

Informed Disclosure for Midwifery Care (Draft)

Rosewater Midwifery

Provider: My name is Emily McGregor (she/her), I am currently a student midwife at the Midwives College of Utah (MCU). My goal is to obtain my Certified Professional Midwife (CPM) credential, become a Licensed Midwife (LM) in the state of Washington. My anticipated graduation date is December of 2024 and I hope to take the North American Registry of Midwives (NARM) exam and the Licensing exam by the end of January 2025.

My background: I became a doula in 2017, shortly after I had my daughter at home with my midwife. My first year in practice I attended 38 births (which is really busy for a new doula!) I fell in love with being in the birth space and supporting birthing people. I became a childbirth educator through Lamaze in 2019, a Certified Lactation Counselor (CLC) in 2020, through the Healthy Children's Project. In 2021 I became a Midwife Assistant for a busy local birth center, assisting 6 midwives. After many conversations, I decided to register for midwifery school at MCU, I started school May of 2021 and have maintained all A's. I never knew I would be a straight A student!

Starting midwifery school has been a dream come true, I am excited to see where this journey takes me.

Philosophy of care: My philosophy of care is that birth is unique to each individual, and requires tailored support. As I move into the midwifery role I want to focus on this, providing tailored support to meet the needs of each client.

My membership in local midwives' associations: While I am not currently a member of any local midwives groups, in Washington State it is recommended to be in a number of different associations. I do plan on that being a part of my future. However, I am a trained and certified DONA doula, which I actively keep current. I also stay current with my Lamaze International certification and my Certified Lactation Counselor (CLC) through continuing education classes. I have hopes of becoming a member of the Midwives Alliance of North America (MANA) once I become a midwife.

Legal status & Malpractice: I am very fortunate to be located in Washington State where midwifery care is respected. Licensure is an option and is strongly recommended for all Washington midwives. I plan on becoming licensed as soon as I graduate and pass the NARM. At this time community birth midwives primarily work in the birth center or home birth setting, midwives are unable to oversee births that take place in hospitals (Washington State Department of Health 2013).

Prenatally, during labor, and postpartum conditions requiring consultation, transfer of care, transport to a hospital, availability of your written guidelines as a

separate document, if desired and requested by the client: As a midwife my scope of practice allows me to work with healthy, low-risk, singleton, head down, pregnancies and births. In the event that a complication arises that is out of my scope of practice, a conversation with my client will be had. I'd explain my scope in depth, discussing the benefits and risks of different options: for example, if my client has a baby that is in the breech position a referral out for a possible external cephalic version (ECV) and/or referral for a cesarean would be discussed. In situations like these a consultation with a local OBGYN would likely take place, after which a possible transfer to a physician might happen.

Details on reasons for referral or transfer of care to a physician: Midwifery care scope of practice allows for out of hospital midwives to work with non-complicated pregnancy and births, the following list are a few examples of complications that would warrant referral and/or transfer of care to a physician:

-Multiples

-Gestational diabetes

-Breech presentation

-Hypertension

Emergency equipment: A CPM in the State of Washington a CPM is able and permitted to carry medication and equipment to support in the event of an emergency. Emergencies such as: postpartum heavy bleeding, a baby having difficulties breathing after birth. As a CPM, myself and my team are trained in supporting emergencies like these. All members of the midwifery team are trained in Neonatal Resuscitation (NRP). This training permits the midwifery team to help some babies breathe on their own after birth, equipment such as a resuscitation bag and mask, bulb syringe, DeLee suctioning device, oxygen, and a laryngeal mask airway. If a baby needs intubation, that is out of the scope of the midwife and would be done after transferring care to an Medical Emergency Personnel. In the event of a heavy postpartum bleed I will carry antihemorrhagic medications such as pitocin (oxytocin), cytotec, methrogen.

As a community midwife I am required to have a second set of trained hands to support me during births, this person is called a Birth assistant, or a Midwife Assistant. I would bring my assistant who would be able to assist me in tasks that require two people, such as giving infant chest compressions.

Arrangements for medical consultation, transfer, and transport: An important part of my job as a future midwife will be to "know normal". Knowing normal means being able to recognize low risk, and taking the necessary steps in consulting, transferring and transporting a client if they are no longer "low risk". I am located in Kitsap county and my local hospital is St. Michael's medical center. While I do not have a current relationship with an overseeing OBGYN, as I move into practice that is something that will be a

priority for me. I will respect my clients decisions. If my client ever wants a second opinion I will prioritize finding one if possible.

Services provided: The services that I will plan to provide as soon as I am a practicing midwife will be as follows:

- Consultation
- Initial visit
- Prenatal care from initial visit to labor and delivery
- Immediate postpartum support, staying with client for 3-8 hours postpartum
- 24-48 hours postpartum visit in clients home to check on birthing person and baby, break down of the birth tub (if applicable)
- 3-5 day postpartum visit to check on birthing person and baby
- 2 week postpartum visit to check on birthing person and baby
- 6 week postpartum visit for birthing person
- Follow up lab work and/or ultrasounds

Role of apprentices in my practice: At this point I do not have any students or apprentices that I foresee working with when I become a midwife in roughly 3-4 years. However, I will have a midwife assistant as mentioned above.

Client education: As a childbirth educator, client education is something I value, and will continue to value as I move into the midwifery role. During any education or counseling provided, I will give handouts and other teaching materials often. I also will encourage my clients to ask questions.

Participation of family and friends: As a soon to be midwife my goal will be to support my client's choices, that includes who they want in their birth space. I do not have a "covid clause" or policy that limits the amount of people that my client invites into their birth space.

Contact numbers, on-call schedules, vacation arrangements, appointments: A magnet with "when to call the midwife" will be given to each client at the onset of care. As a soon to be midwife I will be "on-call" for each client starting at 37 weeks gestation to 42 weeks gestation. If birth happens prior to either 37 weeks or after 42 weeks a transfer of care to a physician will be discussed. I have no planned vacations in the near future and if vacation plans are made a back-up midwife will be provided for clients that are in-dates.

NARM accountability: "A CPM or CPM applicant who has been named in a written complaint to NARM is required to participate in Complaint Review and/or Grievance" Mechanism. Failure or refusal to participate in the accountability processes will result in revocation of the credential or denial of the CPM application. ("Accountability - North American Registry of Midwives")

In conclusion: My passion is helping people to feel supported and empowered. I often say to my clients “your body, your baby, your choice.”

Signing these documents acknowledges that you understand the information within.

Client's Name _____

Signature _____ Date _____

Midwife's name _____

Signature _____ Date _____

References:

“Accountability - North American Registry of Midwives.” *North American Registry of Midwives*, 2022, <http://narm.org/accountability/>.

Washington State Department of Health (2013). Midwifery Scope of Practice Sunrise Review. *Summary of information and Recommendations*.
<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//631045.pdf>