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## Midwifery and Birth Services

Congratulations on your pregnancy! We are excited that you are considering giving birth with us. We provide comprehensive prenatal, birth, and postpartum services to pregnant persons, experiencing a low-risk pregnancy, who want an alternative to the conventional hospital birth experience.

Throughout the course of your care both you and your baby's well-being will be monitored on a regular basis. Our midwives follow evidence-based guidelines and have the ability to order any necessary lab work, ultrasounds, and prescription medications. When you are admitted to the birth center for labor, your midwife and birth team will be there to assist you at every turn. You will be encouraged to eat, drink, and move about freely during labor. Your birth team is there to provide comfort, support normal labor to progress, and assist you to give birth in any position you desire. After you give birth, your midwife will assist you and your baby to initiate breastfeeding and encourage bonding with your baby. We will also be there to support you for a full year postpartum!

Birth Centers are considered a safe alternative to the hospital for persons experiencing a low risk birth. Pregnant persons who receive care at birth centers have more spontaneous vaginal births than low risk women in a hospital and require fewer interventions. During labor your birth team will use intermittent monitoring to assess your baby's well-being. If needed, antibiotics, nausea medications, IV fluids, medications to decrease bleeding, and some pain medications can be used in our Birth Center. Birth Centers do not provide continuous fetal monitoring, epidurals or regional anesthesia, vacuum or forcep assisted vaginal deliveries, or cesarean sections. If any of these interventions are necessary our midwives can initiate transfer to the hospital and remain active in your care while at the hospital.

We understand that having a baby is not just a physical process, but it also impacts all aspects of a person's life, including the emotional, spiritual, and financial. Having a baby also changes relationships, roles, and responsibilities and none of these things are simple or easy. Our holistic care is designed to care for your whole person, not just the physical changes of pregnancy and birth.

We are honored and excited to be a part of your pregnancy and birth!



## Midwifery Care & Birth Service Details

### Professional Midwifery Services:

#### Prenatal, Birth, and Postpartum Care:

- All prenatal visits with a midwife at HHBWC
- Midwife available 24 hours a day via phone or text
- Referral for ultrasounds indicated
- Lab collection and specimen handling
- 1 postpartum home visit in the first week
- Unlimited Postpartum clinic visits as needed through 12 weeks
- Prenatal lactation planning and Postpartum support
- Midwifery attended birth at birth center or in the hospital
- Collaboration/Consultation with physician, specialist, or hospital services as indicated. Client is responsible for any fees associated with these services.

#### Newborn Care:

- Immediate assessment and care at birth (birth center birth only)
- 1 Newborn home care visits (tandem with mother)
- Birth Certificate and Social Security Card Filing (Birth Center Birth Only)
- Weight checks
- Midwife available to answer questions about newborn care and feeding.

### Facility Services:

#### Prenatal and Postpartum: (Birth Center and Hospital Birth Package):

- All routine prenatal laboratory tests, supplies, and specimen handling
- Limited abdominal Ultrasounds performed in the office by our midwives
  - Confirmation of pregnancy, early dating ultrasound & confirmation of presentation
- Whole Heart Collective Membership through 12 months postpartum.

#### Labor and Birth (Birth Center Package):

- Birth suite and general facility use during labor and immediate postpartum
- Midwife and Trained birth assistant in attendance at birth
- Hydrotherapy, water birth and other comfort measures.
- All labor and birth supplies (including peri bottle, diapers, pads etc)
- Any necessary medications or IV fluids during admission for labor

#### Newborn Care (Birth Center Package):

- Optional Newborn Medications (Vit K and Eye ointment)
- Newborn Metabolic screening (at pp home visit)
- Newborn Hearing screen (at pp home visit)
- Newborn screening for CCHD (at pp home visit)
- Labs to check for Jaundice or Rh factor as indicated.



### Routine labs Included

- Complete Blood Count (initial and at 28 weeks)
- Blood type and Antibody screen (initial and at 28 weeks and birth if Rh-)
- Rubella antibody screen
- Urine Culture (at first visit)
- HIV (initial and 3rd trimester)
- Syphilis Screen (initial and 3rd trimester)
- Hepatitis B Screen
- Hepatitis C Screen
- Gonorrhea and Chlamydia screening
- Thyroid Stimulating Hormone (TSH)
- Urine dips tests at prenatal appointments
- Group Beta Strep Screen
- Gestational Diabetes Screening
- Newborn Metabolic Screen

### Additional labs that may be recommended and Included in Care

- AFP screening for Open Neural Tube defect
- Hemoglobin electrophoresis
- Hemoglobin A1c
- Bilirubin and other newborn labs
- Blood glucose testing of newborn following birth

### Laboratory Testing Available not Included in Package:

- Non-invasive prenatal genetic testing (NIPT)
- Carrier screening
- Other labs that may be indicated for diagnosing pre-eclampsia, thyroid disorders, anemia, etc.

### Routine Ultrasounds Included in Care:

- Limited ultrasounds by midwife at prenatal appointments to check for fetal position, confirm pregnancy, early dating ultrasounds, Amniotic fluid index
- Anatomy Scan: performed by board certified ultrasonographer and interpreted by board certified radiologist at SimonMed Imaging Center

Additional Ultrasounds, Labwork, Diagnostic Testing, and Consultation may be recommended by our midwives based on the circumstances of your pregnancy and birth and will be the financial responsibility of the client.



## TERMS OF ENROLLMENT

I, \_\_\_\_\_ hereby request enrollment in Heart of Houston Birth and Wellness Center (“HHBWC”) for Professional Midwifery Services and Birth Center Facility use with the following general understandings:

1. \_\_\_\_\_ Client Provider Relationship: My relationship with HHBWC midwives and staff is based on mutual trust, honesty, and respect. In order for HHBWC to provide the best care possible I understand and agree to the following:
  - a. I will provide accurate, complete, and honest information to HHBWC regarding my past and current health as well as any changes in my health while under HHBWC’s care.
  - b. All decisions concerning the health of myself and my baby will be discussed fully whenever possible.
  - c. I will not hesitate to ask questions or express any concerns as it relates to myself, my baby, or my family.
  
2. \_\_\_\_\_ Midwifery and Birth Center Requirements: I understand HHBWC follows evidence-based guidelines and strives to provide the safest birth experience. I understand that the following are required to give birth at the center :
  - a. Routine prenatal labs including:
    - i. Hematocrit/Hemoglobin (hct/hgb) (1st and 3rd trimester)
    - ii. Platelet Count (plt) (1st and 3rd trimester)
    - iii. Blood type and antibody screen
    - iv. Screening for HIV, Syphilis, Hepatitis B, Gonorrhea, and Chlamydia infections
  - b. Regular prenatal care
  - c. Screening for gestational diabetes
  - d. Anatomy ultrasound (preferably at 18-22 weeks)
  - e. Attending Orientation and Transfer of Care class
  - f. Any additional diagnostic testing or consultation necessary to meet Birth Center risk criteria
  
3. \_\_\_\_\_ Withdrawal: I understand enrollment in HHBWC’s services is voluntary and that I can withdraw from care at any time. If I withdraw from care I am still required to meet the financial obligations of the Financial Policy and Agreement.



4. \_\_\_\_\_ Duty to Report: I understand that HHBWC will keep my medical and personal information private, however, there is certain information HHBWC is legally bound, by law, to report, including, but may not be limited to: pregnancy and birth outcomes, certain communicable diseases, and legitimate threats of violence or abuse.
  
5. \_\_\_\_\_ Quality Improvement and Statistical reporting: HHBWC is committed to providing the best possible care for all families seeking our care. We are also committed to participating in measures that improve healthcare, especially as it relates to maternal and infant health, and advance midwifery practice across the globe. I understand that HHBWC may submit information from my medical record for research and statistical purposes. I understand that my personal identifying information, such as my name and contact information, will not be included in this reporting and that the information will be "de-identified."
  
6. \_\_\_\_\_ Student Participation: I understand that HHBWC is committed to educating and training future birth workers (midwives, doula's, physicians, nurses, etc) and I may be asked to allow one or more students to participate in my care. I understand I have the right to decline and/or determine the level of student participation in my care at all times

I understand and agree to Heart of Houston Birth and Wellness Center's terms of enrollment. I understand, and have had the opportunity to ask any questions related to the above information. I UNDERSTAND, ACKNOWLEDGE, AND AGREE TO THE ABOVE STATED MATERIAL CONTAINED HEREIN "TERMS OF ENROLLMENT"

|           |             |        |
|-----------|-------------|--------|
| _____     | _____       | _____  |
| (Name)    | (Signature) | (Date) |
| _____     | _____       | _____  |
| (Witness) | (Signature) | (Date) |



Authorization for Professional Midwifery Services

I, \_\_\_\_\_, authorize the healthcare providers of Heart of Houston Birth and Wellness Center (“HHBWC”) to treat, administer, and provide myself or my baby the following:

- a. Prenatal care, including prenatal education and instruction
- b. Physical examinations
- c. Obtain blood pressures and vital signs
- d. Obtaining blood and other specimens for laboratory testing
- e. Oral medications
- f. Intramuscular, intravenous, or subcutaneous injections and local anesthesia
- g. Intravenous fluids
- h. Vaginal Birth
- i. Episiotomy and laceration repair
- j. Postpartum care
- k. Newborn Care following birth
- l. Postpartum home/clinic care
- m. Other procedures related to childbirth that may be deemed necessary by HHBWC

I understand that I can withdraw or modify my authorization for all or any of the above items at any time and understand that withdrawing authorization for certain screening, procedures, or treatments may make me ineligible to give birth at HHBWC and/or midwifery care from HHBWC..

The above information has been explained to me and I have been given the opportunity to ask questions. I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THE ABOVE STATED MATERIAL CONTAINED HEREIN.

|        |             |        |
|--------|-------------|--------|
| (Name) | (Signature) | (Date) |
|--------|-------------|--------|

|                |             |        |
|----------------|-------------|--------|
| (Witness Name) | (Signature) | (Date) |
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## Birth Center Birth Disclosure and Informed Consent

### (Planned Birth Center Birth Only)

I, \_\_\_\_\_ understand that although childbirth is a normal human function, it has been explained to me, that in any particular case, medical problems may arise during pregnancy and childbirth. Even with the most healthy lifestyle and attentive care, complications may arise that could put me or my baby's health at risk. I understand that Heart of Houston Birth and Wellness Center ("HHBWC") will make every effort to keep myself and my baby safe during my care, but I further understand that HHBWC cannot guarantee any specific outcome.

HHBWC is a free-standing Birth Center and not a hospital. HHBWC does not have a physician on staff at the Birth Center. HHBWC's midwives have a collaborative and prescriptive delegation agreement with Damla Karsan MD, who is available if medical consultation is indicated. In the event that your circumstance requires a transfer to a hospital for immediate evaluation, the HHBWC midwife will notify MD Karsan and collaborate on the appropriate plan of care, including, but not limited to: immediate recommendations, mode of transport, and appropriate receiving hospital. The midwife will also notify the appropriate staff at the receiving hospital of the incoming transfer and ensure that all medical records are available to the receiving hospital.

I acknowledge that I have received no warranties or assurances with respect to any benefits which are hoped to be realized, or consequences which may result, from any examination, procedure, or treatment which may be performed or used. I understand that the practice of medicine and midwifery is not an exact science and that diagnosis and treatment may involve risks of injury and even death.

I acknowledge and understand the following risks related to childbirth and/or giving birth at a Birth Center.

1. \_\_\_\_\_ I understand the following conditions/situations may be considered high risk. If they develop during my pregnancy it may be necessary to collaborate with a physician and giving birth at a hospital will be the safest option for me and my baby. The conditions/situations include, but are not limited to:
  - a. Diabetes
  - b. High blood pressure
  - c. Preterm Labor
  - d. Multiple Gestation
  - e. Breech/Transverse Presentation
  - f. Active Genital Herpes
  - g. Pre-Eclampsia
  - h. Placenta previa and other abnormalities of the placenta
  - i. Premature rupture of membranes
  - j. Certain fetal anomalies



2. \_\_\_\_\_ I understand the following complications, although rare, can occur during any labor and birth. I understand that if any of these situations occur, it could lead to permanent injury and/or death to myself or my baby. The complications include but are not limited to:
- a. Fetal distress
  - b. Excessive bleeding (hemorrhage)
  - c. Seizure
  - d. Blood clots
  - e. Placenta abruption
  - f. Retained placenta
  - g. Severe lacerations
  - h. Shoulder dystocia
  - i. Infection
  - j. Umbilical cord prolapse
  - k. Uterine Rupture
  - l. Stillbirth
3. \_\_\_\_\_ I understand that with even an uncomplicated pregnancy and birth, there are times when a newborn may require additional assessment and transfer to a hospital immediately following or in the first days following birth. Circumstances where newborn transfer may be necessary include, but are not limited to:
- a. Respiratory distress
  - b. Abnormal body temperature (high or low)
  - c. Jaundice and blood incompatibilities
  - d. Low birth weight
  - e. Feeding difficulties or difficulty maintaining blood glucose
  - f. Congenital anomalies
4. \_\_\_\_\_ I understand HHBWC, and staff, are not equipped to perform the following procedures. If any of the following are needed during birth, then the midwife will coordinate a transfer of care to a hospital. They procedures include but are not limited to:
- a. Epidural, regional, or general anesthesia
  - b. Continuous fetal monitoring
  - c. Induction or augmentation of labor with pitocin, misoprostol, and/or cytotec
  - d. Forcep or Vacuum assisted vaginal birth
  - e. Repair of 3rd, 4th, or other highly complex lacerations
  - f. Cesarean section, D&C, or other surgical procedures
  - g. Transfusion of blood and/or blood products





I have thoroughly read and understand all of the above. I have been given the opportunity to ask any additional questions regarding the benefits and risks specific to giving birth at Heart of Houston Birth and Wellness Center. I HAVE READ, AGREE TO, AND UNDERSTAND THE ABOVE STATED MATERIAL CONTAINED HEREIN.

\_\_\_\_\_  
(Name) (Signature) (Date)

\_\_\_\_\_  
(Witness Name) (Signature) (Date)

