

Informed Disclosure Of Practice

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Carol Gautschi, CPM, LM

411 Craig Road

Sequim, WA. 98382

Hm: 360.683.4477 Fax: 360.681.8559

midwyf@gmail.com <http://gentlebirths.net/>

*Pregnancy, labor and birth are normal, human functions to which the majority of women are extremely well suited. Some medical professionals oppose out of hospital birth because they believe the risks inherent in childbirth warrant specialized equipment and services only available in hospital. There is no scientific evidence that for the majority of healthy women, giving birth in hospital is safer than giving birth outside the hospital, with the assistance of a well-trained, experienced attendant. It is very important that midwife and clients **work together** and share the responsibility for a safe and enriching childbirth experience. One of the many responsibilities the midwife has is to educate clients so they can make informed choices about their care. Knowing about each other begins such a journey. Thus, I present the following.*

I've worked as a Traditional, Holistic, apprenticeship trained midwife for 25 years before getting my license in October, 2003. I am a nationally-certified professional midwife (NARM CPM #98050029) and a Washington State licensed midwife (#MW00000280).

Traditional midwifery is different than much of midwifery currently available. Most Traditional Midwives are "community created". Meaning - folks recognize our giftedness in attending women at birth (during/after apprenticeship/study/hands-on), hence you are asked to participate in their births vs going to school and hanging a shingle. In other words – "Your gift makes way for you." We do the clinical, medical protocol most are familiar with and develop relationship with our clients that makes for better understanding and trust.

One of the hallmarks regarding traditional midwifery is that women need to take care to educate themselves and be RESPONSIBLE for their health, emotionally and physically. If parents are not willing to do this, I cannot in good conscience help you. With proper guidance and observance to your particular needs, even in difficult circumstances, most families fare better than generally expected.

At this time, I have seven children and nine grandchildren. I have been happily married to Paul since 1974.

As a community created midwife I have provided home-based maternity care since 1978. I have been blessed to be a part of approximately 1,200 births. The first homebirth I attended was in 1970. I have been attending births as a primary midwife since 1981.

Currently, I am in a solo practice (averaging 3-4 births per month). I also provide labor support (Monitrice) for planned hospital births and care for women occasionally, in tandem with a physician. That would mean those who want to labor at home but give birth in hospital.

Although, I believe that every woman has the right to choose where and with whom she has her baby, my practice is limited to low risk pregnancies and births. Should your pregnancy fall out of the low risk category, other arrangements will have to be made for this birth.

*Expectant mothers must be healthy, experiencing a normal pregnancy and **not** planning to receive pain medication during labor or anesthetics during the birth. A fare percentage of my clients use water during their births/delivery. Most express the fact that it is helpful in pain-relief due to the advantages of buoyancy and comfort.*

Parents-to-be must agree to medical consultation and/or hospitalization if serious medical complications arise either during the pregnancy, the intrapartum or immediate postpartum/postnatal period.

Clients are seen every Friday from 9:30 a.m. to 4:30 p.m. and on Tuesdays from 9:30 – 4:30. Your appointments will be one to two hours in length and there is no charge for consultation visits. Expectant

mothers are seen, on average, every month from 4 - 12 weeks of pregnancy until 28 weeks (8, 12, 16, 20, 24 and 28th wk). Then appointments are scheduled every 2 weeks (30, 32, 34 & 36 wks). Starting at 36 weeks, I see mothers weekly. I expect you to do your best to keep your appointments and be on time. I do a home visit sometime around the 37th week of pregnancy so that I may see where you live in daylight, make sure you have your supplies and if you desire, meet with others who will be present during labor or in conjunction with your birth.

Generally, during your pregnancy, birth and afterwards, there will be one or two assistants/apprentices present. They will, with your permission, feel, measure and check you and perform various other clinical skills as the opportunity may arise. My goal is to duplicate the Traditional Midwifery model so that we will be a lasting profession for families in the future.

If I have an adequate amount of requests, I teach homebirth preparation classes - each series is 6 – 8 weeks long and each class is 2-3 hours. The cost is \$150.00 per couple. I usually limit the group to no more than 10 couples. This smaller number of couples allows for a pleasant "group" environment and lots of personal instruction and fun.

Again, clients are expected to holistically (spirit, mind & body) eat healthy, be well informed and to take responsibility for reading and educating themselves. I also have a lending library I make available to you. You are responsible to replace lost or damaged books.

I expect you to consider the gravity of the risk you are taking, and be willing to take full responsibility for the outcome of your birth. I cannot offer you any guarantees other than I will do my best; with the knowledge I have, to provide you with a safe and rewarding birth experience.

During the delivery, the father is encouraged to participate fully in this event, if desired. He usually 'catches' his baby as she/he emerges, sometimes with moms loving hands assisting. This is optional and many men appreciate the opportunity. Our roles will be to assist with the delivery of the baby and placenta, to monitor bleeding, to watch over the baby, assessing the Apgar score, doing a general physical, and facilitate bonding and breastfeeding.

Even with low risk births, complications may arise. Usually there is ample time to transport to hospital, but occasionally we deal with the complication at home. Some of the complications I have dealt with are fetal distress, prolonged labor, dehydration, meconium, breech presentation, twins, shoulder dystocia, prolapsed and occult cord, postpartum hemorrhage, uterine inertia, abruption of the placenta, birth defects, and respiratory distress in the baby.

Federal law mandates that hospitals may not refuse emergency care to pregnant women or women in active labor. Our local hospitals use the obstetrical doctor "on call" for homebirth transports. Without private physician backup, you will not know who will handle your birth ahead of time. In the event that you do not care for the physician "on call", you may ask for another, more suitable to you. This is a patient's right.

At approximately 32 weeks you will receive a handout with a list of supplies (approx. \$53. since 10/07), you are expected to have in your home for the birth. They need to be there by your 36th week. I am not responsible for these supplies, and you must have them by the home visit.

If I am notified when your labor begins and kept in touch with during your labor, it is very rare that I would miss your birth. If I am at another birth, "off-call", or out of town, I will have a back-up midwife available.

Birth is an amazing time in a woman's/couples/families life. As a midwife, I clearly recognize this therefore my goal is a safe and rewarding birth for both you and your baby.

If we agree to work together, I look forward to a rich and satisfying experience while sharing this time with you.

Mothers Signature

Date

Father's signature

Date
