mandala midwifery

Esther Healey, CPM, LM
336 East 15th Street #3, Oakland, CA 94606
Esther@MandalaMidwifery.org
www.MandalaMidwifery.org
Work: (510) 479-0905
Fax: (888) 806-9078

Licensed Midwife Disclosure

The Licensed Midwifery Practice Act of 1993 (LMPA) requires that Licensed Midwives provide information on the scope of licensed midwifery practice to clients seeking community-based midwifery care. The LMPA also requires that Licensed Midwives disclose the information contained in this document and the *Informed Decision Regarding Midwifery Care* document.

Midwifery Practice Authorized as Defined by the LMPA, Business and Professions Code, Section 2507

a. The license to practice midwifery authorizes the holder, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn.
b. As used in this article, the practice of midwifery constitutes the furthering or undertaking by any licensed midwife, under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal. All complications shall be referred to a physician immediately. The practice of midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version.
c. As used in this article, "supervision" shall not be construed to require the physical presence of the supervising physician.
d. The ratio of licensed midwives to supervising physicians shall not be greater than four individual licensed midwives to one individual supervising physician.
e. A midwife is not authorized to practice medicine and surgery by this article.
f. The board shall, not late than July 1, 2003, adopt in accordance with the Administrative Procedure Act, regulations defining the appropriate standard of care and level of supervision required for the practice of midwifery.

Regarding physician supervision as referenced above:

Currently the malpractice carriers who provide professional liability insurance to California obstetricians will not permit physicians to have a supervisory relationship with professional midwives who provide community based birth services.

Specific medical interface arrangements for consultation or transfer of care:

These arrangements are determined by the type of insurance coverage you do or do not have and are applicable to the mother and newborn.

During your pregnancy and the postpartum period:

a. Clients without insurance will be referred to the county hospital.
b. Clients with Kaiser will be referred to the appropriate facility within Kaiser.
c. Clients with other HMOs will contact their Primary Care Provider for an appropriate referral.
d. Clients with private insurance will be assisted in finding a physician if they do not have a prior relationship.

During your labor, birth or immediate postpartum (non-emergency):

a. Clients without insurance will go to the county hospital.
b. Clients with Kaiser will go to the appropriate facility within Kaiser.
c. Clients with other HMOs will go to the hospital indicated by their particular policy.
d. Clients with private insurance will go to their hospital of choice.

Emergency Transports:

Emergency services will be handled by 911 respondents and are to go to the closest appropriately staffed facility.

Consumer Satisfaction Issues

We are members of the East Bay Peer Review. Should you have an unresolved complaint about our services, we encourage you to notify our Grievance Committee. This process is developed by the Midwives Alliance of North America and is recommended for use in local peer reviews. The East Bay Peer Review Grievance Committee can be reached at The Medical Board of CA Consumer Complaints can be reached at (800) 633-2322.

I have read and understand the above information.

Client (Please Print)	*Signature*	*Date*
Partner (Please Print)	*Signature*	*Date*
Midwife (Please Print)	*Signature*	*Date*