



Home Birth Midwifery Service ©

Your Course of Care ~ What to **REALLY** Expect When You're Expecting...

Your Preliminary Visit: Verification of Pregnancy Visit (Insurance Clients Only)

Plan at least 45 minutes for this preliminary visit if you have insurance which we will be filing for you. This preliminary visit establishes the beginning of your care with us by "officially verifying your pregnancy" (if not already verified by another provider) and the onset of care with our practice. This visit is billed to insurance as a separate code from the Global Fee 59400: Usual & Customary Obstetric Care. Verification of your pregnancy can be accomplished by urine or blood pregnancy test, auscultation of fetal heart tones, or obstetric ultrasound, if clinically indicated.

Your Initial Prenatal Visit & Physical Exam (All Clients):

Plan on spending **1-1½ hours** at your first prenatal exam. **REMEMBER to BRING** your completed forms from the [HBMS Documents page](#) of our website. With the exception of the [Medical-ER Backup Plan](#) form (which you will return to HBMS **after** physician consultations), it is essential that you bring the completed forms with you to your Initial Prenatal Visit. **DO NOT FORGET** these documents! If you forget them, we will have to reschedule your appointment for another day. Please bring these completed forms:

- [HBMS ~ Client Registration](#)
- [Informed Consent Signatory Record](#)
- [Financial Agreement/Signatory Record](#)
- [Medical Records Release Authorization](#) – Please complete and return this form **IF** you have pertinent past/current medical records and/or labwork which we need to obtain from another health care provider(s). **If you are unsure what records might be pertinent, please ask!**
- [MANA Statistics Project Consent Form](#)
- [Medical - ER Back-Up Plan](#)
- [Prenatal Test Schedule & Informed Consent](#)

Together we review your [New Client Registration](#) (which includes your medical and psychological health history) and have pertinent discussion, Q&A, and addressing questions you have on any/all areas of all the documents left blank or marked by you to ask a question (we suggest you mark areas of question with an asterisk * or a star ★ as a "**remember to ask**").

Your **Comprehensive Physical Exam** follows this document review and Q&A session, unless we decide to defer it to a subsequent prenatal visit.

Comprehensive Physical Exam:

- Initial Physical Health History including family medical history, personal medical and gynecological history, obstetrical history, contraceptive history, current pregnancy history;
- Menstrual History and Determination of Gestational Age and Estimated Date of Delivery (EDD);
- Lab Work: Standard or Expanded* Prenatal Profile (CBC, Blood Type - RH, Blood Glucose w/ Hgb A1c, Antibody Screen, Rubella Antibody Screen, Hepatitis B, RPR (Syphilis), HIV, Cystic Fibrosis, and Sickle Cell trait);
- Pelvic exam, including pap smear & vaginal cultures for: Trichomonas, Chlamydia, Gonorrhea, BV and Candida (yeast), when indicated;
- Urinalysis and Urine Culture/Sensitivity, when indicated;
- Height & Weight;
- Vitals: Blood Pressure, Pulse, Respirations, Temperature;
- Reflexes;
- Varicosities/Edema;
- Fundal Height;
- FHR - fetal heart rate with doppler and/or fetoscope;
- Baby's position and presentation;
- EFW - estimated fetal weight, when pertinent;
- Fetal movement & activity;
- Nutritional Assessment & Counseling;
- Fitness Assessment & Counseling;
- Assessment of emotional status;
- Assessment of educational needs.



This visit is concluded by scheduling your next Prenatal Visit, review of your Payment Plan, and payment of the **non-refundable** Retainer Fee and any additional payment towards your balance that you care to make.

Your Regular Prenatal Visits:

We schedule 1 hour for each of your regular prenatal appointments. We feel that it is not only important to know how you and your baby are doing physically, but also how you are feeling emotionally. We also want to know how well you are sleeping, eating, exercising, etc... These are important factors in determining your overall health and wellness. Below is a list of the physical assessments that we perform:

- Dipstick Urinalysis via digital machine analysis;
- Maternal Weight Gain;
- Vital Signs – Blood Pressure, Pulse & Temp (as indicated);
- Fundal Height & Fetal Growth/Development;
- Fetal Heart Rate & Fetal Activity;
- Fetal Position & Presentation (a.k.a. Fetal Lie);
- Varicosities (varicose veins);
- Edema (swelling);
- Maternal Reflexes, when indicated;
- Finger-stick blood glucose and hemoglobin, when indicated;
- Risk Assessment - any signs or symptoms of unusual, abnormal, and/or serious conditions.

Review of Your Food Journal:

We review your [HBMS Food Journal w/ Protein Counter](#) with you and discuss any areas of concern and areas of improvement or direction. Recommendations for dietary changes or modification and nutritional supplementation are made at this time.

Labor Calls & Initial Labor Assessment:



Clients should always call with concerns about the onset of labor. You should contact us at any time of the day or night: 1) when you believe or KNOW that your labor has started, 2) if your water has broken, or 3) if you have **preliminary signs & symptoms of labor** when you are more than a 30-minute drive from our office or have a history of precipitous (fast) labors. After talking on the phone with you, we will determine if an **Initial Labor Assessment** is indicated and when. Care suggestions and follow-up phone call instructions are given when indicated.

If a Labor Assessment is indicated, a member of our midwifery staff will arrive, travel time being factored in, at your home to evaluate you. Your visiting staff member will then communicate with the other team members and discussion/decisions made about the course of your labor care at that time. The entire midwifery team will arrive in due course and each member will

participate in the preparation of your home for the birth of your baby. You just need to **"Do Your Thing"** while we do ours! We will prepare your bed, set-up our equipment and supplies, continue to monitor you and your baby, and settle in. We are available throughout your labor to assist you with **Pain Relief Coping Skills & Techniques" (PRCST)**, as indicated. We take care of our own personal needs and stay out of your way.

Labor and Birth Care:

We encourage as much family involvement during labor and birth as is possible. We have a strong belief that there is a great opportunity for a family to come together during a birth, as family members support or help the mother through her labor and birth. **To witness the birth of a baby is just about the most amazing experience that we can have in our lifetime.** For the family, this is an especially, wonderful bonding time. We encourage the mother to give birth in whatever position she feels most comfortable. We believe that supported-squatting is one of the best positions for birth because it opens up the pelvis to allow more room for descent of baby and results in less trauma to the mother's vaginal/perineal tissues.

We do perineal massage with herbal-infused oils, apply warm compresses, and provide perineal support on the perineum to reduce the risk of tearing, **not to mention it also feels great!** We coach the mom to slow down her pushing as the baby's head crowns, in an effort to allow the perineum to stretch and the baby to emerge slowly. As soon as the baby is born, he/she is immediately handed to the mother, placed skin-to-skin on her abdomen, and we perform all of the immediate newborn assessments while mom is holding her baby. If necessary, we use a bulb syringe or DeLee trap to suction out the baby's mouth and/or nose. An **APGAR** score is done at 1 and 5 minutes. We listen to the baby's heart and lungs with a stethoscope to make sure that the baby is breathing well, lungs are clear, and the heart rate is within a normal range. We carry appropriate resuscitation equipment and supplies in the event the baby needs respiratory assistance at any time. **We are all CPR and Neonatal Resuscitation Certified.** We encourage breastfeeding as soon as possible after birth. Breastfeeding helps to clear the baby's lungs of any excess fluid, keeps baby warm and content, causes uterine contractions to help the mother to birth the placenta, and these post-birth contractions reduce excessive bleeding.



Partial ~ or ~ Complete Lotus Birth (Placental Delivery):



We are strong proponents of Partial Lotus Birth for most clients and in most birth scenarios. A Partial Lotus Birth includes delayed umbilical cord clamping/cutting until after the placenta is delivered by the mother. Baby, umbilical cord & placenta remain intact until the parents choose to separate them prior to preparation of the placenta for storage, encapsulation¹ or disposal.

Some parents may wish to do a Complete Lotus Birth, where the baby-cord-placenta trio remains together until the cord dries and naturally separates from the baby over the course of subsequent days following the baby's birth. In this case, the placenta is thoroughly washed and prepared with sea salt and powdered herbs such as Lavender, Goldenseal, Rosemary or Tulsi, facilitating rapid drying and minimizing odor. The placenta is kept



in a bowl or reed basket or wrapped in absorbent fabric & placed in a special placenta bag. In the case of Complete Lotus Birth, the consumption of the placenta, whether raw, cooked or encapsulated, is not advised. Once the cord severs from the baby, the placenta/cord duo are often ceremoniously buried and a shrub or tree planted atop the burial site.

Reference and Resources:

LotusFertility.com

[Lotus Birth ~ A Ritual for Our Times](http://LotusBirth~ARitualforOurTimes)

LotusBirth.net

[Lotus Birth - Wikipedia](http://LotusBirth-Wikipedia)

[Benefits of Lotus Birth](http://BenefitsOfLotusBirth)

[The Lotus Birth Campaign](http://TheLotusBirthCampaign)

[Placenta Encapsulation Instructions with Pictures](http://PlacentaEncapsulationInstructionswithPictures)

[Placenta Benefits Website](http://PlacentaBenefitsWebsite)

[Placenta ~ The Forgotten Chakra](http://Placenta~TheForgottenChakra)

We provide a broad spectrum of comprehensive, continuous care throughout the labor, birth and in the immediate postpartum period:

- Labor Productivity Assessments - Contraction frequency, duration, and intensity;
- Membrane Status - intact or ruptured, if so - time of rupture, color, odor, and quantity;
- Diet - **Yes, we want you to eat and drink fluids during labor!**
- Mother's Vital Signs - Blood Pressure, Pulse, Respirations, Temperature - monitored intermittently, as clinically indicated;
- Intermittent Fetal Heart Tone monitoring - We listen with a doppler every hour in early labor, every 30 minutes in active labor, every 15 minutes during transition and every 5 minutes or more frequently during pushing;
- Fetal Lie, Presentation, and Position - confirm that the baby is head down and other important positional information;
- Perform Vaginal exams, as indicated - dilation, effacement, station (descent of baby's head), presentation, and membrane status;
- Assist and recommend **"Pain Relief Coping Skills & Techniques" (PRCST)**;
- Manage, supervise, or assist the "catch" of the baby; or, if desired, assist your partner with the "catch" & clamp/cut cord;
- Immediate postpartum care of mother and baby;
- Manage, supervise, or assist with the delivery & examination of the placenta (cord and maternal blood drawn, if indicated);
- Manage, supervise, or assist with monitoring of postpartum bleeding;
- Manage, supervise, or assist with the repair of perineal or vaginal trauma, and care instructions given;
- Manage, supervise, or assist with newborn assessment and **Newborn Exam** (see next section);
- Clean-up from labor/birth, wash used birth linens & clothes, prepare a light meal for mother;
- Assist mother with shower and return to a fresh bed and to her new baby;
- Document labor/birth events, pack supplies and prepare for departure;
- Review 24-hour postpartum mother/baby monitoring instructions and on-call procedure with mother and her partner;
- Cord and maternal blood sent to lab, for **ABO Rh compatibility testing** (lab fee is direct-billed to you/your insurance by the lab);
- ABO Rh test results, **if incompatible**, are faxed to your designated physician so that **Rhogam** can be ordered and appointment made for its administration to the mother within 72 hours of the birth.

¹ Placenta Encapsulation information will be offered to you in the form of brochures, website, and PBI specialists serving your community.

Newborn Exam:

Unless warranted sooner, we perform a comprehensive newborn exam when the baby is ≥ 1 hour old:

- **General Appearance & Behavior:** activity, symmetrical muscle tone, movement, flexion, normal cry... or shrill or high-pitched;
- **Measurements:** weight, length, head and chest circumference;
- **Vitals:** respirations/bilateral lung sounds, heart rate/heart sounds and murmurs, temperature;
- **Reflexes:** Babinski, Plantar's, stepping, Moro, fencing, Palmar grasp, Galant, rooting, suck, swallow, gag, sneeze, blink;
- **Skin:** color, milia, stork bites, birthmarks, Mongolian spots, vernix, lanugo, peeling, bruising, edema;
- **Head, Face & Neck:** fontanels, caput, molding, cephalhematoma, bruising, edema, over-all facial symmetry, neck mobility;
- **Eyes & Eyebrows:** placement & symmetry, reactive (movement/tracking & pupils), sclera, burst blood vessels; edema, erythromycin ointment administered (may be declined, parents must sign Declination Waiver form);
- **Ears, Nose, Mouth & Throat:** placement & symmetry, patent openings, tags, nasal flaring, webbing, cleft lip/palate, teeth, trachea, thyroid, mucous membranes, oral Vitamin K administered (may be declined, parents must sign Declination Waiver form);
- **Chest & Breasts:** respirations, retractions or grunting, congestion or wheezing, heart sounds & murmurs, barrel chest, prominent xiphoid process, breast placement & symmetry, swollen nipples, extra nipples;
- **Shoulders, Arms, Elbows & Fingers:** symmetry, clavicles, full range of shoulder and elbow motion, movement of arms, ten fingers, extra fingers, webbed fingers, finger nails, nail beds, radial pulses;
- **Abdomen:** rises with chest, masses, peristaltic sounds, umbilical hernia, three cord vessels, cord treatment;
- **Genitals:** patent urethral introitus, well developed genitalia, in females: patent vaginal introitus, prominent clitoris, swollen vulva; in males: descended testicles, swollen scrotal sack, normal urethral meatus position, and normal foreskin, inguinal hernia, hydrocele, urination observed;
- **Back & Buttocks:** normal curve & intact (skull to coccyx), symmetry, sacral/gluteal dimple, moles, hair tuft;
- **Anus:** patent introitus, separate vaginal & rectal openings in female, meconium observed;
- **Hips, Legs, Knees & Feet:** symmetry, full range of hip motion w/ absence of "clicks", full range of knee motion, bowed or knocked-kneed, ten toes, extra toes, webbed toes, toe nails, nail beds, club feet, femoral pulses;



Preparations for Midwifery Team's Departure:



We stay after the birth for a minimum of 2-3 hours, and longer as clinically indicated. We remain with you until we ascertain that our departure is appropriate. Within two hours postpartum, mother and baby will have regulated their vitals and are maintaining them within normal ranges. Both of them, as well as other family members, are ready for a really, good nap! In preparation for our departure, we make sure things are cleaned up: bathrooms and kitchen are tidy with dishes washed and a meal prepared, and used linens are washing in the washer. By the time we clean up, pack up, and prepare to leave, everyone is ready for the midwives' departure!

We review and leave a **Postpartum Instruction Handout** with mother, her partner and any other significant care givers. This document includes information about what is normal during the immediate postpartum period and what is not. There is also a checklist chart for the mother and her primary caregiver to write down and keep track of mother and baby's vital signs and other important clinical data. This chart is completed every 3-4 hours throughout the first 24 hours (**YES, that means setting an alarm clock!**) Instructions are given to call us **ASAP** if any of the clinical assessments on the checklist are not normal.

We remain "On-Call" for you 24/7 for the first 2 weeks following birth.

24-36 Hour Postpartum Checkup (Home Visit):

- Review of **Postpartum Checklist** form;
- Baby's Vitals - Respirations, Heart Rate, Temperature;
- Baby's Measurements - weight, length, head and chest circumference;
- Cord Stump - check for proper healing and any sign of infection;
- Wet Diapers & Meconium;
- Newborn's General Appearance & Activity - sleeping, nursing, general appearance;
- Metabolic Newborn Screen (a declination form is available for those who choose to refuse this test);
- Mother Vitals - Blood Pressure, Pulse, Temperature;
- Mother's General Appearance & Activity - sleeping, eating/drinking, elimination, any sign of infection;
- Uterus - after pains, uterus firm and proper involution (shrinking);
- Lochia - Bleeding is within normal range;
- Perineum - healing well;
- Breasts - engorgement, latch, **How well breastfeeding is going?**
- Nipples - any soreness, chaffing or blisters, inverted nipple problems;
- Reminder to: **"Be a Queen" for TWO WEEKS! Stay in your nightgown for the first week!**
- Plan to have plenty of help and support from partner, family, and friends;
- Birth Certificate form filled out & if applicable, Paternity form instructions given;
- Reminder that **if ABO Rh test results are incompatible** (meaning that the baby's blood Rh factor is positive), the lab report is faxed to your physician so that **Rhogam** can be ordered and plans for its administration to the mother within 72 hours of the birth;
- Reminders to contact your Family Doctor or Pediatrician, to arrange for first newborn visit;
- Appointment made for **2-week Postpartum Checkup** in our office (Mother and Baby)



48 to 72 Hours (Home Visits and/or Follow-Up Phone Calls, as indicated)

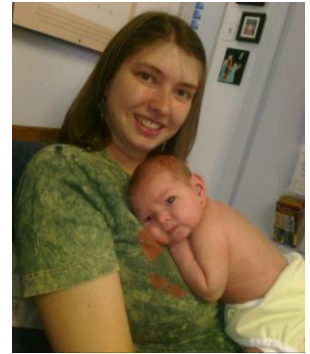
- Rhogam administration follow-up phone calls are made, as indicated, to ensure mother is properly protected from Rh sensitization;
- Jaundice Watch (read **Postpartum Instruction Handout** for information and instructions on Newborn Jaundice), in-home midwife evaluations, as indicated, with instructions for care and/or physician referral are given if jaundice is indicated;
- Heavy bleeding and/or strong cramping and/or uterine pain/tenderness and/or unusual/foul odor ((instructions for care and/or physician referral, as indicated);
- Breastfeeding issues/problems with poor latch, signs and symptoms of engorgement, plugged duct(s), mastitis (breast infection), (instructions for care and/or physician referral, as indicated);
- Sign and symptoms of other infection or illness in mother and/or baby (instructions for care and/or physician referral, as indicated);

5 Days to Two Weeks (Home Visits, as indicated):

We are On-Call for you 24/7 to address any concerns or problems you are having. Any necessary visits are done in your home. **Mom... you'd better be in your nightgown for the first week! (We Midwives are known to drop by, UNANNOUNCED!)**

2-Week Postpartum Checkup (In-Office Visit):

- Baby's Vitals - Respirations, Heart Rate, Temperature;
- Baby's Measurements - weight, length, head and chest circumference;;
- Cord Stump - **When did it come off?** Removal of stump and continued cleaning, if indicated;
- Baby's elimination, problems with gas or colic;
- Newborn's General Appearance & Activity - sleeping, nursing, waking periods, general appearance;
- Reminder to have **Newborn Hearing Screening** within first three months;
- Mother Vitals - Blood Pressure, Pulse, Temperature (if indicated);
- Mother's General Appearance & Activity - sleeping, eating/drinking, elimination, any sign of infection, Mom's over-all appearance;
- Uterus - after pains resolved, uterus firm and proper size;
- Lochia - amount, color, odor, **When did it stop?**
- Perineum -healing/ healed well;
- Breasts - **How well breastfeeding is going?**
- Nipples - any soreness, chaffing or blisters, inverted nipple problems;
- **Have you been a "Queen" for two weeks?**
- **How are your emotions?** Discussion about Baby Blues & Postpartum Depression;
- Discussion about housework, physical activity, exercise, and outings;
- Enough help and support from partner & other significant care givers?
- Appointment made for **6-week Postpartum Checkup** in our office (Mother and Baby) with a reminder that an optional **4-week Postpartum Checkup** is available upon request.



4-week Postpartum Checkup (In-Office Visit):



This appointment is OPTIONAL and at the mother's request. We are always available to see you and your baby.

Just call and ASK to see us!

Sometimes you just need a "Midwife Fix" or you might be having emotional problems, physical concerns, or breastfeeding issues that you want to talk about and have evaluated.

If you are experiencing emotional struggles, depression, feelings of sadness, or a desire to hurt yourself or your baby, **PLEASE contact your midwife right away and also communicate these feelings to your husband, partner, or other significant other.**



6-Week Postpartum Checkup (In-Office Visit):

- Baby's Vitals - Respirations, Heart Rate, Temperature;
- Baby's Measurements - weight, length, head and chest circumference;;
- Belly Button - continued cleaning instructions, if indicated;
- Baby's elimination, problems with gas or colic;
- Newborn's General Appearance & Activity - sleeping, nursing, waking periods, general appearance;
- Reminder to have **Newborn Hearing Screening** within first three months;
- Mother Vitals - Blood Pressure, Pulse, Temperature (if indicated);
- Mother's General Appearance & Activity - sleeping, eating/drinking, elimination, Mom's general appearance;
- Lochia - amount, color, odor, **When did it stop?**
- Breasts - **How well breastfeeding is going?**
- Nipples - any soreness, chaffing or blisters, inverted nipple problems;
- **Have you been a "Queen" for two weeks?**
- **How are your emotions?** Discussion about Baby Blues & Postpartum Depression/Psychosis, if indicated;
- Discussion about housework, physical activity, exercise, and outings;
- Enough help and support from partner & other significant care givers?
- Uterus: Lochia resolved: When?
- Pap Smear, as indicated (lab fee is direct-billed to you/your insurance by the lab);
- Appointment made for **12-months/Annual Well Woman Checkup**;
- Reminder to order official copy of baby's Birth Certificate;
- Pictures of Family taken for **"Wall of Fame"**
- Kisses, Hugs & Good-Byes... **"sniff"**

