continued postpartum support for after the birth.
- To call immediately if you think you might be in labor, or experience any of the warning signs: vaginal bleeding, loss of fluid from the vagina, severe nausea or vomiting, severe headache, sudden swelling of face and upper body, visual changes, severely decreased or painful urination, chills or fever, sharp or intense pain, decrease in baby movements.

Signature of Client _____ Print Name _____ Date _____

Signature of Spouse _____ Print Name _____ Date _____

Authority to Treat

I authorize Birthwise, Barbie Burrage CPM, RM, LM to provide my baby and me with the following:

1. Prenatal health care, including education
2. Physical examination as necessary
3. Obtaining blood or other specimens for laboratory studies
4. Managing care during labor and assisting in the birth of my baby
5. Newborn examination and assessment
6. Postpartum care
7. Medications and treatments as necessary
8. Any other procedures related to childbearing which may be necessary or advisable
9. I agree to the use of my medical records for statistical purposes.

In case of emergency, I authorize Barbie Burrage CPM, RM, LM to take appropriate measures and if specialized equipment or treatment is needed, to transfer me and/or my baby to an appropriate health care facility.

Initial _____

Informed Assumption of Risks

I understand that although childbirth is generally a natural, safe process; complications may arise suddenly and unpredictably in a small number of women. I understand that in such cases, the mother or baby may be at greater risk outside the hospital setting. I understand that Barbie Burrage CPM/RM carries certain emergency equipment but that she cannot duplicate the services available in a hospital. I understand that she cannot offer continuous fetal monitoring, perform cesarean sections, administer blood or provide pharmacological pain relief and/or other hospital related services. I understand that there are certain risks associated with hospital settings as well and have made an informed choice on the place of birth for my child.

I confirm that I have had the opportunity to ask questions and be fully informed of any potential complications that might arise. I fully agree to assume the risks associated with childbirth, particularly those unique to out-of-hospital birth.

I understand that medicine, nursing, and midwifery are not exact science, and I acknowledge that no guarantees or assurances can be made to me concerning the results of treatments, exams or procedures performed. I understand that I will be offered information and the opportunity to ask questions on any treatment, exam or procedure before consent. I understand that the role of my midwife is one of advocacy, education, support and monitoring for variations from normal, as well as intervention in emergency situations.

We relieve **BIRTHWISE** of any financial responsibility arising from outside medical care. We understand that if our bill has not been paid in full, our midwife cannot attend our birth, unless other arrangements have been agreed upon in writing.

We also agree to assume responsibility for the outcome of this pregnancy and birth and will not hold **BIRTHWISE MIDWIFERY CARE** and/or our midwives responsible for outcomes that are a result of complications beyond their control. We view pregnancy and birth as a normal, physiological process and we understand that our midwives are not practicing medicine but are registered by the state of Colorado to practice midwifery and are simply assisting and supporting us in our decision to birth our baby at home. We are aware of the risks involved with our decision and assume full responsibility for all outcomes of our decision.

The undersigned, having read and understood this Informed Consent document and having had ample opportunities to ask questions, declare that I/we understand the services and limitations provided by Birthwise Midwifery Care and are willing to assume the risks as stated above.

Name: _____
Signature of Client Printed Name Date

Name: _____
Signature of Spouse or Partner Printed Name Date

Name: _____
Signature of Midwife **Barbie Burrage CPM, RM, LM** Printed Name Date