Moon Tree Midwifery

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Explanation of Services, Informed Consent, and Homebirth Disclosure

Midwifery Care

Midwifery care is very different from the care offered in the medical system. I base my practice on physiology of pregnancy, the normalcy of pregnancy and how it is not a sickness or something to fear. Pregnancy is a normal bodily function, one the medical model sees as a sickness or something to control.

Midwifery care is nurturing, on the basis of “with woman” or “with person”. It’s a hands on care system, learning your body and baby not through clinical tests, but through discussion, learning, friendship, and trust. Midwives are trained to be with low-risk people, which could be anyone that believes their pregnancy is not one to be controlled and feared. Risk is different for each person and baby, and midwifery care is based on individuality and uniqueness of care.

The *Midwives Model of Care* ™ is based on:

- *Monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle*
- *Providing the mother with individualized education, counseling and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support*
- *Minimizing technological interventions*
- *Identifying and referring women who require obstetrical attention*

I believe that pregnancy is a normal function of the body, one sacred and holy. I honor the space of the pregnant person and their birthing space, I understand and base care on the inner knowing and intuition of the pregnant person. I commit to respecting your care, pregnancy, and baby. I believe that a laboring person needs to be able to dive deeply inside herself, and vow to keep the quiet, safe, and sacred space during your labor and birth. I promise to ask for consent

before any intervention, and promise to follow your response and never push what I feel needs to happen on you and your baby. You are in complete control of your pregnancy, labor, birth, and postpartum.

Training and Experience

I trained through an apprenticeship with a local Traditional Midwife from 2009 to 2012, and my experience includes 80+ births as of January 2019 when I opened my own practice. I maintain certification for CPR through the American Heart Association and Neonatal Resuscitation (NRP) through the American Heart Association and American Academy of Pediatrics. I studied at the Indie Birth Midwifery School from 2018 to 2020 for continuing education in topics such as Hemorrhage, Shoulder Dystocia, Complex Births, Loss and Abortion, Fertility Awareness, Alternative Therapies, and much more. I am trained in administering IV fluids, have taken a phlebotomy class to provide blood draws through Labcorp, am a trained Yoga Instructor, Herbalist, and Reiki Master and Crystal Healer. I am currently taking a FEMM class to be able to offer more in depth cycle tracking help to the community.

I have also trained extensively in pregnancy and infant loss. I volunteer with an organization in Southern Utah that goes into the hospital after a loss has occurred, and we offer photography, molds, information, support, and more to families needing these services. I also offer holistic loss care at home for those that do not want to go to the hospital. This includes helping with herbs to aid in a pregnancy release of an embryo or fetus, physical support during the loss, emotional support before, during, and after, and whatever else needed. This service is donation based, and can be offered free of charge to those that need it.

I am not a doctor, nurse, or nurse midwife. I cannot practice in a hospital setting, and work solely with homebirth clients. I have many resources in our community for those wanting a different type of midwife, along with referrals for doulas, childbirth educators, montrices, and more. I chose to not be a licensed midwife (LM or LDEM) to be able to help those wanting care outside the system and regulations, such as those wanting VBACs after many cesareans, those pregnant with multiples or breech babies, and those just wanting a different model of care. This is legal in Utah, as we are a voluntary licensure state. I cannot carry medications or write prescriptions, and base my practice on a holistic model of care, using herbs, essential oils, homeopathy, Traditional Chinese Medicine, and more to help each client individually.

Approach to Care

As I stated previously, pregnancy and birth are not medical events. I believe that every pregnant person has the right to choose the provider that feels right to them, and as an Autonomous Midwife in Utah, I am able to offer freedom of care for those that want my services. I do not have rules to follow beyond my own boundaries. I do have times when I choose not to work with a pregnant person, either because the type of care I provide isn't working for them, or I feel that

our relationship isn't what I want from my clients. I have requirements of those in my care, and explain what those are when we begin working together.

I am trained to observe the entire person, making recommendations to either prevent or treat issues that come up during pregnancy. I am trained to recognize, treat, and refer clients for anything they need that is outside the realm of normal in pregnancy.

Most of my training was with HBAC parents, either after one, two, or three cesareans. With VBAC and HBAC clients, I am prepared to provide the additional emotional support that many require after a surgical birth in the past, regardless of the cesarean occuring in labor or scheduled. I have a healthy respect for the uterus after it has endured surgery, yet vaginal birth after cesarean is just another aspect of normal for me and my practice. Most of my team has had a cesarean and then a homebirth after a cesarean, and we are very prepared to handle all that comes up in the pregnancy and birth of someone after surgery.

All clients in my care will receive clinical care during pregnancy, such as fetoscope and doppler heart tone checks, abdominal palpation to check size of the fetus and fluid levels along with position and more of the fetus, blood pressure and pulse, urinalysis, and blood draws if necessary. In addition, they will receive education on many topics throughout their care, from nutrition to stages of labor to breastfeeding. This also includes all the research and information on specific things in their care, such as doppler and ultrasound, lab tests, screenings for gestational diabetes and GBS, and fetal development. Any client is fully able to decline anything in their care, and it will be noted in their chart, and with a signature on an informed consent document. If something comes up in their pregnancy and birth that may require transfer of care, they are fully able to continue to choose homebirth after going over every aspect and risk, and it is agreed upon by the midwife. They are in complete charge of their own care.

I only work with parents that believe they are the ultimate people responsible for the choices they make in pregnancy, birth, and postpartum. This doesn't mean that they can't have me there for additional support and safety, just that they understand that no one outside of themselves is truly responsible for things that happen. It is always their choice to accept or decline any intervention, and as such, they need to understand it is up to them how to proceed with care and transfer, if necessary. If there comes a time when the parents are still planning a homebirth but I do not feel comfortable being their provider, I will write out my explanation and give a copy to the parent along with referrals to other providers and my signed termination of care document.

So I can provide the best care possible, it is my standard to attend each birth with an assistant and/or student. These come at no additional cost to you, and are there for me to teach and also have an extra set of hands.

Reasons for transfer of care may include but are not limited to:

- Uncontrolled hypertension (>140/90)

- Uncontrolled diabetes
- Placenta Previa
- Known fetal anomalies requiring care at birth in a hospital
- Premature labor (<36 weeks gestation)
- Diagnosed Preeclampsia or Eclampsia
- Persistent Anemia unresponsive to treatment
- Malnutrition

I am able to provide usual blood work offered in pregnancy, at a small fee if the test is more than $10. I am able to refer for anatomy ultrasounds and more in depth ultrasounds through a local clinic in Cedar City.

My Team

I am building my practice currently, and I hope to offer student placings, apprenticeships, and training as things progress and become busier. For now, my care team consists of me and my assistant. You will meet everyone involved in your care beforehand, except in extenuating circumstances such as a snowstorm and the assistant you met is unable to attend. In cases such as that, a backup will be available and will maintain the same environment of safety and trust the other had cultivated.

I believe we need an 80/20 system, 80% of pregnant people cared for by midwives, 20% cared for by obstetricians. For this reason, I want to have availability for students to train with me to see what prenatal and postpartum care can look like, along with care during labor and birth.

Equipment and Medication

Because I am an unlicensed midwife, the only stipulation on that means I cannot carry prescription medications to births such as pitocin and cytotec, but this doesn't affect what else I can carry.

What I carry includes but is not limited to:

- Herbs to control hemorrhage: Cottonroot Bark, Shepherd's Purse, Angelica, Lady's Mantle, etc
- Homeopathy: 200C dosages
- Essential Oils: Peppermint, Lavender, Helichrysum, Geranium, etc
- Doppler and Fetoscopes
- Blood Pressure Cuffs, both manual and electric, stethoscope
- Amniotomy supplies
- Neonatal Resuscitation Equipment
- Baby scale
- High quality thermometer
- IV supplies

I am allowed to carry oxygen, but in my practice I have chosen not to. I feel that if someone needs oxygen therapy, their best place to be is a hospital, and I will alert EMS if a higher level of care is needed during the transfer to the hospital. I also do not carry suturing equipment, as I feel I do not have enough practice with how rarely I see lacerations that need suturing, and if it is necessary, someone that has that training and practice is better able to repair the vulva and vagina.

Risks of Homebirth

Studies have shown that for low risk uncomplicated pregnancies, homebirth with a skilled attendant is as safe or safer than planned hospital birth. However, all life has risk and that applies to birth as well as every other event in our lives. I cannot offer guarantees, though I offer all I have to help you have a safe pregnancy, birth, and postpartum.

The decision to birth your baby at home is a very personal one, made after weighing the facts and your own personal intuition for this pregnancy and baby. Even if you have had a prior homebirth, each pregnancy is different, and should be treated as such. Parents should also be aware that the choice to birth at home may impact the timing and care they receive at the hospital should transfer be necessary.

Things happen or can happen at any moment, may be a variation or normal or something more serious, and can include:

- Fetal Distress - either a high or low fetal heart rate
- Prolonged Labor - over 24 hours
- Precipitous Labor - under 3 hours from start to finish
- Meconium stained fluid
- Prolonged rupture of membranes without labor
- Breech presentation
- Undiagnosed multiples
- Dehydration
- Infection
- Shoulder dystocia
- Placenta previa
- Placental abruption
- Prolapsed cord
- Maternal hemorrhage
- Uterine rupture
- Stillbirth
- Birth defects
- Maternal embolism
- Newborn respiratory distress
- Maternal or newborn death

It is my honest belief that most of these are less likely to happen in a homebirth, especially in a homebirth with low interventions, where labor happens naturally and progresses on its own. However, sometimes they do happen, and we will do everything in our power to find them before they become serious and transfer in a timely manner, making sure the hospital is prepared to handle what is happening. Some of these problems are better dealt with if found in the hospital, such as cord prolapse and placental abruption, but the risk of these is very small in uncomplicated low risk pregnancy. These are however important issues to discuss when deciding on your care during this pregnancy.

Hospital Transfer

We will create a hospital transfer plan during your pregnancy, so you can feel prepared and able to have a great birth regardless of need to transfer. These things will include who is going with you, how you want to go to the hospital, what medications you are comfortable with, and more. Some homebirth transfers do end up with lesser care from certain providers, but I will be there to help you get the best care possible and to help you have informed consent. The State of Utah has new regulations and recommendations for out of hospital birth transfer, and hospitals are slowly picking up the training and skills necessary to not only physically handle a homebirth transfer, but also the emotional aspect of a transfer. A transfer is not a failed homebirth, it is a successful homebirth because signs were picked up that the birth would be better handled in the hospital to keep everyone safe, as it should be. It has no bearing on your ability to birth now or in the future.

Client Expectations

Lifestyle: The biggest facet of this is nutrition. The client agrees to eat as well as possible, within their means as it may be. They agree to live the healthiest lifestyle possible for them. This includes: eating whole foods and less processed foods, adequate hydration, rest and exercise within normal limits, stress management, therapy if needed. All of these help to have an uncomplicated pregnancy and can help prevent certain issues from popping up, such as preeclampsia.

Expectation of Me: You have to understand that by hiring me, you are not guaranteed anything. You are not guaranteed a completely healthy pregnancy, a homebirth, a healing postpartum. We will work together to make that happen, but just as life, birth is risk. Same as you take the risk every time you drive a car, understand that there are things you can do to help your own safety but it isn't ultimately up to you or anyone else. I do not induce at home, which includes membrane stripping, natural induction remedies, and breaking water. If those things need to happen and if you need to be induced, that needs to happen in a hospital. There are risks to all of those things, and it is best to be where they are able to provide the help that is needed.

Honesty: I require complete honesty with my clients. I need to know if you are truly nurturing your body and how, what things you may be doing that are less than healthy, if you tried to induce your own labor, and all other things that you may think are too small to mention. Everything in your care is based on trust, and if we don't have that, we don't have anything.

Client Autonomy: I do not want you to agree with me simply because I am your care provider. I need you to understand that you are in charge of your care - wholly and completely. It is no one else's choice what happens to you and your baby; not even your partner's. You need to be choosing homebirth and me because you truly believe that this is what you want and need for this pregnancy, no other reason.

Supportive Friends, Family, Community: Even if you are a single parent, you need a support network. I require all my clients to have at least one person they can lean on, to help them during their pregnancy and birth but most importantly through their postpartum. I do not want my clients to do anything but rest, feed their baby, and take care of their own basic needs after they have their baby for at least a week. You also need to be aware of how people perceive homebirth if they are supporting you. If they are against homebirth or scared of homebirth, it may affect your pregnancy and birth plan. Being able to have people around you that understand your choice and support you in it can make or break a birth plan.

Keeping Appointments: I require that if an appointment is made that notice is given if it needs to be changed for any reason. I block off time in my calendar, and if you are not available at the time specified, it hinders my entire schedule.

Self-Induction: I am 100% against self-inducing, and if you are thinking of doing this in your pregnancy, I am not the midwife for you. Use of essential oils, castor oil, enemas, and more are not something I support in any way to start labor, and can cause issues with your labor and birth, and interfere with the normal physiological stages of labor and birth. If anything is done without my knowledge and consent around induction, it may end with termination of care, as this is a breach of trust.