

Home Birth Midwifery Service

NARM Certified Professional Midwife and Virginia Licensed Midwife

INFORMED CHOICE AGREEMENT



“We Bring the Birth Center to YOU!” ©

**KIM MOSNY, CPM, LM (VA)
CEO & SENIOR MIDWIFE**

(901) 292-4876 & (804) 651-0608

kmosny@RichmondMidwife.com

Surf our website at: **www.RichmondMidwife.com**

NOTE:

Please refer to the back pages for professional fees and other financial information.

PLEASE KEEP THIS BOOKLET

Virginia Law REQUIRES:

§ 54.1-2957.11. Requirements for Disclosure.

Any person practicing as a licensed midwife shall provide disclosure of specific information in writing to any client to whom midwifery care is provided. Such disclosure shall include (i) a description of the midwife's qualifications, experience, and training; (ii) a written protocol for medical emergencies, including hospital transport, particular to each client; (iii) a description of the midwives' model of care; (iv) a copy of the regulations governing the practice of midwifery; (v) a statement concerning the licensed midwife's malpractice or liability insurance coverage; (vi) a description of the right to file a complaint with the Board of Medicine and the procedures for filing such complaint; and (vii) such other information as the Board of Medicine determines is appropriate to allow the client to make an informed choice to select midwifery care.

***HBMS*[™] REQUIRES:**

HBMS[™] will provide YOU, our client(s), with the state required written disclosure *and* obtain a mutually signed statement, known as our ***“Signatory Record”*** which indicates that you have read and understand the contents of this ***Informed Choice Agreement*** booklet. This document is to be mutually signed by both parties.

HBMS[™] will provide YOU, with our written ***“Financial Agreement/Signatory Record”*** which outlines the financial matters related to our professional fees. This document is to be mutually signed by both parties.

Thank You!

This document is dedicated to Margie McSweeney, RN/CPM, Martha McBride, RN/CPM, and Martina Benson, CPM-TN, my former mentors & partners. I feel honored & privileged to be the sole proprietor of the Home Birth Midwifery Service, having shared this practice with them from 1993-2003.

My gratitude & prayers go out to each of them. ♥

“We Bring the Birth Center to YOU!” ©



Home Birth Midwifery Service™

NARM Certified Professional Midwife & VA Licensed Midwife
Kim Mosny, CPM, LM

INFORMED CHOICE AGREEMENT

By VA law and according to our own practice philosophy, we are providing you with this information so that you will be fully aware of our education, training, experience, and the services we provide. We believe that each of us is the owner of her/his health and thus accepts responsibility for that ownership. Your choice of birth attendants should always mean that you trust those persons. Your trust also means that you are confident in utilizing the birth attendants' abilities & judgment, but never that you expect them to be ultimately responsible for your well being. Your right to informed choice and consent are hallmarks of the Midwives Model of Care.

PRACTICE PHILOSOPHY

Pregnancy, childbirth & breastfeeding are normal, natural states of mind and body for the healthy mother. The midwife offers assistance and guidance throughout the childbearing years as a counselor, birth attendant, and friend. She is a skilled specialist in attending normal births, giving care and advice to the mother in pregnancy, labor and childbirth, and care for the mother and newborn following delivery. She should be able to detect abnormalities in mother or child and refer to or obtain medical aid. She maintains a respect for the integrity of the birthing family and the naturally bestowed ability of a woman to give birth. Out of respect for the birthing process, the midwife believes that unnecessary interference is an unwise interruption of the body's function. She carefully watches and guides, assisting the family in the way that is of their choosing, respecting the sacredness of the family and its rites of passage.

PARENT'S ROLE & RESPONSIBILITIES:

Mothers whom we assist **SHOULD**:

- ◆ be concerned about their health and well-being;
- ◆ eat a balanced diet of wholesome foods & drink plenty of water;
- ◆ receive regular prenatal care with their midwives;
- ◆ get adequate sleep and regular exercise;
- ◆ intend to breastfeed;
- ◆ have good feelings about the birth of their child.

It is important that mothers whom we assist **SHOULD NOT**:

- ◆ smoke or chew tobacco or dip snuff;
- ◆ drink alcoholic beverages;
- ◆ take **ANY** kind of drugs (except those prescribed by a physician);
- ◆ engage in contact-type sports or other potentially dangerous activities.

Our clients should plan to attend our “*Preparing for Your Home Birth*” class; the date is announced during each mother's course of care. This weekend class, 4 - 5 hours each day, provides a wealth of information to help clients and their family to prepare. The class is optional, but highly recommended! **Cost: \$100**

You will need to purchase a **Birth Kit** (sterile supplies used for your birth) and Vitamin K. You will need to provide some additional items, which you may already have in your home. A list of these supplies and instructions on how to order your **Birth Kit** is provided in this booklet; see the section:

[“PREPARATIONS FOR BIRTH / ORDERING YOUR BIRTH KIT”](#)

PARENT'S ROLE & RESPONSIBILITIES — continued:

Fundamentally and ideologically, parents who choose to give birth at home ACKNOWLEDGE that they are accepting FULL RESPONSIBILITY for their bodies, their pregnancies, their healthcare, and of their babies.

For the majority of the birthing population, this responsibility is “turned over” to the doctor and the hospital. Choosing to have a home birth, means YOU are in the position of responsibility and decision-making. Wherever the birth takes place, you must recognize that certain conditions can arise in which time is essential or in which an accident of nature or complication of the birth process may occur and no one is to blame.

In a very small percentage of cases, complications may arise which SHOULD NOT or CAN NOT be adequately managed at home and REQUIRE hospital/medical care. In other circumstances, the results would be unavoidable, wherever the birthplace. Some complications can occur in the hospital that could be avoided, if the mother stays at home (especially those caused by routine procedures and unnecessary interventions.) *Studies show that, for a normal healthy woman, birthing at home with a skilled birth attendant is as SAFE OR SAFER than a similar birth in a birth center or hospital setting.* You must educate yourself about the risks associated with childbirth and how complications/emergencies are handled should they occur. You must consider and acknowledge your own decisions and accept full responsibility for your choices. *HBMS™* provides numerous resources to help educate and prepare you. We must be satisfied that you are fully informed.

In the event of complications or emergencies, we carry specific equipment, herbs, and Chinese medicinals and are trained to use them for those purposes. In the event of a hospital transfer, either by car or ambulance, we remain with you, as your Doula (professional labor companion) and as on-going medical/clinical support.

MEDICAL COLLABORATIVE CARE PLAN:

While VA state law does not require Licensed Midwives to arrange for a medical collaboration agreement with a doctor, we recommend that our clients make individual arrangements with their own physicians when possible. **Medical Collaboration** is important because certain health conditions, if detected early, can be eliminated or controlled, so that both mother and baby are healthy. A home birth is often still possible with co-management of care. Should the need for a doctor's visit arise, the **Medical Collaborative Care Plan** enables you to have prompt attention. If you require transfer during labor, birth, or postpartum, this plan provides for a smooth transition from home to hospital/physician care, minimizing the stress associated with such a change.

Having a Medical Collaborative Care Plan indicates YOU are taking responsibility for your care. We encourage you to talk to your doctor about providing any needed medical care. *You should have at least one consult with your doctor and with your baby's doctor, AS SOON AS POSSIBLE.* You are responsible for making financial arrangements with your doctor(s) and with the hospital. We have collaborating physicians! Ask about our great doctors, Sumac Diaz, MD & Jeanette Carpenter, MD, of the [Complete Care Center for Women!](#)

SERVICES PROVIDED:

Prenatal Care:

Regular prenatal care is **REQUIRED** for ALL clients preparing for a home birth. These visits will help you learn more about your body, nutrition, and good health practices as your pregnancy progresses and helps us to identify and help you correct any problems that may develop. We will need to see you for a prenatal check-up:

- ✦ once each month through 28 weeks*,
- ✦ every two weeks from 28 - 36 weeks*,
- ✦ and every week after 36 weeks until you deliver.

* Pregnancy is calculated **INCLUDING** the two weeks **BEFORE** conception, and lasts about 40 completed weeks or **10 Lunar Months** (10, 4-week periods), which appears as 9 calendar months.

SERVICES PROVIDED — continued:

During Prenatal Care Visits, We:

- ◆ discuss matters of importance, concern, or interest to you and/or us;
- ◆ record your family and personal medical history;
- ◆ do a initial physical exam and regular physical assessments;
- ◆ evaluate your nutrition, making recommendations where necessary;
- ◆ conduct individualized childbirth education/counseling & discussion;
- ◆ monitor your weight gain, noting any edema (swelling);
- ◆ take your blood pressure (temp & pulse as indicated);
- ◆ have you do your own dip-stick urinalysis (with instruction);
- ◆ measure your uterine size (fundal height);
- ◆ access fetal growth & activity and determine fetal position;
- ◆ listen to the fetal heartbeat (Fetal Heart Tones or **FHT**);
- ◆ perform individualized laboratory tests* which **MAY** include:
 - blood work (CBC, ABO blood type, Rh factor, Antibody-titer, Rubella, Hepatitis B, RPR, Hemoglobin, Hematocrit, HIV, Glucose, etc.)
 - in-office hemoglobin & blood glucose finger stick** – a **\$15.⁰⁰ fee/test, applies**
 - pap smear, as indicated
 - vaginal cultures as indicated (Chlamydia, Gonorrhea, GBS¹),



* Laboratory fees apply. LabCorp will bill you or your insurance for these fees.

** We intermittently re-check your hemoglobin & glucose as indicated.

We provide laboratory services; however, you may choose to have your initial labwork done by a physician or healthcare clinic. We will provide you with a [Medical Records Release Form](#) to sign so that we can obtain a copy of the results for your chart. ***In the absence of medical problems, it is NOT necessary that you see a physician other than for establishing your MEDICAL COLLABORATIVE CARE PLAN.***

Labor & Delivery Care:

Ideally in most situations, we plan to attend each birth as a team: your midwife, and assistants / apprentices. We have “back-up” personnel to cover any member of that team, if necessary. Your birth team works together to perform a variety of roles: Primary, Assistant, Doula, Charter, “Gopher,” etc. We plan for **AT LEAST TWO** attendants to be at your birth. On **RARE** occasions, only the midwife is able to arrive “in time.” **MORE RARE**, during a rapid (“precipitous”) labor, the midwife may not arrive in time. We will talk about this possibility during your care and instruct you accordingly, especially if you have a history of fast labors.

When you believe that your labor has begun, you should call your midwife! She will notify the others on your birth team. (See section: [“COMMUNICATION PROCEDURES”](#)) We **prefer** to be notified **as early into labor as possible** so that we can make arrangements for our families’ needs (school pick-up, meals, childcare, etc...) This enables us to quickly come to your assistance.

We value the importance of apprenticeship training. Your personal preferences may favor a particular apprentice to provide your care and perhaps be favored to “catch” your baby! If you have certain preferences, needs, or thoughts regarding this matter, we encourage you to share your feelings with us.

Intrapartum Care (during labor & birth) includes:

- ◆ labor guidance — with physical, verbal & emotional support;
- ◆ checking the progress of labor (vaginal exams done only as necessary);
- ◆ assessing the position of the baby in-utero;
- ◆ intermittent monitoring Fetal Heart Tones [FHT] w/ fetoscope & doppler;

¹ 2010 CDC Guidelines for the Prevention of Perinatal Group B Streptococcal Disease recommends universal screening of all pregnant women at 35-37 wks.

SERVICES PROVIDED — continued:

Intrapartum Care (during labor & birth) includes:

- ◆ surveying the condition of the mother and checking her vital signs;
- ◆ “catching” the baby or assisting the partner/father to “catch”;
- ◆ helping with the delivery of the placenta & controlling bleeding;
- ◆ monitoring the mother’s uterus and general condition;
- ◆ assessing and repairing any tears — suturing is determined individually;
- ◆ monitoring and examining the well-being & condition of the newborn;
- ◆ assisting with initial latch-on & breastfeeding;
- ◆ performing a thorough examination of the baby ***;
- ◆ diapering, dressing, and swaddling the baby;
- ◆ cleaning up the birth linens and preparing the mother’s postpartum bed;
- ◆ ensuring that the mother has urinated;
- ◆ helping the mother to shower/bathe and returning her to bed;
- ◆ preparing the mother a meal and drink.

*** Prophylactic antibiotic ophthalmologic (eye) medication must be obtained through your pediatrician or family doctor. Either parent may administer this medication with our instruction. Erythromycin eye ointment is non-irritating and melts quickly.

We recommend *oral Vitamin K* for the baby. This vitamin helps prevent hemorrhage while the baby’s blood clotting factors become established around the eighth day and protect from late on-set hemorrhagic disorder within the first three months. You can order the oral [Vitamin K](http://richmondmidwife.com/paypal_and_birthkit.aspx) directly from our website (http://richmondmidwife.com/paypal_and_birthkit.aspx). During the newborn exam, which we perform about 1 hour after the birth, we trim and clean the cord stump with **alcohol** or **hydrogen peroxide**. Keep it dry and clean it at every diaper change with alcohol. The dried cord stump usually comes off in 7-14 days. Unless religious custom dictates it, we encourage you to delay bathing your baby until after 24 hours, to maintain normal body temperature and avoid hypothermia. Also, keep a hat on your baby for 24 hrs.

We assist with normal childbirth. If complications arise, or the mother changes her plans, we will transport to the hospital. (See section: “[PREPARATIONS FOR BIRTH](#)” regarding preparations for a possible hospital transfer & review our refund policy.)

We remain with the mother and baby for 3 - 4 hours after birth (longer, if necessary) until we ascertain that all is well and stable. We leave your home neat & tidy... no messes! ***We are ALWAYS available by phone/text/email should questions, concerns, or problems arise. Do not hesitate to contact us, day or night!!***

Postpartum Care (after birth):

In the days after the birth, your midwife will visit you at home, to check on mother and baby. We make home visits at 24-36 hours, day 2^{♦♦}, and as needed afterwards. We will file a birth certificate with the Office of Vital Records within 5-10 days, then we will see you at our clinic: at 2 wks, (at 4 wks if needed), and finally at 6 wks postpartum (for a complete well-woman exam, pap smear, and a photo!) **A doctor should see your baby within the first week unless otherwise recommended.**

♦♦ NEWBORN METABOLIC SCREENING PANEL

VA state law requires babies to have a blood test, called the “[NEWBORN METABOLIC SCREENING PANEL](#)” which checks for a variety of metabolic and hemoglobin (blood) disorders. A separate handout about this testing will be given to you during the course of your prenatal care. The test must be performed **24 to 48 hours** after the birth. **You have the right to waive this test.** HBMS™ **DOES NOT** offer this test in your home at this time. Your family/pediatric doctors’ offices may offer this screening (ask about cost). Your county health dept can also do this test. **Arrangements for doing this test MUST be planned in advance.** HBMS recommends [Chippenham Pediatrics](#) & **Dr. Alice Condro**. They can do this test for you in their offices!

COMMUNICATIONS PROCEDURES

You can contact your midwife by her cell phone, anytime, throughout your pregnancy, for ANY REASON. We have voicemail on our cell phones, so if you get a voicemail and the purpose of your call is NOT urgent or an emergency, *please leave a message*, including your name & phone number. Your call will be returned promptly. *If your call is urgent, an emergency, or you feel that you are in labor, leave a message on her voicemail, THEN call your midwife's cell phone again.*

CELL PHONE / VOICEMAIL SYSTEM / DO NOT TEXT:

You can contact your midwife by cell phone at ANY time for ANY reason. Our cell phones are NOT just for reports of labor progress or emergencies. Our cell phones enable prompt communication with our clientele no matter where we are, at any time. If you get our voicemail, follow the instructions given and ALWAYS leave a message! **Keep your phone line open**! *Please do NOT send text message labor reports, CALL!*

If your call is urgent, an emergency, or if you feel that you have started labor, you should either leave a message (be sure to mark it "urgent" which will be one of the sending options) or you can send a numeric page. **KEEP YOUR PHONE LINE OPEN** for our return call. If you do not receive a response within 10-15 minutes (average response time is within 5 minutes, however, there may be occasions where it might take longer,) repeat the process. *You should continue to call and/or page until your midwife calls you back. You need only reach ONE of us. That person will call the others, as necessary. Do NOT send text message labor reports, CALL!*

Remember: *Always contact your midwife if you have ANY spotting or bleeding, bloody show, leaking/rupture of the Bag of Water (your water "broke"), if you have not felt your baby move regularly or if you think you are in labor. The earlier in labor you contact us (REGARDLESS OF TIME OF DAY) the easier it is for us to be at your home quickly. Do not hesitate to call! Do NOT send text message labor reports, CALL!*

We are available for phone consults between visits, so please do not hesitate to call your midwife if you need to talk to her! *No question is unimportant, silly, or trivial!*

Home Birth Midwifery Service™



Kim Mosny, CPM, [LICENSED IN VA]
SENIOR MIDWIFE & SOLE PROPRIETOR

Cell: (901) 292-4876
Office: (804) 651-0608

kmosny@RichmondMidwife.com

13541 East Boundary Rd, Suite 101
Midlothian, VA 23112

"We Bring the Birth Center to YOU!" ©

GIVING BIRTH IS NOT WITHOUT RISK ~ UNDERSTANDING YOUR RISKS

All births, regardless of the setting (hospital, birth center, or home), carry a certain degree of risk. Even with low risk pregnancies and births, complications can arise. Birth complications and emergencies include, but are not limited to:

prolonged labor,
dehydration,
maternal exhaustion,
failure to progress (FTP),
prolapsed cord,
placenta abruption,
retained placenta,

postpartum hemorrhage,
cephelopelvic disproportion (CPD),
shoulder dystocia,
undiagnosed breech presentation,
undiagnosed twins,
psychological dystocia,
presence of meconium,

maternal fever (sign of infection),
birth defects,
prematurity,
non-reassuring fetal heart tones,
fetal stress/distress,
respiratory arrest,
stillbirth (fetal death before birth)

Generally, when complications do arise at home, there is ample time to transport to the hospital. Occasionally, complications and/or emergencies that do arise must be dealt with at home.

Our motto is ***“We Bring the Birth Center to YOU!®”*** HBMS™ midwives and staff are trained to take every reasonable precaution to ensure your safety, comfort, and satisfaction. We are trained to identify complications and emergencies, manage emergencies, and stabilize mother and/or baby appropriately. However, this ***does not render the home equivalent to hospital facilities*** that have surgical suites and high-tech medical equipment for dealing with some of the more serious problems that may occur. We will not hesitate to initiate emergency/911 assistance when required. ***It is OUR responsibility to initiate this call.***

While we will do our best to help plan a strategy for back up care for mother and baby and for transport care to medical facilities in case of complication or emergency, be advised that the vast majority of health practitioners do not support homebirth. Unfortunately, the “ideal” of obstetric and pediatric back-up care has not yet been realized in this area. However, the ***Emergency Medical Treatment and Labor Act (EMTALA)*** mandates that hospitals may not refuse emergency treatment to pregnant women or women in labor. Should a transport occur, unless you have a collaborative care agreement with a practitioner, it is likely that you will not know which physician will care for you or your baby. We cannot guarantee what type of reception you will receive from the hospital staff or physicians. We encourage you to work with our collaborating physicians!

In the event of either a complication or emergency ***or at the midwife’s discretion***, if we determine that the well-being of mother or baby is at risk, we will require transport to the hospital that we feel will best be able to meet your needs. ***Please be advised that we expect the full cooperation of both mother and father if transport becomes necessary.*** If transport is refused, we may be forced to call EMS to stabilize mother and/or baby. Upon arrival of the ambulance, we will turn care of mother and baby over to the EMT/paramedics. We always remain with our clients throughout a hospital transfer. We remain with you & baby until you are in a postpartum room!

We do not attend PLANNED breech or twin births in the home. While not innately defined in the ***Midwifery Model of Care*** as “high-risk,” breech presentations and twin births can involve increased risk and complications. If a breech or twins goes undiagnosed (very rare) until labor has commenced, we will immediately conduct a transfer to physician and hospital care. ***Under NO CIRCUMSTANCES*** will we ***plan*** to conduct either delivery scenario in the home, so please do not ask us to do so.



NOTE:

If you believe you are experiencing a medical emergency, you should go to the nearest emergency room or labor/delivery unit of the closest hospital. Do NOT delay seeking immediate emergency assistance while attempting to reach your midwife, but DO contact her as soon as possible!!

UNDERSTANDING YOUR RISKS ~ continued...

As addressed previously, in **ANY** birth setting, emergencies can arise. Some unforeseen events may result in an **“unexpected outcome.”** The overwhelming belief in our culture, while unsupported by evidence-based research, is that hospitals are the “safest” place to give birth. Despite the fact that the U.S. spends more money per capita on medical care than any other industrialized nation in the world, ***it ranks near the bottom of a list of 29 industrialized nations in both life expectancy and infant mortality; its relative ranking in both these categories has been declining since 1960.***

These and other findings about the relationship of the U.S. to other countries in regard to cost, access, and outcomes of health care were published in the journal ***Health Affairs***: ***“The U.S. spends more resources than any other industrialized nation by a wide margin,”*** said study author Gerard Anderson, PhD, professor of health policy and management at Johns Hopkins School of Public Health. ***“Yet, between 1990 and 1995 the United States fell to position 23 out of the 29 leading industrialized nations in terms of infant mortality.”*** Our ranking remains low in spite of a 98-99% hospital birth rate. Countries with the ***lowest*** mortality/morbidity rates, such as Netherlands, which has consistently ranked below 10 for decades, have >75% midwife-attended homebirths for healthy women experiencing normal pregnancies.

In choosing home birth, you are going against the predominant U.S. cultural belief that hospitals are safer, 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, however, even if the outcome would have been the same in the hospital, the choice of home birth is almost always called into question.***

HBMS™ cannot guarantee a normal, uneventful birth or a healthy mother or baby; and acceptance of a client for home birth in no way constitutes any such guarantee. A poor, bad, and/or unexpected outcome may happen.

It is our philosophy that whenever possible, decisions about your care will be collaborative. However, situations may arise in which the professional judgment of the midwives and/or their consulting physicians must be relied upon exclusively for the safety of mother and baby. ***Home birth enrollment shall be at our discretion.*** Your records, physical examinations, and laboratory reports will continually evaluate your enrollment. Do not hesitate at any time to ask questions about our practice or anything that concerns you, your baby or your family.

HBMS STAFF & APPRENTICESHIP AGREEMENT

In honoring and fostering the ***Apprenticeship Model of Midwifery Education***, ***HBMS™*** midwives continue to offer midwifery students, known as Apprentices or Apprenti, the opportunity to learn and to train under our mentorship. We encourage our clients to become part of this important modality of midwife education by agreeing to be followed by a ***Primary Midwife Under Supervision*** (PMUS).

A ***PMUS*** is a Senior Apprentice who has attained the necessary education and training to conduct prenatal care examinations, “catch babies” and monitor mother & baby postnatally. ***All client care, labor and births are supervised by an HBMS™ CPM, LM, a VA Licensed Midwife.*** In addition to the opportunity to be an important participant in the training of a ***PMUS Apprentice***, clients also will enjoy being involved in the mentorship of non-primary midwifery student(s), simply known as an “Apprentice” or the plural, “Apprenti”.

Clients will be asked to sign a consent form to agree to (or decline if you so choose) be followed by ***HBMS™*** Apprenti and supported, attended, and cared for by a ***PMUS*** Apprentice. ***The HBMS™ staff appreciates your involvement in the Apprenticeship Model of Midwifery Education!***

Thank You! ☺

PREPARATIONS FOR BIRTH / ORDERING YOUR BIRTH KIT

You will need the following items to prepare your “**BIRTH BAGS.**” There is no need to purchase new items! We encourage you to use what you already have, borrow from family or friends; and even check garage sales and thrift stores for items you need. We have extra linens! *Please let us know if you need anything.*

- mild laundry soap (i.e. *Ivory Snow* or *Dreft*)
- 4-5 standard-size **PAPER** grocery bags
- a permanent marker (black or blue)
- masking tape or stapler (tape is preferred)

*** Plan to prepare your “Birth Bags” at least 3½ WEEKS before your estimated due date. ***

100% cotton or cotton/polyester blends are most comfortable. We prefer **light-colored** linens (for easier estimation of blood loss). Wash everything in **HOT**, soapy water and dry in a hot dryer or in the sunshine. Fold items small enough to fit inside paper bags. Place folded items in bags in the order listed, *so that the **LAST** item listed is on the **TOP** of the bag.* Then fold down tops of bags and seal with tape or staples. Using a permanent marker, label each bag with its number and contents. (You may need to use 5 bags, so please label the fifth bag accordingly.) **Store your birth bags UN-opened in a clean, dry place.** This process, which we consider a ritual in preparation for your birth, provides for clean, ready-to-use linens & clothing at your birth!

BAG #1 (for your bed)

- 2 flat sheets
- 2 fitted sheets
- # of pillowcases needed

BAG #2 (for delivery)

- 2 soft receiving blankets
- 2 soft towels
- 1 flat sheet or large towel

BAG #3 (clean-up)

- 3 or 4 towels
- 4 washcloths
- 2 baby washcloths

BAG #4 (for baby & mom)

- 2 soft receiving blankets
- baby gown & undershirt (Ø “Onsie”)
- cloth baby cap & socks
- 2 cloth diapers
- nursing gown or T-shirt

Additional Item Checklist: Please be SURE to have the following:

- 1 roll of plastic dropcloth or 2 flannel-backed tablecloths (Wal-Mart, Target, Dollar Tree)
- 1 **LARGE** pack of sanitary pads (long, max. absorbency)**
- 1 Pack, disposable, under pads (protects fabrics)**
- Digital thermometer (with “ready” beep signal),**
- Stethoscope (Walgreen’s)**
- Hydrogen Peroxide (removes blood from carpet & fabric)**
- 2 medium/large-size pots with lids (from your kitchen)
- 2 medium-size plastic or metal bowls (from your kitchen)
- Flashlight & **NEW** batteries (**be sure it works!**)
- 2 **KITCHEN-SIZE** plastic garbage bags & 1 kitchen-size garbage can
- 1 Gallon-size “Ziplock” Freezer bag (for the placenta)
- LOTS** of toilet paper!
- 1-2 **LARGE** roll of paper towels
- 1 package of Baby Wipes
- Diaper pins (Wal-Mart, Target, or Dollar Tree)
- Labor foods & drinks you know you will enjoy !!
- 14 gallon Rubbermaid storage container w/ lid, (**ALL your supplies go inside here!**)

(** For your convenience, this item is available online, when ordering your Birth Kit!)

HOSPITAL TRANSFER BAG: Pack a small suitcase with:

- Nursing nightshirt/gown/robe
- Personal toiletries
- Slippers or socks
- Going home clothes
- Nursing bra & underwear
- Sweater/coat, as needed

REMEMBER TO...

**Order Your Birth Kit
by your 34th week!**

**Conveniently order directly
on the HBMS website:**

Click on the link:

[“PayPal~Birth Kit~Vit K”](#)

Scroll down to select the kit
of your choice and the one that
best fits your personal needs.

Optional & Helpful Items:

- Herbal sitz baths**
(or purchase from *HBMS*.)
- Electric heating pad (essential in the winter)
- Camera & film
- Video Camera & film
- Champagne/wine for celebrating!
- **CHOCOLATE!** ☺

Planning a WATER BIRTH?

Talk to your midwife about your
water birth equipment, supplies, and
the instructions and preparations!

- Extra towels & a robe
- Plastic to protect floor/carpet
- Order **single-use liner** w/ birthkit

DON'T FORGET !!

- Insurance Card
- Camera & Film
- Phone list
- Cell phone
- Birth Plan

RECOMMENDED READING

The following list of books and videos are suggested to educate yourselves about pregnancy, labor coping techniques, labor & birth, home birth, midwifery, VBACs, breastfeeding, infant care and parenting. There are **SO MANY** good books to read, this is just a sample. Please investigate newly published books as well!

- *Special Delivery*, book and video by Rahima Baldwin.
- *Ina May's Guide to Childbirth*, by Ina May Gaskin.
- *The Complete Book of Pregnancy & Childbirth*, by Sheila Kitzinger.
- *Your Pregnancy, Week-by-Week*, by Glade Curtis.
- *Pregnancy, Childbirth, & the Newborn*, by Penny Simkin, et al...
- *What Every Pregnant Woman Should Know*, by Dr. Tom & Gail Brewer.
- *Woman-Centered Pregnancy & Birth*, by Ginny Cassidy-Brinn, RN, et al...
- *The Thinking Woman's Guide to Pregnancy & Birth*, by Henci Goer.
- *Easing Labor Pain*, by Adrienne Lieberman.
- *The Birth Partner*, by Penny Simkin.
- *Mind Over Labor* and *Visualizations for an Easier Childbirth*, both by Carl Jones.
- *Your Baby, Your Way...*, by Sheila Kitzinger.
- *Gentle Birth Choices*, video & book by Barbara Harper.
- *A Good Birth, A Safe Birth*, by Diana Korte & Roberta Scaer.
- *Alternative Birth: The Complete Guide*, by Carl Jones.
- *The Birth Book*, by Dr. William & Martha Sears.
- *Active Birth*, by Janet Balaskas.
- *Birthing From Within*, by Pam England.
- *Giving Birth—How It Really Feels*, by Sheila Kitzinger.
- *The Nature of Birth and Breast feeding*, by Michel Odent.
- *Transformation Through Birth*, by Claudia Panuthos.
- *A Child is Born*, by Lennert Nilsson.
- *Children at Birth*, by the Hathaways.
- *Homebirth—The Essential Guide...*, by Sheila Kitzinger.
- *Spiritual Midwifery*, by Ina May Gaskin.
- *Heart & Hands*, by Elizabeth Davis.
- *Birth After Cesarean*, by Bruce Flamm.
- *VBAC Source Book*, by Ruth Ancheta.
- *Bestfeeding: Getting Breastfeeding Right for You*, by Renfrew, Fisher, & Arms.
- *Breastfeeding Your Baby*, by Sheila Kitzinger.
- *The Womanly Art of Breastfeeding*, by Le Leche League International.
- *Touchpoints — The Essential Reference*, by T. Berry Brazelton.
- *The Baby Book*, by Dr. William & Martha Sears.
- *You and Your Newborn Baby*, by Linda Todd.
- *Your Baby & Child*, by Penelope Leach.

Most of these books are available in our own lending library at our clinic/office; while others can be borrowed through the public library system, purchased locally (i.e. Barnes & Noble, etc...), or purchased via the web at: <http://www.mana.org/reader.html> or <http://www.thriftbooks.com> or <http://www.alibris.com>. We encourage you to read **A LOT** and **TO ASK QUESTIONS!!** Bring your thoughts and concerns with you to your prenatal appointments by making a list of questions, ideals, concerns, and your birthing plans. We are happy to answer your questions to the best of our ability, address your concerns, and support your ideals and birth plans. We are available to serve you!!

 **Remember:** We can be reached 24 hours/day by phone/text/email. **Contact Us!** ♥

BIOGRAPHIES — TRAINING — EXPERIENCE

KIM MOSNY, CPM, LM (VA)



Education, Work Experience & Certifications:

As a Midwife's Apprentice, I learned the art and skills of home birth Midwifery. My apprenticeship training involved a great deal of personal commitment and dedication, self-study, and hands-on experience under the supervision of my mentor-midwives. In September 1996, I completed a three-year midwifery apprenticeship with the *Home Birth Midwifery Service™*, earning the designation as a *Direct-Entry Midwife (DEM)*. I received the credential *Certified Professional Midwife (CPM)* with the North American Registry of Midwives (NARM) in May 1999. I maintain current certification in both Adult/Child/Infant CPR & Emergency Neonatal Resuscitation. I am licensed midwife in the state of Virginia.

Midwifery Experience, Organization Affiliations & Memberships:

Beginning in August 1993, I have attended hospital births as a Doula/Monitrice. I have been attending home births with the *Home Birth Midwifery Service™* since September 1993 and am currently the senior midwife and sole proprietor of the practice. I am a member of:

- [Commonwealth Midwives' Alliance \(CMA\)](#), currently serving as President;
- [Birth Matters Virginia](#), business member;
- [Midwives' Alliance of North America \(MANA\)](#), former Chair of the Nominations & Elections Committee;
- [National Association of Certified Professional Midwives \(NACPM\)](#), Charter member, member of the Standards Committee;
- [North American Registry of Midwives \(NARM\)](#), CPM credentialed member, served as "Resident CPM" on the *Statistics - CPM Project 2000* Committee.
- [Coalition for Improving Maternity Services \(CIMS\)](#);
- [American Pregnancy Association](#);
- [Choices in Childbirth \(CIC\)](#).

Awards, Achievements & Articles:

- *The Commercial Appeal*, feature article, February 1994;
- *Women's News of the Mid-South*, feature article, July 1995;
- *MANA News*, feature poem: "So Full," September 1996;
- *TMA Quarterly*, feature poem: "So Full," 4th Quarter 1996;
- *Women's News of the Mid-South*, feature article, Jan 1997;
- *Women's News of the Mid-South - 50 Women Who Make a Difference*, Award Recipient, July 1997;
- *Lamplighter*, feature article: "A Story Come Full Circle," July 2001;
- *Lamplighter*, article: "Every Woman's Guide to Prenatal Exercise and Fitness," 10/02;
- *Lamplighter*, article: "Preparing for Childbirth ~ The Juggling Act of Being 'With Child,'" 07/03.
- *Lamplighter*, article: "Choosing Your Birth Place ~ An Important Decision," 03/04.
- *Lamplighter*, article: "A Model of Care that Means the Best for You and Your Baby," 06/04.
- *The Commercial Appeal*, feature article, "Mom Art – A Belly Cast...," August 2006
- *V Magazine for Women*, article: "Water Birth," feature article about HBMS & former clients, July 2009.
- *Richmond Times Dispatch*, article: "Budgeting for Baby," interviews with Kim & former clients, Oct 2009.
- *Chesterfield Observer*, article: "[Options Abound for Moms-to-Be.](#)" interviews with Kim & former client, Nov 2010.



Personal & Family Information:

I moved to the Richmond area (Midlothian) from Memphis, TN in 09/2008. I have four, terrific, grown or nearly-grown children; the "Fab Four" are: Aaron, Joel, Sarah, & David. I am happily single again, enjoying a committed relationship with a wonderfully, supportive partner, David! My personal life, family dynamics, religion, and politics are not shared or discussed in my professional work, as I am a respecter of each of my clients' personal life choices and decisions.

My interests include: desktop publishing & website design; health & fitness training & food preparation; reading; writing picture books, short stories, poetry & novels; quilting & sewing; handicrafts & art; professional cake decorating; professional organization & interior design; and fashion & personal make-over. I am pursuing certification as a Professional Organizer & Personal Lifestyle Coach. I would love to be a Motivational Speaker & Professional Lecturer one day, giving weekend workshops all over the country!

COMPLAINTS & GRIEVANCES

The *Home Birth Midwifery Service*™ team is dedicated to providing quality midwifery services to the metro-Richmond birthing community. *Our goal is to provide our clients with not just a satisfactory experience, but with an **EXCELLENT** one!* While no one can guarantee a perfect outcome, we recognize the importance of client satisfaction. We strive to treat everyone with genuine love, respect, courtesy, and professionalism. We encourage our clients to discuss any problems regarding their satisfaction directly with us. We hope to be able to work out any problems with our clients. If, however, there develops a situation in which a third-party might more effectively mediate a complaint, the *Commonwealth Midwives' Alliance* (CMA) can assist you.

[Commonwealth Midwives' Alliance \(CMA\)](#)

P.O. Box 803

Dayton, VA 22821

(877) 833-6656

execboard@commonwealthmidwives.org

The *Virginia Board of Medicine* is responsible for hearing grievances against VA Licensed Midwives (LM). Complaints may be submitted to the Enforcement Division in [writing](#), by telephone, fax, [email](#), in person.

[Virginia Department of Health Professions](#)

Perimeter Center

9960 Mayland Drive, Suite 300

Richmond, VA 23233-1463

(800) 533-1560 or (804) 367-4691

Fax: (804) 527-4424

enfcomplaints@dhp.virginia.gov

For Your Information:

The midwives of the *Home Birth Midwifery Service*™ are licensed with the state of Virginia. *HBMS*™ midwives are committed to and in compliance with the provisions of the [VA Midwifery Practice Act](#), which became effective in the year 2005.

In addition to providing informed disclosure to clients about our qualifications, experience, and training; written protocol for medical emergencies, including hospital transport, particular to each client; and complaint and grievance processes, VA law also requires that Licensed Midwives provide their clients with a/an:

- statement that a licensed midwife is prohibited from prescribing, possessing or administering controlled substances (*so stated here*);
- description of the midwife's model of care (*see our [MMofC Brochure](#)*);
- copy of the regulations governing the practice of midwifery (*see our office copy or view on our website: <http://richmondmidwife.com/Documents.aspx>*);
- statement as to whether the licensed midwife carries malpractice or liability insurance coverage and, if so, the extent of that coverage (*see the section titled: [LIABILITY INSURANCE](#) on the inside back cover of this document*);
- explanation of the *Virginia Birth-Related Neurological Injury Compensation Fund* and a statement that licensed midwives are currently not covered by the fund (*so stated here*) ~ (*see also: www.vabirthinjury.com*).

Home Birth Midwifery Service™ has been photographed and featured in numerous newspaper articles throughout the years. Articles about Midwifery, Home Birth, Natural Childbirth, and Alternative Healthcare Options have been published in the [Commercial Appeal](#), the [Memphis Flyer](#), [Women's News of the Mid-South](#), the [Lampighter](#), In December 2001, *HBMS*™ midwives were featured on [FOX 13 News — Health Matters with Maria Black](#). We were recently featured in [V for Women Magazine](#), July '09 issue focusing on Water Birth and Sunday, October 11, 2009, [The Richmond Times Dispatch](#) article, [Budgeting for Baby](#), which highlighted our practice, and most recently in the [Chesterfield Observer](#), [Options Abound for Moms-to-Be](#), Nov 10, 2010! *HBMS*™ midwives regularly speak/lecture for civic, educational & informational groups, classes, and seminars... locally, regionally, and nationally.

PROFESSIONAL FEES & FINANCIAL INFORMATION

PROFESSIONAL FEES: **Early Pay: \$3,500 ~or~ \$4,000 Extended Pay**

- Comprehensive prenatal care, tailored to your specific needs;
- Attendance at your Labor & Birth (intrapartum care) including one or more assistants;
- 6 weeks of individualized postpartum (after) care & breastfeeding consultation;
- Filing of State birth certificate & your permission for [VA-OVR](#) to file for a Social Security card;
- Individualized childbirth education, books & birth preparation instruction;
- “*Special Delivery*” book (childbirth class workbook);
- 24-hour On-Call service via phone/pager or visit, as necessary.

We **DO NOT** pro-rate our fee for clients coming into our care **LATE (>28 weeks)**, because we will provide you with all the same quality care, in LESS time; and as a result, you will come WEEKLY for prenatal care visits.

BIRTH KIT: The cost of the *HBMS™* Birth Kit is about **\$40 including shipping**. *You are responsible for ordering your Birth Kit by 34 weeks.* See the section, [“PREPARATIONS FOR BIRTH / ORDERING YOUR BIRTH KIT”](#) for order instructions. See our website: http://richmondmidwife.com/paypal_and_birthkit.aspx.

LABORATORY & DIAGNOSTIC FEES: *ALL laboratory fees are an additional cost. Our lab bills you or your insurance directly.* Medically indicated tests are ordered as needed. You may have tests performed at your Dr’s office/clinic. We need copies of all pertinent lab/diagnostic test results performed elsewhere. Ultrasounds are performed at your Dr’s office or ordered by *HBMS™* with a local diagnostic clinic.

MILEAGE FEE (Outside of Chesterfield County): **\$1.⁰⁰/mile** (2 round trips). This fee defrays travel and gas expenses. We **DO NOT** travel beyond a [90-mile radius](#) surrounding greater Richmond.

SERVICE RETAINER, PAYMENT OPTIONS & FINANCIAL ARRANGEMENTS:

A **NON-refundable \$500.⁰⁰** “*Service Retainer*” payment is **REQUIRED** at your first prenatal appointment. This retainer is **PART** of the total \$4,000 fee. **PAYMENT IN FULL IS REQUIRED BY 40 WEEKS**. A signed payment plan agreement is required for all clients! Extended payment plans (beyond 40 weeks) must be guaranteed with a valid Visa/MasterCard/Discover/AMEX credit or debit card w/ CC logo. ☺

*** Please Discuss Special Financial Needs & Arrangements w/ Your Midwife!!**

An **EARLY PAYMENT DISCOUNT** (up to **\$500 OFF**) is available to those who choose to pay in full (PIF) on or before 35 weeks. *Ask about this discount!* ☺

Financial Hardship Discounts of up to \$500 are available to those who qualify. *Ask about this discount!* ☺

We accept cash, checks, money orders & credit cards via *Square* or *PayPal* (3% handling fee applies)

Simple interest, signature/installment loans are an option to explore. See your credit union/bank/financial institution and check out the following websites for more information on financing options:

- ◆ <http://medloanfinance.com/>
- ◆ <http://www.americanunsecured.com/>
- ◆ http://www.credit.com/r/ploan_only_ccom_link
- ◆ <http://www.americaoneunsecured.com/loans/PersonalLoanMenu.aspx>

Mail payments** (checks and/or money orders ONLY) to:

** Please **DO NOT** send CASH in the mail!

Kim Mosny, CPM, LM
Attn/ *Home Birth Midwifery Service*
13541 E. Boundary Rd. Ste. 101
Midlothian, VA 23112

PROFESSIONAL FEE & FINANCIAL INFORMATION - continued

EQUIPMENT, SUPPLIES, & MEDICINALS FEES – LABOR & DELIVERY:

In the event of specific medical indication(s), complications, or emergency, the use of additional equipment, supplies, and/or medicinal remedies (Chinese, herbals & homeopathics) may be chosen to manage your care. The appropriate fees for these supplies will apply. **You will be billed for these fees.**

INSURANCE REIMBURSEMENT & ADMINISTRATIVE FEES* (\$15, 8% & \$50/hr):

We **DO NOT** participate “In Network” with insurance plans. We electronically file with **PPO/POS** and traditional insurance as an “**Out of Network**” provider in order for **YOU** to be reimbursed. **Larsen Billing Service** will do a **Verification of Benefits** (VOB) for you and we will discuss the specifics (deductibles, etc) with you. There is a **\$15 fee** for the VOB. Insurance reimbursement checks are mailed to either you or **HBMS™**.

Payment in full, by 40 weeks, is **REQUIRED** regardless of insurance coverage. **Because receipt of insurance payments often takes 8 weeks or longer after filing, you are required to make REGULAR PAYMENTS on your balance, regardless of your insurance plan’s stated benefits or Verification of Benefits.** An administrative filing fee* of **8% or \$100 of the total reimbursement** (whichever is greater) will be billed to you to cover the costs associated with filing your insurance. In the event of an insurance denial, **Larsen** will prepare ONE re-filing and/or appeal at no additional charge. Further time spent on re-filing or appealing a denial is subject to additional HBMS administrative fees* of **\$50/hour** and will be billed to you.

(* All fees listed in this booklet are subject to change without notice.)

TRANSFER TO HOSPITAL AND/OR PHYSICIAN CARE — REFUND POLICY:

In the event of a transfer to physician/hospital care prior to 35 weeks, we will determine our fee and any refund owed to you, based on the services rendered throughout your course of your care. After 35 weeks, there is **NO REFUND** except to clients who must Discontinue Care due to a **MOVE** **and** who provide 2-week Written Notice.

At 35 weeks and beyond, there is NO REFUND, regardless of place of birth or birth outcome. If a transfer after 35 weeks becomes necessary, we will continue to provide you with physical and emotional support during your hospital birth experience and throughout your postpartum period (based on individual need).

ALL fees charged by EMS, physician(s), hospital, laboratory, anesthesia, etc... are YOUR RESPONSIBILITY.

LIABILITY INSURANCE — NO STATE REQUIREMENT:

Because the cost of medical malpractice insurance is prohibitively high, and the state of VA does NOT require Licensed Midwives (LM) to have it, HBMS™ chooses NOT to carry malpractice insurance. Practicing “**bare**” (without liability coverage) is neither illegal nor irresponsible. We are of the ideology that our relationship as client and midwife is based on a foundation of trust, respect, integrity, and open communication.



Your midwife and her team will serve you and your family with the highest degree of professionalism and quality. Our goal is to serve you honestly and provide you and your baby with a safe, lovely birth experience.

Though the unexpected may occur, we promise to always: provide you with the best care possible, provide thorough information so that you can make informed choices, remain your advocate throughout your birthing experience, and utilize the medical healthcare system if the need arises.

YOU are OUR priority, ALWAYS !

WHAT IS A MIDWIFE? WHAT DOES A MIDWIFE DO ?

“**Midwife**,” a word derived from Middle and Old English, means “*with woman*” (Webster’s, 1938). In 1972, the World Health Organization (WHO) established an international definition of a “**midwife**” which states:

“A midwife is a person who, having been regularly admitted to a midwifery educational program duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.

She must be able to give the necessary supervision, care and advice to women during pregnancy, labor and the postpartum period, to conduct deliveries on her own responsibility, and to care for the newborn and the infant. This care includes preventive measures, the detection of abnormal conditions in the mother and child, the procurement of medical assistance, and the execution of emergency measures in the absence of medical help. She has an important task in counseling and education — not only for patients, but also within the family and community. The work should involve antenatal education and preparation for parenthood and extends to certain areas of gynecology, family planning and child care.

She may practice in hospitals, clinics, health units, domiciliary conditions or any other service.” (Davis, 1987)

According to the **Midwives’ Alliance of North America (MANA)**:

“a midwife is a person who is qualified to practice midwifery. She is trained to give the necessary care and advise to women during pregnancy, labor and the post-birth period, to conduct normal deliveries on her own responsibility and to care for the newly born infant. She must be able to recognize the warning signs of abnormal conditions requiring referral to a doctor, and to carry out emergency measures when no medical help is available. She may practice in hospitals, birth centers or in homes. In any of these situations, she has an important task in health education within the family and the community.”

WHAT ARE THE DIFFERENCES BETWEEN DIRECT-ENTRY, CERTIFIED PROFESSIONAL MIDWIVES & CERTIFIED NURSE-MIDWIVES ?

- The Direct-Entry Midwife (**DEM**), has acquired her training and experience through what is called an “*empirical route*.” This means she entered into midwifery by way of apprenticeship, Birth Center training, or via a non-nurse educational program(s) at a school, college or university of Midwifery (domestic or foreign) or any combination thereof. She may or may not be Registered Nurses (**RN**) and may or may not hold the credential **CNM** (see below). Depending on where the **DEM** works, she may be licensed [**LM**], certified [**CM**], or registered [**RM**], or the locale may not provide such designation/credential at all. In some places, **DEMs** are illegal or unregulated. **NARM** (North American Registry of Midwives) grants the national credential of **Certified Professional Midwife [CPM]** to all qualifying midwives. More info about the **NARM CPM** is available at: <http://www.narm.org>. **DEMs** catch babies primarily in private homes & birth centers.

- Direct-entry midwifery became a VA state regulated, licensed health profession in March 2005. According to the Virginia Midwifery Practice Act, (Statutory Authority: § 54.1-2400 and Chapter 29 of Title 54.1 of the *Code of Virginia*), a midwife is,

“any person who provides primary maternity care by affirmative act or conduct prior to, during, and subsequent to childbirth, and who is not licensed as a doctor of medicine or osteopathy or certified nurse midwife”.

She is further designated as having, “*obtained the Certified Professional Midwife (CPM) credential*”

- The Virginia Licensed Midwife (**LM**) is a relatively new regulated health care professional. Rules & Regulations are always undergoing revision; thus, **HBMS™** has established necessary documents: *Scope of Practice* and *Practice Guidelines*. Copies of these documents are available in writing & on [our website](#).

- **Certified Nurse Midwives (CNM)** have completed the college requirements in both Registered Nursing and in Nurse-Midwifery and have passed the certification examination of the American College of Nurse-Midwives (**ACNM**). **CNMs** work in collaboration with or under supervision by physicians (some states require direct supervision) and must comply with the guidelines of the American College of Obstetricians and Gynecologists (**ACOG**). They deliver babies in hospitals, birth centers, and at home. **CNMs** are legal and regulated in all 50 states.