

SPECIAL DELIVERY MIDWIFERY

Homebirth -The Natural Choice



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PREPARATIONS FOR HOMEBIRTH

I would like to welcome you to the wonderful world of homebirth. The following pages will help prepare you for your upcoming homebirth. If you have any questions, I'm always happy to help you with them.

You will need to attend a Childbirth Education class if this is your first baby, or you haven't attended a class in the last five years. I have the names and numbers of several excellent childbirth educators available in the Tulsa area.

CONTACT INFORMATION

HOME/OFFICE: (918) 224-1605 I have an answering machine for messages, questions etc... If it is urgent, please let me know when leaving your message, otherwise, I may call you the next day. It is a great help to me if you will leave your phone number every time you call, so I do not have to look it up to return your call. If you think you are in labor, call this number first, and then if needed, page me or call the cell phone.

PAGER: I carry a digital pager at all times, making me available to you at all times. It is extremely important that you call me when you show any sign of labor or impending labor. This allows better preparation with my schedule, and keeps me aware of what is going on with you. I stay very busy, so please keep in touch.

PAGER INSTRUCTIONS: (918) 632-BABY (632-2229)

- A. Dial **632-BABY**
- B. Dial in **your phone number**
- C. Hang up and wait for me to call. (Try to keep your phone line clear so I can call you back)

CELLULAR PHONE

I carry a cellular phone and will make sure you have that number towards the end of your pregnancy. I ask that you use this phone only for emergencies or labor.

If you are in labor, call my home/office number first, leave a message about what is happening with you and then page me or call my cell phone.

If I have not returned your call within 10 minutes, **PAGE OR CALL ME AGAIN.**

SUGGESTED READING

Let me encourage you to read as much as possible on homebirth. It is very important that you make this an educated decision. Below are various books that you might find interesting. It is not a complete list, but it is a good start. Your local library should have some of them or your childbirth instructor may have books to loan you. I have most of these books, as well as several birth videos. If you would like to check one out, please let me know.

Husband Coached Childbirth - Dr. Bradley
The Womanly Art of Breastfeeding - LeLeche League
Ina May's Guide to Childbirth – Ina May Gaskin
After the Baby is Born - Carl Jones
Hey Who's Having This Baby Anyway? – Breck Hawk
Pregnancy, Childbirth and the Newborn - Penny Simkin
The Birth Partner - Penny Simkin
Homebirth - Sheila Kitzinger
Special Delivery - Rahima Baldwin
A Good Birth, A Safe Birth – Diana Korte & Rebecca Scaer



Video: ***The Business of Being Born*** by Rikki Lake & Abby Epstein

Interesting Websites:

<http://www.americanpregnancy.org>

www.babycenter.com

www.parentsplace.com/first9months/main.html

<http://www.midwiferytoday.com>

<http://homebirth.meetup.com/75/>

http://www.healthywomen.org/content/publication/pregnancy-planner?context=publications&context_title=publications&context_description=

PRENATAL VITAMINS

You will be expected to take a good quality prenatal vitamin. You may purchase an excellent brand at my office or go to the health food store to purchase a good quality brand. Please do not take a generic prenatal vitamin such as those you would find at Wal-mart, as they do not assimilate well and are a waste of your money.

AVOID

Smoking, alcohol, caffeine (coffee, tea, colas, chocolate, etc.), medications (of any kind), sugar, junk foods, fumes from paints, paint thinners, pesticides, or artificial sweeteners.

INFORMED CHOICE

An informed choice agreement is so that you, the client, can make an informed and educated decision as to who will be your birth attendant. This agreement gives you the information you need concerning my background, experience, training, etc.

PHILOSOPHY

I believe birth is a natural physiological process that when nurtured, but otherwise left alone, will function beautifully. I am very aware as a midwife, that complications in birth need to be managed; however, as a rule I do not believe that normal birth must be “managed.”

As a Christian, I believe that God created the woman’s body to powerfully and wonderfully bring forth children. Through the years, I have watched and assisted in this process with awe and respect; I believe this is the most incredible physical event we experience. Next to God and my family there is nothing that gives me more satisfaction. I will try my best to be what you need; to give you support, love, time, information and skilled midwifery care. I believe midwifery to be a “calling” and feel blessed to have the gift of midwifery in my life.

PERSONAL INFORMATION

I was born September 27, 1957 in Texas, but have been a resident of Oklahoma since I was a child. I have three wonderful children. Russell Paul (my firstborn), was born at home in 1975 when I was 17 years old with two lay-midwives in attendance. I labored 12 hours, and he weighed 8 lb. 4 oz. Stephanie (2nd), weighing 7 lb.12 oz. was born in 1981 at Hillcrest Medical Center following 24 hours of failure to progress in a planned homebirth. I believe her posterior position, and the fall I had taken two days prior to the birth was responsible for the failure to progress. Clayton (last, but definitely not least) was born in 1983 at home with midwives attending. He weighed 9 lb. 6 oz. and I labored for 9 hours.

I was actively catching babies through my last two pregnancies. I now have 6 grandbabies and was honored to actually catch two of them. Grandchildren are such a gift, I am loving it!

My family has been, and continues to be very supportive of my practice, especially when the hours get long and tiring. I have to give them credit for the many sacrifices they’ve made to supporting having a midwife for a mother.

I am asked many times if I ever get tired of the job and I can honestly say that I get tired, but never of the job. Midwifery is much of what defines who I am.

TRAINING AND CONTINUING EDUCATION

In 1977, at the age of 19, I began my 18 month apprenticeship with my aunt, a traditional midwife of 10 years midwifery experience. Much of my training began as “hands-on” experience, but my heart has always leaned toward the search for more knowledge. As well as countless hours of self-study and research, I attended every workshop available to me at the time. In 1997 I began my formal education towards a degree in nursing and nurse midwifery.

Currently:

- **Certified Nurse Midwife (CNM)** – American College of Nurse Midwives
- **Certified Professional Midwife (CPM)**. Midwives Alliance of North America

Past:

- Masters of Science in Nursing Degree - Nurse Midwifery at State University of New York 2002 – 2005
- Bachelor’s Degree – Northeastern State University (2001-2002)
- Associates Degree Nursing - Tulsa Community College (1997 – 2001)
- Associates Degree Liberal Arts - Tulsa Community College (1997 – 2001)
- Certified Professional Midwife w/ North American Registry of Midwives (1997)
- Certified Senior Midwife w/ Oklahoma Midwives Alliance (1985-2005)
- Nationally registered Emergency Medical Technician (1983-1989)
- Certified in CPR (adult and infant) 1983 thru present
- Neonatal Resuscitation Program (2005 - present)
- Intensive Midwifery studies with Maternity Center in El Paso, TX (1977-1983)
- Neonatal Symposium - St. John’s (1986)
- 18 months apprenticeship (1977-1978)

I have and continue to fulfill educational hours in some form every year since 1983.



Midwifery Organizations Served:

Midwives Alliance of North America (regional rep.) 1987-1989
Oklahoma Midwives Alliance (OMA)
 President (1985-1991)
 Secretary (1991-1993)
 Treasurer (1993-1995)
Apprentice Academics State Coordinator (1988-1993)
Secretary of OMA (1991-1993)
State Coordinator for Apprentice Academics (1988-1993)
Board Member of North American Broad of Midwifery (NARM) 2006

Statistics:

Birth statistics include only births I was the primary midwife for (hospital transports not included in these stats).

- **Birth experiences as of January 1, 2009**

Total number of births attended (as primary midwife): 1603

Although I do not routinely deliver twins or breech, I have delivered:

Sets of twins: 12 Breech: 19

In an average year I transport less than 6% of my clients/or babies to the hospital for various complications.

Midwifery in Oklahoma:

- **Legal Status**

I am licensed by the State of Oklahoma as a Certified Nurse Midwife.

I also hold my certification as a Certified Professional Midwife

A Certified Nurse Midwife (CNM) is formally trained in nursing with extended formal training at a Master's level in midwifery.

IA Certified Professional Midwife (CPM) has received less formal training through sources such as apprenticeship, workshops, correspondence courses, reading, self-training and experience, then successfully passes the North American Registry of Midwives exam. The state of Oklahoma does not provide licensing or certification of CPMs.

PARENT RESPONSIBILITY

You will be expected to make the decision to have a homebirth an educated decision and take the responsibility involved. Homebirth has proven to be a safe alternative for birthing women. Women have given birth in their homes for centuries; however, as with life in general, there is always the chance of the unexpected. If at any time you feel you need to be in the hospital, please let me know. I would never encourage any woman to deliver in an environment that makes her feel unsafe or uncomfortable. Homebirth is a safe alternative for the vast majority of women, but it is not for everybody. You have to decide what is best for you. I also believe both parents should be in agreement with the decision to give birth at home.

You will be expected to transfer to the hospital should circumstances come up that make you high risk. You will be expected to follow a healthy diet, prenatal vitamins, appropriate exercise, and frequent prenatal care.

PRENATAL CARE

You are expected to receive regular prenatal care. This is extremely important to the outcome of your birth. There are many situations that potential problems, if dealt with in a timely fashion, never become true complications. At this time there are very few doctors in the Tulsa area (that I am aware of) offering prenatal care and emergency back-up to homebirth parents (primarily due to liability issues and disapproval of homebirth). If we have to transport to the hospital, we will go to the nearest emergency room and take the doctor on call. I stay with you through that process as well.

I provide prenatal care. I will see you monthly until your eighth month of pregnancy, after that time I will see you more often. If you are having problems, I will see you more frequently. If you go past your due date, I will see you weekly to keep a closer watch on you and your baby.

Each prenatal visit will include: checking your urine for glucose and protein, taking your blood pressure, weight gain, listening to the baby's heartbeat, and checking the baby's size and position. We will discuss your diet, vitamins, problems, questions, birth preparation, etc.

I will discuss with you at the appropriate time in your pregnancy, tests and procedures routinely done with pregnancy. Such as, at 15-19 weeks you would be offered testing for the AFP test (a blood test for birth defects) and at 18-24 weeks you would be given the option for an ultrasound, Glucose Tolerance test, etc. I will give you the information on what the test is, what it checks for, if you have indications for it, etc.

You will be required to have regular prenatal blood work, which may include a complete blood count, antibody screen, blood typing, Rh factor, syphilis and hepatitis. At 28 weeks testing for gestation diabetes and anemia screening is routinely done. Last, but not least would be a culture for Group B strep (GBS), routinely done at 35-38 weeks.

Approximately 2 to 3 weeks before your due date, I may be doing an internal exam to determine dilation, effacement, position, and station of the baby's head. If you go past your due date by 1-2 weeks, you will be asked to have a Non-Stress Test and/or ultrasound to evaluate the health of the baby, and status of the placenta, amniotic fluid, etc.

THE BIRTH

You need to contact me as soon as you know you are in labor. When I come to your home will depend on your past OB history, the frequency and strength of your contractions, and when you feel you would like me to be there. When I arrive, I will do an initial exam to see how far you are dilated, monitor the baby's heartbeat, take your vital signs (blood pressure, temperature and pulse), set-up my equipment and your birth supplies. Mom and baby are closely monitored throughout the labor. I carry a Doppler (to monitor the baby) and oxygen if you or your baby needs it. I also bring any other equipment needed, such as scissors, clamps, baby scales, etc.

You may be in the position of your choice for the delivery, if you have special requests, let me know. Once the baby is delivered and I know that the baby's airway is clear, the baby will be placed on your abdomen. Unless there are conditions requiring early cutting of the cord, I wait until the cord has finished pulsating to clamp it, and then give the baby's father the opportunity to cut it. When you are ready, you will be cleaned up, checked for lacerations, and given something to drink and/or eat. The baby will be given a newborn exam, (I also recommend a newborn exam by a doctor within the first day or so) cleaned up (the vernix rubbed in), and dressed to maintain his/her warmth. I will stay with you 2 to 3 hours after I know you and baby are stable, unless there are complications that require me to be there longer, and in that case, I will stay until all is well.

I usually have one assistant/apprentice with me at each birth. If you are uncomfortable with more than one assistant/apprentice, please let me know. If I have simultaneous births, there will be a qualified midwife at each birth. I usually go to the one that is progressing the quickest, or the one who might require more help. If I am sick or out of town, there is always another midwife as backup.

I will return within a few days after the birth to check on you and the baby, fill out the birth certificate, PKU, and do baby feet prints. I will see you again at six weeks for a postpartum visit. If you want a Pap smear at the six week visit, let me know when you set the appointment.

If you have special requests, please feel free to discuss them with me. I believe every birth is special and would like it to be what you want it to be.

SUPPLIES

You will be given an order form to order your birth supplies. If you have not received one by 30 - 32 weeks, please ask me for one. In addition to this, you will need to have:

- 2 old, clean bath towels (that can be thrown away after the birth)
- 2 rolls of Viva or Job Squad paper towels (large grocery stores carry these brands, please do not buy the cheap paper towels)
- 8 oz. of Olive oil
- Disposable diapers (newborn)
- Digital thermometer

Place the 2 old bath towels, an old receiving blanket (to cover the baby up immediately after birth) and the paper towels (out of the plastic) in a paper bag and seal it (staple, tape, etc.) Place the towels and paper towels in a large trash bag and tie it off until we need it for the birth.

BABY'S CLOTHES

Please have the baby's clothes in a convenient place. Place a gown, T-shirt or onesie, socks, and 2 receiving blankets in a sack with your birth supplies. The baby's clothes do not need to be sterilized, just clean.

The Room

The room that you plan to deliver in needs to be thoroughly cleaned, and all supplies bought by your 36th week.

BIRTHING CHAIR

I have a birthing chair if you would like to use it. The birth chair can be very helpful if this is your first birth or a large baby, or if you have a waterbed (those are tricky to delivery on). It does not require a lot of room or time to set up. Please let me know if you wish to use it, as I don't carry it with me all the time. Please let me know if you have chosen a waterbirth for your delivery.



PERINEAL MASSAGE

You will need to start preparing your perineum by starting a daily massage of your perineum with olive oil (or some other type of oil). This needs to be started 3-4 weeks before your due date. There is an additional handout on page 17 of this packet on how to do this. This is very effective in preventing tears of the perineum. If you have had previous episiotomies, you will need to do this faithfully, as scar tissue has a greater risk of tearing.

BREAST FEEDING

If this is your first experience with breastfeeding, please discuss it with me and consider attending some LeLeche meetings. If you have flat or inverted nipples, or are not sure, let me know so we can discuss remedies to this problem. If you are not planning on breastfeeding, please talk to me about it.

FAMILY

I encourage your family's (or friend's) participation in this birth experience. This will be a very special time for you and can strengthen your family bonds. If you would like your other children to be at the birth, you will need to educate them about the birth process, and I strongly encourage you to ask them if they want to be at the birth. You may have anyone that you like at the birth, but make sure that you are completely comfortable with whoever is there. You are welcome to bring them to prenatal visits as well.

DANGER SIGNS OF PREGNANCY

Consult with your doctor or myself immediately if you experience **any of the following signs:**

- any vaginal bleeding
- severe, persistent abdominal pain
- severe headaches in the last three months (especially with dim or blurred vision)
- no movement from the baby for 24 hours after the 5th month
- premature rupture of your membranes

DIET

Eat 60 to 80 grams of protein daily. Protein is needed to form your growing baby and placenta. There is approximately 25 grams of protein in each of the following: 3 cups milk; 4 eggs; 2 cups cooked beans; 2 oz. nuts; 4 oz. meat, fish or cheese.

Take in adequate calories. I do not encourage dieting of any sort while pregnant. However, you do need to stay away from foods with refined sugar or foods that are fried, since these will only put weight on you and the baby. Limit your intake of high fat foods. **FAT MAKES FAT!**

Salt to taste. Stay away from processed foods that are full of salt: such as potato chips, lunchmeats, bacon, etc.

Calcium: 1000 mg daily. The best source of calcium is fish and dairy products. Do not use bone meal or oyster shell tablets as supplement, as these have been found to have lead, mercury and other toxic metals. Calcium Citrate is an easily assimilated form of calcium.

(Opt). Augment your protein intake with powdered Spirulina or Chorella. These contain protein 200% more assimilable than meat.

Prenatal Vitamins and Minerals. These are highly recommended. One of the best natural vitamins I have found is Go Natural Complete Nutrition. This is an excellent supplement and available at my office, Mays Drug, Drug Warehouse and online (www.completeliquidnutrition.com using code# GN460MW).

Supplemental Iron. Floridex and liquid chlorophyll are excellent. Iron is best taken with Vitamin C or citrus juice for assimilation.

Water. You should drink a **minimum of 8 classes of water** every day. I know that sounds like a lot of water, but this will prevent constipation and keeps your body flushed out. It is also necessary for your increased blood volume since you carry 1/3 more blood volume while pregnant. It will help reduce swelling.

Eat as many foods fresh and natural as you can. Many nutrients are lost with overcooking or processing. Remember, the more foods that you eat raw and fresh, the more nutrition you and your baby will get.

RED RASPBERRY: (3-6/day) Strengthens and tones uterine and pelvic muscles with regular use. Raspberry has rich concentrations of vitamin C and easily assimilated calcium and iron. It is also useful for morning sickness and preventing miscarriage. It decreases the risk of postpartum hemorrhage.

PROTEINS

<u>Milk</u> , Whole, 1 qt - 32 grams	Pinto 1 cup -16
Skimmed, 1 qt - 36 grams	Red Kidney 1 cup - 15 grams
Powdered, 1 cup - 30 grams	Soybeans 1 cup - 22 grams
<u>Yogurt</u> , Skim 1 cup - 8 grams	<u>Cabbage</u> 1 cup - 1 gram
<u>Custard</u> Baked - 13 grams	<u>Carrots</u> 1 cup - 1 gram
<u>Ice Cream</u> 1 cup - 9 grams	<u>Cauliflower</u> 1 cup - 3 grams
<u>Cheese</u> Cottage 1 cup - 34 grams	<u>Celery</u> 1 cup - 1 gram
Cheddar ½ cup - 14 grams	<u>Corn</u> 1 ear - 4 grams
Cream ½ oz - 6 grams	<u>Lentils</u> 1 cup - 15 grams
Swiss - 1 oz - 6 grams	
Roquefort 1 oz - 6g	
<u>Beet Greens</u> 1 cup - 5 grams	<u>Mushrooms</u> ½ cup - 2 grams
<u>Eggs</u> 2-12 grams	<u>Peas</u> Green 1 cup - 3 grams
<u>Beef</u> 3 oz - 20 grams	<u>Potatoes</u> ¾ cup - 4 grams
<u>Steak</u> 3 oz - 22 grams	<u>Squash</u> Summer 1 cup - 1 gram
<u>Corned beef</u> 3 oz - 22 grams	<u>Tomatoes</u> 1 cup - 2 grams
<u>Chicken</u> Broiled 3 oz - 23 grams	<u>Turnip Greens</u> 1 cup - 4 grams
<u>Chicken Livers</u> 3 med. - 22 grams	<u>Turnips</u> 1 cup - 1 gram
<u>Lamb</u> 4 oz - 24 grams	<u>Fruits</u> 1 cup - 1-2 grams
<u>Pork</u> 3 oz - 18 grams	<u>Dates</u> 1 cup - 4 grams
<u>Ham</u> 3 oz - 16 grams	<u>Bran Flakes</u> 1 cup - 3 grams
<u>Turkey</u> 3 ½ oz - 27 grams	<u>Bread</u> Cracked Wheat 1 slice - 1 gram
<u>Veal</u> 3 oz - 23 grams	<u>Macaroni</u> Cooked 1 cup - 5 grams
<u>Liver</u> Beef 3 ½ oz - 26 grams	<u>Oatmeal</u> 1 cup - 14 grams
Lamb 3 ½ oz - 32 grams	<u>Rice</u> Uncooked 1 cup - 14 grams
Pork 3 ½ oz - 29 grams	<u>Wheat Germ</u> 1 cup - 17 grams
<u>Kidney</u> Braised 3 ½ oz - 33 grams	<u>Nuts</u> Almond/Cashews ½ cup - 12 grams
<u>Frankfurter</u> 2 - 14 grams	<u>Sunflower Seeds</u> ½ cup - 9 grams
<u>Clams</u> Steamed 3 oz - 28 grams	<u>Sesame Seeds</u> ½ cup - 9 grams
<u>Cod</u> Broiled 3 ½ oz - 28 grams	<u>Walnuts</u> ½ cup - 7 grams
<u>Crab meat</u> 3 oz - 14 grams	<u>Desiccated Liver</u> ¼ cup - 28 grams
<u>Fish Sticks</u> Breaded (5) – 19 grams	<u>Brewer's Yeast</u> ¼ cup - 13 grams
<u>Flounder</u> Baked 3 ½ oz – 30 grams	
<u>Haddock</u> Fried 3 oz - 26 grams	
<u>Halibut</u> Broiled 3 ½ oz - 26 grams	
<u>Lobster</u> Steamed ½ med. - 18 grams	
<u>Shrimp</u> Streamed 3 oz - 23 grams	
<u>Swordfish</u> Broiled 1 oz. – 27 grams	
<u>Tuna</u> Canned 3 oz - 26 grams	
<u>Artichoke</u> 1-2 grams	
<u>Asparagus</u> 6 spears - 1 gram	
<u>Beans</u> Green 1 cup - 1 gram	

SOURCES OF IRON

Liver (beef, pork, chicken), Eggs, Dried Apricots, Dried Beans, Enriched Breads/Cereals, Dark Green Leafy Vegetables, Prunes, Molasses, Raisins, Broccoli, Oatmeal, Iron Building Herbs (Yellow Dock, Alfalfa, Chlorophyll, Barley Green)

****Cast Iron cookware contributes to the iron content of food especially when cooking acidic foods.**

GOOD FOOD SOURCES

Protein: Alfalfa sprouts (contain 150% more protein than other grains), whole grains, legumes, nuts, seeds, yogurt, avocados, cheese, eggs, milk, cottage cheese, meats, fish, poultry.

Iron: Comfrey leaf, raisins, apricots, blackstrap molasses, wheat germ, oats, leafy greens, kelp, seeds, legumes, eggs, fish, poultry, yellow dock, parsley, dandelions, nettles.

Calcium: Dark green leafy vegetables, sesame seeds, almonds, sunflower seeds, cheese, yogurt, milk, soybeans, bone meal, watercress, raw beet juice, molasses, whole grains, alfalfa, nettles, eggs, dried fruits, parsley, dried seaweed, carob powder.

Vitamin C: Rose hips, citrus fruits, dark green leafy vegetables, green peppers, cabbage, broccoli, paprika, tomatoes, alfalfa sprouts, cantaloupes, strawberries, nettles.

Vitamin D: Sunshine, egg yolks, bone meal, sunflower seeds, fish liver oils, tuna, salmon, nettles

Vitamin E: Dark Green leafy vegetables, wheat germ, eggs, sunflower seeds, nuts, molasses, sweet potatoes.

Vitamin B's: Green leafy vegetables, wheat germ, nutritional yeast, blackstrap molasses, prunes, nuts, bananas, cabbage, sunflower seeds. Cheese, milk, yeast soybeans, wheat germ oil, comfrey, fish, pickles, Spirulina.

Folic Acid: Uncooked dark leafy green vegetables, nutritional yeast, mushrooms, milk, cheese, whole grains, dates.

Niacin: Legumes, nutritional yeast, milk products, rice bran seeds, whole grains, lean meats, poultry, fish.

Riboflavin: Leafy greens, mushrooms, brown rice, blackstrap molasses, nutritional yeast.

Thiamin: Brown rice, nutritional yeast, whole grains, blackstrap molasses, meat, fish, poultry.

Phosphorus: Seeds, legumes, grains, eggs, yellow cheeses, fish, meat, tofu, poultry.

Iodine: Kelp, leafy greens, iodized salt, sea salt.

Magnesium: Honey, green leafy vegetables, nuts, dried beans, spinach, bran, alfalfa, seafoods, whole grains.

Zinc: Soybeans, spinach, sunflower seeds, nutritional yeast, comfrey, whole wheat, oyster, bran, pumpkin seeds.

Vitamin K: Alfalfa, nettles, kelp, shepherds purse, egg yolk, sunflower oil, cauliflower, kefir, leafy vegetables.

EXERCISE

You should exercise in some form **every day**. This will increase your circulation and deliver more oxygen and nutrients to you and your baby. Exercise will tone your muscles, lessening the chance of tearing to your perineum, and shorten the length of labor and postpartum recovery. Any way you put it, you are going to improve yourself with exercise. Walking, swimming, and riding a bike are great. If this is your first baby, or you had a long pushing stage last time, I recommend plenty of squatting every day. You need to spend a minimum of half an hour a day exercising.

MOM'S POSTPARTUM

Help: It is extremely important that you have help after the baby is born. Your family, a friend or husband can help you with your other children, the housework, cooking, etc. which will allow you to recuperate so you can care for yourself and your baby. Please remember that you have just had a baby and that your body is making some big adjustments.

Uterus: You will be shown how to check the size and firmness of your uterus after birth. It should be the size and firmness of a small grapefruit. There will be some extra bleeding when you get up, sneeze, cough, or nurse your baby, etc. If you have had more than one baby, you may experience "after-pains" which will last 2 - 3 days. You may wish to have Tylenol or Ibuprofen available (no aspirin). Cornsilk is a good natural treatment for afterbirth pains.

Temperature / Pulse: You will need to take your temperature and pulse 2 times daily. (a.m. and p.m.) Call me if it is elevated above normal. Your temperature should be 97 to 99 degrees Fahrenheit. Pulse normally runs below 90.

Urination / Stools: You need to get up and try to urinate within 2 - 4 hours after birth. Do not strain and do not be too concerned if you are unable to urinate. Try later. You may pass blood clots when you get up, this is normal. When you do urinate, you will need to use a peri-wash. Always use white toilet tissue to pat dry.

Blood Loss: If you are soaking more than 1 sanitary pad in a half hour, contact me.

Do not use tampons at all!

Diet: It is important that you increase your fluid intake to supply enough for milk production; this will replace the fluids lost during birth and increase over-all well being. Try to avoid caffeine drinks, and eat foods that are easily digestible. The same diet that applies before birth, applies after birth.

Rest: You need an abundance of rest. You will have to adapt to the baby's sleep schedule if possible. Keep your visitors to a minimum the first few days.

Bathing: Baths should wait for 24 hours after the birth to give you a chance to get some strength and let your bleeding regulate. Showers are fine as soon as you feel like it. If you have stitches, a sitz bath will feel wonderful. An herbal bath is included in your birth supplies and is enjoyable when taken with your baby.

Nipple Care: Apply some type of oil or cream to your nipples after every feeding. Allow your nipples to get as much fresh air as possible. You can use moist heat on your breasts to relieve the discomfort of engorgement.

NEWBORN CARE

Temperature:

Since your baby's temperature regulating mechanism is not working well at birth, you will need to keep the baby very warm the first 12 hours. Normal newborn temperature is 97 to 99 degrees. Do not use hot water bottles or heating pads on the baby.

Feeding:

Nurse the baby on demand, as the baby is the one who knows when he is hungry. If you have nursed repeatedly and the baby still acts hungry, call me and we will discuss your options. Do not lay the baby on his/her back when they are sleeping. Lay baby on his/her side.

Stools/Urination:

The baby should have a bowel movement (meconium-black tarry stool) and urinate within 24 hours.

Skin/Cord Care:

The vernix (white, cheesy cream on the baby at birth) should be rubbed into the baby's skin. Rag bathing is best until the cord stump falls off. The cord stump usually falls off between 6 to 10 days, and can be cleaned with alcohol or hydrogen peroxide when it gets stained with bowel movements or appears "gooey," otherwise leave it alone to dry.

Jaundice:

This is a common occurrence that usually appears 2 to 3 days after birth and disappears about the 6th or 7th day. If it appears within the first 24 hours or persists after 7 days, you need to contact your pediatrician or myself. You should watch the baby for signs of lethargy, dehydration and lack of appetite.

Remember, the best thing you can give your new little one is lots of love and a solid sense of security. These first few days are very important to you and your baby, so set these days aside for your family. The bonds you form during this time are so very special and will last a lifetime.

NEWBORN PROCEDURES TO CONSIDER

PKU (Phenylketonuria)/T4 (Congenital Hypothyroidism)/ Classic Galactosemia, Sickle Cell (and other hemoglobin diseases)/ Cystic Fibrosis/ Congenital Adrenal Hyperplasia:

This test is required by the state of Oklahoma. Phenylketonuria (PKU) is an inborn metabolic disorder that affects 1 in every 10,000 babies. The problem stems from the inability of the baby to properly metabolize PKU, which is an essential amino acid (protein). There is a build up of this protein causing severe mental retardation. This can be significantly reduced with dietary changes if caught in time. This procedure is done by pricking the baby's heel to obtain a blood sample in the first week of life. This disorder is inherited from normal parents who are carriers of PKU. There are no physical symptoms and even if your other children do not have this condition; this has no bearing on this baby.

There is a charge of approximately \$100.00 by the state of Oklahoma.

HEARING SCREENING:

The State of Oklahoma requires a hearing screening of every newborn. The health department will do this free of charge.

EYE MEDICATION:

This procedure is required by the state of Oklahoma. Due to blindness caused by gonorrheal infection the state requires that an antibiotic medication (i.e. Erythromycin) be placed in the newborn's eyes shortly after birth.

VITAMIN K:

This procedure is not state law, but it is routinely given to the newborn after birth, by injection to prevent coagulation disorders causing bleeding tendencies in the newborn.

Please discuss these procedures and let me know what you would like to do about them. If you have any questions, please let me know.

For more information:

http://www.ok.gov/health/Child_and_Family_Health/Screening,_Special_Services_and_Sooner_Start/Newborn_Screening_Program/Newborn_Screening_Resources.html

PRENATAL PERINEAL MASSAGE

Perineal massage is a technique used to increase the possibility of delivering a baby without tearing the perineum. It stretches the perineal tissues, resulting in less resistance to the birth of the baby, and less need to cut into the tissue to make room for the delivery. If the muscles of the pelvic floor are relaxed, there will also be less resistance. The massage helps a woman identify those muscles and learn to relax them in response to pressure. Massaging oil into the perineum may soften the tissue, again reducing resistance.

Instructions:

The massage should be done daily for at least five (5) minutes, beginning about two (2) weeks before your due date.

Either you or your husband (or partner) can do the massage.

Wheat germ oil, (available at the health food store) is recommended, and olive oil or other vegetable oils can be used as well.

Make yourself comfortable lying in a semi-seated position against pillows.

The first few times you do this, take a mirror and look at your perineum so you know what you are doing.

Dip your fingers into the oil and rub it into the perineum and lower vaginal walls.

Doing the massage:

If you are doing the massage yourself, it is probably easiest to use your thumbs. Your partner can use his index finger. Put your fingers approximately 3" in the vagina and press downward toward the rectum. Maintaining steady pressure, slide your fingers upward along the sides of the vagina, moving them in a rhythmic U or sling type movement. This movement will stretch the vaginal tissue, the muscles surrounding the vagina, and the skin of the perineum. In the beginning you will feel tight, but with time and practice, the tissue will relax and stretch.

Concentrate on relaxing your muscles as you apply pressure.

As you become comfortable massaging, use enough pressure until the perineum just begins to sting from the tension you apply. You will later recognize this stinging sensation as the baby's head crowns. Partners can insert more fingers as the woman approaches term and the perineum has become elastic. This creates the confidence that a baby's head can surely fit through.

If you have any questions, ask your class instructor or call me.

New Pregnancy Questionnaire

Name: _____ Date: _____

DOB: _____ Age: _____ Marital Status (circle one) M S D Separated

Race (circle one) White Black American Indian Hispanic Other _____

Height: _____ Pre-pregnancy weight: _____ Pre-pregnancy birth control: _____

Insurance _____ Primary Care Physician _____

HISTORY:

What was the first day of your last period: _____ Was it normal? _____

Date of your positive pregnancy test: _____ Done where? _____

Number of sexual partners in past year: _____ Any abnormal vaginal discharge? _____

Have you ever been treated for sexually transmitted diseases? _____

Has your partner ever been treated for sexually transmitted diseases? _____

Have you ever been physically or sexually abused? _____

Have you ever been treated for: Depression _____ Anxiety _____ Panic Disorder _____

OCD _____ Bipolar Disorder _____ Post Traumatic Disorder _____ Eating Disorder _____

PAST MEDICAL HISTORY (Circle any you have had or presently have)

Hay Fever	Asthma	Diabetes	High Blood Pressure
Blood Clots	Seizures	Tuberculosis	Urinary Tract Infections
Heart Disease	Kidney Disease	Diabetes	Blood Transfusion
Heart Murmur	Liver Disease	Hepatitis	Cancer
Varicose Veins	Pneumonia	Thyroid Dysfunction	Epilepsy

FAMILY MEDICAL HISTORY (Circle all that apply to your mother, father, siblings, grandparents, aunts and uncles. Indicate with **F** for father's side and **M** for mother's side beside circled condition)

Birth Defects	Asthma	Diabetes	High Blood Pressure
Twins	Seizures	Tuberculosis	Cancer
Heart Disease	Kidney Disease	Epilepsy	Thyroid Dysfunction
Liver Disease	Hepatitis	Varicose Veins	Mental Disorders

Do you smoke? _____ If yes, how much per day? _____ How long? _____

Do you drink alcohol? _____ If yes, how often? _____

Do you currently use street drugs? _____ Have you used drugs in the past? _____

If yes, please list type of drugs: _____

Please list any surgeries you have had (type, your age and year)

Are you allergic to anything? _____

Are you currently taking any medications (including over-the-counter medications), vitamins or herbal supplements? _____

How would you describe your diet? _____

Date of last Pap smear: _____ Results of last Pap: _____

Ever had an abnormal Pap? ____ Yes ____ No If yes, did you receive treatment? _____

Last mammogram: _____ Do you do self breast exams? ____ How often do you exercise: _____

Do you work outside the home? ____ Occupation: _____ Hours per week: _____

MISCELLANEOUS INFORMATION

Who referred you to me? _____

What are your primary reasons for wanting a homebirth? _____

What are your partner/husband's feelings towards homebirth? _____

Will you be willing to transfer to the hospital or physician should complications arise? _____

Do you have any spiritual beliefs or special requests that you would like me to know about?

Birth Certificate Information

Mother's Full Maiden Name: _____

Address: _____

City: _____ State: _____ County: _____

Zip Code: _____ Date of Birth: _____

City and State of Birth: _____

Social Security # _____

Race: _____ Hispanic: Yes _____ No _____

Highest grade of education completed (years): _____ Degree? _____

First day of last menstrual period: _____

Total number of pregnancies: _____ Date of last live birth: _____

Number of terminations: _____ Date of last termination: _____

Have you or will you receive WIC with this pregnancy? _____

Do you give permission to the State of Oklahoma to send your child's birth information to the Social Security Administration? (If yes, they will automatically issue a SS card per mail in the months following the birth) _____

Do you give permission to the State of Oklahoma to use your child's birth information to other state agencies? _____

Father's Full Name: _____

Address: _____

City: _____ State: _____ County: _____

Zip Code: _____ Date of Birth: _____

City and State of Birth: _____

Social Security # _____

Race: _____ Hispanic: Yes _____ No _____

Highest grade of education completed (years): _____ Degree _____

INFORMED CONSENT FORM

I hereby acknowledge that I am voluntarily contracting for midwifery services. I have made this decision after being informed that in the course of childbearing, which is a normal human function, medical problems may unpredictably and suddenly arise which may present a hazard to myself and my unborn child. These problems include, but are not limited to, the possibilities of excessive bleeding, infection, convulsions, coma, allergic reaction and respiratory distress. Some other medical problems affecting the fetus and newborn which could occur are cord prolapse and other problems relating to the umbilical cord, congenital abnormalities, fetal distress, malpresentation, immaturity and post maturity, birth injuries affecting the newborn such as the affects of hyperbilirubinemia, blood incompatibility, anomalies, allergies, infections and brain damage which are difficult to recognize or are unrecognizable immediately after birth.

I have been informed and understand that personnel, facilities, and equipment for dealing with potential problems that may arise during the course of my labor, and delivery of my child, are available in a hospital, and that in choosing to deliver outside of the hospital, I am taking certain risks for my unborn child and myself. These risks relate mainly to delay in medical treatment for unforeseen childbirth complications to mother or baby requiring transfer to a hospital.

I understand that in the event transport or transfer to a medical facility is necessary, I will be taken to a medical facility and be seen by the physician on call for my care.

My acceptance into the care of a midwife is based on information I have given in my medical history and by remaining low risk based on regular risk assessments throughout this pregnancy. In order for the midwife to attend the delivery of my child, certain care requirements must be met. I will share the responsibility for meeting these requirements as follows:

I will obtain laboratory tests recommended by my midwife.

A regular schedule of prenatal visits will be followed.

If I start labor before 37 weeks or after 42 weeks of pregnancy, the midwife and/or a physician for possible transfer of care will evaluate me.

I am responsible for choosing a pediatrician to examine the baby within 24-72 hours of delivery.

I have been informed of the Midwife's training and experience.

The midwife's training and experience is designed to enable her to assist the mother with as little intervention as possible, in normal labor and delivery where no maternal or infant complications are expected.

SIGNED: _____

DATE: _____

Privacy Notice

I understand that federal HIPAA guidelines cover disclosure of my health information. In its basic form, HIPAA serves to protect my health information from public disclosure. As it pertains to midwifery care, HIPAA regulations require disclosure of my records to public health or safety officers regarding concerns such as communicable diseases, situations of abuse, neglect or violence, and as necessary for participation in governmental programs such as WIC, Medicaid, or employee disability. Additionally, I understand that I may receive a copy of my medical records, upon written request. I authorize my midwife or those she designates to have full access to my records for medical consultations, midwifery practice review, or insurance billing purposes. Specifically, I authorize my midwife to make copies of my medical record, including HIV test results, available to other midwives, doctors, nurses, laboratories and hospitals involved with my care. As a part of practice quality assurance, my case may be discussed in peer review sessions and included in practice statistics. I authorize my midwife to release the minimal records needed for the purpose of obtaining health insurance reimbursement. Additionally, in the typical course of care, midwives frequently entertain questions from family members and close friends, which my midwife may answer in general terms. I will provide guidance to my midwife if I desire limitations to these conversations. Finally, I will notify my midwife if I want her to call me at a location other than my home telephone. If I want to limit the disclosure of my health information in any of the situations noted above, I will let my midwife know in writing. The HIPAA law states that the midwife may not have to abide by my requested limits, especially if required by law to disclose. Also, I may revoke this agreement to share my health information at any time in writing.

Client signature: _____

Date: _____

FINANCIAL AGREEMENT

1. Parties

This agreement is made between _____ Client(s), and Ruth Cobb, Midwife.

2. Fees (checks or money orders should be made out to Ruth Cobb)

The delivery fee is \$2500.00, which includes:

- Labor, delivery and immediate postpartum care for the mom and the baby.
- Assistant fee
- Home postpartum visits
- Billing service for insurance claims

This fee does not include:

- Lab work
- Birth kit
- Newborn screenings or other tests required by state law
- Any referred services (e.g. ultrasound)
- Birth tub rental

Each prenatal visit fee is \$45.00, which is due at the time of the prenatal visit and includes:

- Routine prenatal exam
- Any testing done in the office (e.g. urine check, anemia testing, cultures)

3. Payment Plans

All payments must be received by 36 weeks of gestation, as calculated by the midwife. I like to work out payment plans with all of my clients at the beginning of the pregnancy outlining the total price to be paid and a schedule of payments.

4. Cash Discount

Self-pay clients may receive a 20% discount, reducing the delivery fee to \$2000.00, if they pay in full by the 30th week of gestation as calculated by the midwife.

5. Transport

The delivery fee is not refunded after or during the 37th week of your pregnancy or after the onset of your labor (including, but not limited to the rupture of your membranes). I understand my midwife cannot promise me a homebirth and should the need for transfer to a medical facility become necessary, she will continue to offer support and will remain through whatever situation develops. She will continue with postpartum care following your discharge home. Midwife support and advocacy at the hospital can be very valuable, and having an experienced person there who you can trust makes the experience much more successful.

6. Transferring Care

Should you transfer care prior to 37 weeks of gestation as calculated by the midwife, and prior to the onset of labor (including, but not limited to the rupture of the membranes), the delivery fee will be refunded with the exception of \$800.00. The charge for each prenatal visit is not refunded.

7. Distance

If you live more than one (1) hour driving time out from the midwife's office there is an additional charge of \$400.00.

8. Insurance

If you have insurance or health care coverage, my billing service will bill your insurance company or health carrier for you. By entering into this contract, you authorize my billing service to release health information to your insurance company or health carrier for the purpose of processing your claims. My billing service may bill your insurance company or health carrier for the following services related to your care including, but not limited to:

Initial visit, lab work, OB global fee including delivery, intrapartum care, birth assistance, facility fees, supplies, IV therapy, newborn exams & PKU, postpartum home visits.

When we bill clients directly, we standardize services into the delivery fee. However, when we bill insurance and health carriers, we itemize services in accordance with the insurer’s claims payment structure, which may require billing the insurance company in excess of the standard \$2500.00 fee. Due to repeated claims processing and tracking expenses, it is more costly to bill insurance than it is to collect directly from the clients. We have the right to accept reimbursement from the insurance that exceeds the package fee of \$2500.00.

The client is responsible for paying the midwife enough to ensure that the minimum reimbursement is \$2500.00, unless eligible for the cash discount, regardless of insurance reimbursement. If your insurance company denies your claims, you are responsible for paying the entire package of \$2500.00.

If, upon verification of benefits, your insurance company is likely to pay, I agree to only collect your deductibles for you and your baby, and approximate co-pay. If your insurance company pays and I find that you have overpaid, you will be refunded accordingly.

If your insurance company reimburses you directly, which is not uncommon, you agree to cooperate with my billing service. The billing service will determine how much of the reimbursement should be sent to me, and how much, if any, is yours to keep. In this situation, you agree to reimburse me immediately.

9. Disclaimer

We relieve the midwife of any financial responsibility arising from outside medical care. We understand that if our bill is not paid according to the terms of this agreement, our midwife cannot attend our birth unless other arrangements are made in writing. We also agree to assume primary responsibility for the outcome of the pregnancy and birth and to the extent permitted by law, will not hold the practice, midwife or her assistants responsible for outcomes that are a result of complications beyond their control.

We view pregnancy and birth as a normal physiological process, and we understand that our midwife is merely acting within her scope by simply assisting and supporting us in our decision to birth our baby at home.

This is to verify that we have read and understand the above financial agreement and have agreed to fulfill our obligations to Ruth Cobb, Midwife, as stated above.

Client _____ Date _____

Spouse or Partner _____ Date _____

Midwife _____ Date _____

Payment	Date	Payment	Date
_____	_____	_____	_____
_____	_____	_____	_____