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Our Informed Consent Statement

All clients of Special Delivery Birth Center are given this information to ensure each family's ability to make an informed decision when hiring us to attend them at their birth. The information included in this packet details the education and training of each Midwife, the responsibilities of the midwife and that of the birthing family. At Special Delivery we have both Certified Nurse Midwives (CNM) and Certified Professional Midwives/Licensed Midwives (CPM/LM). Please review this entire document and bring a signed copy with you in order for us to maintain adequate records. If you have any questions about this agreement or any information within, please do not hesitate to ask one of your midwives for clarification.

Our Medical Support Plan

We are privileged to have relationships built with several physicians for any of our moms who might need the care of a doctor. We have relationships with Nurse practitioners, OB physicians, Maternal Fetal Medicine specialists, Practice Physicians, Pediatricians, Dermatologists, Urologists, Endocrinologists, Chiropractors, Acupuncturists, Doulas, and Lactation Specialists to name a few. It is important to note that any physician that is accepting to consult or the transfer of a Special Delivery patient, is only responsible for the medical care actually provided by them or their designee, as may sometimes be the case, in the hospital or in their office. A physician will not attend the delivery of your child unless you give birth in the hospital wherein a transfer to their care is necessary. Any Special Delivery patient has the ability to choose an alternate back up plan for personal preference or insurance requirements.

The Midwives of Special Delivery Birth Center

Ruth Cobb, APRM-CNM began her apprenticeship at the age of 19 with her aunt, a lay-midwife of 10 years midwifery experience. She has served in the Tulsa area since 1977, and much of her training began as "hands-on" experience. There are also countless hours of self-study and research. However, in 1997 Ruth began formal education towards a degree in nurse midwifery.

- Apprenticeship from 1977-1978.
- Maternity Intensive Midwifery Studies Center 1977-1983.
- Certified Senior Midwife 1985-2005.
- Certified Professional Midwife 1997.
- Expanded credential to Certified Nurse Midwife in 2007.
- Opened Special Delivery Birth Center in 2012.

Ruth has attended approx. 4000 births.

Grace Frantz, LM, CPM began Midwifery school right after graduating high-school in 2014, and fell in love with the entire process and philosophy of Midwifery Care. Grace has been licensed and practicing Midwifery since 2018.

- Texas Midwifery School 2014-2018.
- Apprenticeships from 2015-2018.
- Texas Licensed Midwife 2018.
- Certified Professional Midwife 2018.
- Oklahoma Licensed Midwife 2021.
- Joined Special Delivery Birth Center's team in 2021.

Grace has attended approx. 250 births.

Special Delivery Birth Center Team

We have a full team that provides care for our families. Each assistant is trained to fully assist the midwives, and has furthered their skills and training to compliment the midwifery model of care. All members of the Birth Center staff are active participants in your care. This means that

our assistance also may participate prenatal visits and should be viewed as an integral part of your care giving team. For a complete list of these individuals and their training, please visit the Meet the Staff section of our website.

Our practice also occasionally participates in the training and education of midwives here in Oklahoma and those seeking internships from other programs.

Our Responsibility as your Midwives

- To provide you the Prenatal screenings and risk assessments of standard maternity care.
- To present you with Evidence-based education.
- To participate with you in Shared Decision-making concerning your pregnancy.
- To provide 24-hour access to a midwife.
- To ensure that we will provide care only within our Scope of Practice.
- To consult, collaborate and/or refer client outside the midwifery scope of practice to appropriate medical professional.

Your Responsibility/Acknowledgement

I hereby acknowledge that I am voluntarily contracting for Midwifery Services. I have made the 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 relating to the umbilical cord, congenital abnormalities, fetal distress, malpresentation, immaturity and post maturity, birth injuries affecting the newborn such as the effects of hyperbilirubinemia, blood incompatibility, anomalies, allergies, infections and brain damage which are difficult to recognize or are unrecognizable immediately after the 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 risk 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 been given in my medical history and by remaining low risk based on regular risk assessments throughout this pregnancy. In order for the midwives 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 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.
- The Midwives 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.

Client Name _____

Signature _____ Date _____

Financial Agreement

1. Parties

This agreement is made between Client(s) and Special Delivery Midwifery Care, LLC, who agree to the following terms and conditions for the provision of services.

2. Retainer Fee

A Non-refundable deposit \$600.00 is due at your first appointment along with a signed financial contract and consents. The retainer fee will be applied to the total fees. We limit the number of clients we care for in our practice. Therefore, your retainer serves to reserve a place in our care. For this reason, if you should transfer care for any reason prior to the birth of your baby, \$600 will be considered non-refundable and will not apply towards any itemization of your care.

3. Maternity Care Fees

We charge \$4,000 for our global midwifery fee which INCLUDES:

- Routine prenatal visits
- A midwife on-call is available via phone 24 hours a day, 7 days a week
- Labor and birth attendance by a midwife
- Birth assistant
- Routine postpartum visits
- Newborn exams
- Newborn screening
- Birth Certificate paperwork
- Use of lending library

Additional fees NOT INCLUDED:

- Birth Center facility fee
- Lab work (typically covered by insurance)
- Ultrasounds or other prenatal testing (typically covered by insurance)
- Medications and supplements (e.g. Prenatal vitamin, Rho-gam, Vitamin K, Antibiotics, IV fluids)
- Parent's birth kit and supplies
- Distance fee
- Any referral services (e.g. Maternal Fetal Medicine)

4. Birth Center Fee

\$800 Birth Center Facility fee due by 36 weeks' gestation.

5. Distance Fee

If you live more than 45 minutes from Special Delivery Birth Center, there is an additional charge of \$400 for a homebirth to cover additional travel time and expense. This fee is due by 36 weeks.

6. Self-Pay

For self-pay clients, there is a \$200 discount if paid in full by the 30th week of gestation, reducing the birth fee to \$3,800. This cash discount only applies to non-insurance patients.

7. Late to Care

Clients who arrive "late to care" are required to pay in full by 36 weeks.

8. Payment Schedule

All fees must be PAID IN FULL by 36 weeks' gestation as calculated by the midwife whether cash pay or insurance pay client. Additional fees must be paid at the time of service.

9. Payment Method

Clients can pay by cash, personal check, money order, or credit card. If paying by credit card, there is an additional 3% surcharge for each transaction. Special Delivery is also contracted with United Medical Credit for medical loans. Payments can be done in person or by email. Receipts/invoices are available upon request. The client will be billed a \$35 fee for returned checks.

10. Insurance

If you have insurance with maternity benefits, you will be expected to pay the full fee by 36 weeks. Many insurance companies and sharing plans now cover all or a portion of a homebirth costs (state insurance plans such as Sooner Care, do not). If you have insurance that will cover midwife-attended birth, our biller will bill your carrier AFTER the baby is born for usual and customary charges for the various services involved in your care. They may choose to cover the cost of your birth, minus any deductible, co-pay or out-of-plan provider deduction, but we cannot guarantee this. You will be reimbursed accordingly once the claim is paid by your insurance company. You are responsible for all co-payments and deductibles. A fee of \$15-25 will be charged to you by our biller in order to obtain a Verification of Benefits (VOB) from your insurance provider if you plan to see insurance reimbursement, and a 10% service fee of all insurance payments will be charged to you by our biller. If any abnormal conditions arise during the prenatal period necessitating the termination of these services before the 37th gestational week, the fee to your insurance company will be prorated based upon the length of pregnancy and services provided as follows:

- Initial Visit: \$175
- Routine Office Prenatal Visit: \$100
- Complex (non-routine) Office Visit: \$175
- Supplies: Actual cost
- Labs: Actual cost
- Initial Retainer: Non-refundable

11. Please visit our insurance billers' website for verification of benefits (VOB) and insurance reimbursement.

<https://napiermidwiferybilling.com/>

12. Late Fees and Penalties

Additional charges may also be applied when a contract is not paid in full by the final due date:

- 1-30 days late - \$50 fee
- More than 30 days late - \$100 fee
- Every subsequent 30-day period with an outstanding balance – 10% late fee on remaining balance

13. Transfer of Care and Refunds

There may develop at any time during the course of the childbearing cycle various complications which the midwife and/or client may feel contraindicate a safe out-of-hospital birth. You are encouraged to ask questions and your midwife will gladly explain the reasoning behind any medical decision. Your midwife will appropriately and professionally arrange for transfer of care. In an emergency, your midwife will transfer with you to the nearest hospital. If you transfer late in pregnancy, or during labor, your midwife will accompany you during your labor and birth as allowed by the receiving hospital. Postpartum care will continue for 6 weeks after the baby is born, unless longer time is needed. Transfer of care at 37 weeks or more, or during labor or delivery does not constitute grounds for a refund of payments made. If any medical situations arise during labor, delivery, or postpartum period requiring the mother or newborn to be transported to the hospital, you will not be entitled to a reimbursement. Midwives cannot guarantee that circumstances will always allow for birth to occur out of the hospital or that physician and/or hospital care will not be necessary for the mother or newborn following the birth. The midwives will have performed their services regardless of any such medical emergencies and must be compensated for their services.

Refunds and insurance payment refunds for transfer of care before 37 weeks will be handled on a case-by case basis. All charges accrued from hospital, doctor, or other medical charges will be your responsibility, and are not included in this financial agreement.

We reserve the right to decline care in the event of non-payment within agreed upon terms, assessment of client medical or psychological condition(s), or because of noncompliant/uncooperative actions on the part of one parent or both.

14. Missed Birth – Precipitous Labor

Rarely, a birth is missed by the midwife for reasons out of her control. These may include, but are not limited to:

- Your labor and birth happen so rapidly that your midwife may be unable to make the delivery of your baby
- The midwife was not called by the family during the labor and birth in a timely fashion
- Unfavorable weather conditions that make the roads impassable or difficult to traverse
- Birthing in a location that is of an extended distance from your midwife

Please rest assured that every attempt will be made to attend your birth once the midwife is called. If circumstances arise that prohibit your midwife from attending your birth, the fee services will not be reimbursed. Special circumstances will be evaluated on a case-by-case basis.

15. 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 have been made in writing. We also agree to assume financial responsibility for the outcome of the pregnancy and delivery 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 out of the hospital.

16. Financial Agreement for Midwifery Care and Payment options (Please initial)

___ I/We agree to pay the fee of \$4,000 for homebirth midwifery services provided by Special Delivery Midwifery Care, LLC and staff. This financial agreement covers the midwifery care as outlined above, and I/we have had an opportunity to discuss my/our options before signing this document.

___ I/We agree to pay this amount according to the above payment schedule.

___ I/We understand that we have several options to pay: Cash, Check, Credit card, Money order, Approved medical credit cards

___ I/We understand that the agreed-upon fee must be paid in full by FOUR WEEKS BEFORE our due date.

Today's Date: _____

Client Name (please print): _____

Client Signature: _____

Other Responsible Party: _____

Other Responsible Party Signature: _____

Midwife Signature: _____