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Informed Decision Regarding Midwifery Care

This is an Informed Decision designed to outline the scope of our practice, and also serves as our contract for working together. Please read mindfully and gain clarity about anything that is unclear before signing.

Mandala Midwifery is a Birth and Well Woman Care midwifery practice based on the Midwifery Model of Care that offers primary care to women during pregnancy and the childbearing stages of life. Esther Healey is Licensed Midwife (LM) #313 and a Certified Professional Midwife (CPM). This means she is licensed by the Medical Board of California and certified by the National Association of Registered Midwives (NARM). She received her clinical and academic training through an apprenticeship model in homebirth and birth center settings and was overseen by the National College of Midwifery.

CPM's and LM's are professional health care providers who offer primary care to healthy women during their childbearing period of life: menarche to menopause; and to healthy women and their healthy unborn and newborn babies throughout a low-risk pregnancy, labor, birth, and postpartum, and neonatal period. They are trained to provided comprehensive care and education for women and their newborns. This model of care encompasses women's physical, emotional and spiritual needs, and is intended to foster self-determination in women throughout their lives and the childbearing cycle.

We specialize in low-risk women and newborn care and refer high-risk women and newborns to other medical specialists. We care for women during pregnancy, labor, birth, and the postpartum period, and conduct care without gynecologic and obstetric supervision. We care for newborns in the first six weeks of life, and conduct care without pediatric supervision. We care for women during their childbearing years, and conduct care without gynecological supervision. We offer all of these services out-of-hospital, and do not have hospital privileges. We are trained to recognize warning signs of high-risk conditions and circumstances requiring referrals to other medical specialist. We are trained to manage emergency situations when no other help is available.

We provide nutritional counseling and use of complimentary modalities such as herbal and homeopathic remedies to aid in proper growth and well being. As needed, we provide referrals for chiropractic, acupuncture, cranial sacral and naturopathic care, childbirth and newborn educational classes, and specialized lactation consultation. We provide referrals for ultrasound, diagnostic testing and gynecological and obstetrical risk assessment for clinical indications. We will consult and/or provide physician referral or transfer in accordance with the Medical Board of California Standard of Care for Licensed Midwives.

What Mandala Midwifery Care Includes

Pregnant mothers who are planning a homebirth will receive care during their pregnancy, labor, birth and six weeks postpartum. The newborn will receive care during the neonatal period - the first six weeks of life. We monitor to assess the health and wellbeing of mother and baby, and take action as necessary.

Pregnant mothers who would like midwifery care, but are planning a hospital birth, will receive care concurrently during their pregnancy, labor, birth, and six weeks postpartum. Upon arrival to the hospital, Mandala Midwifery will assume the role of a doula, and its limitations, and does not have hospital privileges. The newborn will receive care from their pediatrician.

Women during the childbearing stages of life (menarche to menopause) who would like the services of Mandala Midwifery will receive care as desired to assess their health and wellbeing.

If the transfer of your care is needed due to high risk status or another reason, such as a planned hospital birth, we will assist you in the transfer process to another appropriate healthcare provider or facility and continue care concurrently, as appropriate.

In deciding to have a midwifery care, both parties are committing to a relationship based on mutual responsibility. You, the client(s), commit to taking full responsibility for your health and for making informed decisions through every step of your care. We, your midwives, commit to providing you with information and options for care, and to see out care as needed. Together, every step of the way, we create individualized care that supports your health and your baby's health.

By choosing to work with Mandala Midwifery, I acknowledge and agree to the following statements:
Client and partner (if applicable) please initial each statement after full understanding and agreement.

All Clients: Planned Homebirth Clients, Planned Hospital Birth Clients, and Well-Woman Care Clients

_____ I understand I am responsible for decision making in matters pertaining to my childbearing years, childbearing cycle and the health and well-being of myself and my child. I see the acceptance of this responsibility as my right and privilege as a person and parent.

_____ I understand it is my responsibility to choose my health care provider(s) carefully and to be fully aware of my midwives backgrounds, limitations and expertise.

_____ I understand that Mandala Midwifery provides midwifery care and homebirth for women who are healthy and experiencing low-risk status; and consults or transfers care for high-risk or that which is out-of-scope for LMs.

_____ I understand that my midwives will provide risk screening and inform me of tests or tools for evaluation throughout care. These tests and tools may be out-of-scope for LMs, and may require a third party.

_____ Should any medical problems arise during the care, I will be made aware of the necessity for and hereby consent to my transfer. In the case of an urgent or emergent situation, consent to the transfer to the nearest appropriate medical facility. It is Mandala Midwifery's policy to accompany (if applicable) and continue support during this process if possible.

_____ I understand that in the event of simultaneous births, illness, vacation, or another reason, Mandala Midwifery will arrange for another midwife from the community to assume care.

_____ I understand that Mandala Midwifery does not consent to be videotaped.

_____ I understand that in certain situations (including communication breakdowns) my midwives have the right and responsibility to refuse to continue assistance in midwifery care, and will refer me to appropriate care providers.

_____ I understand that Mandala Midwifery, including Esther Healey, does NOT possess Malpractice Insurance or liability coverage for the practice of licensed midwifery.

_____ I understand Mandala Midwifery, including Esther Healey, work as independent licensed midwife(s) and do NOT receive supervision from a physician or surgeon, even though California law requires supervision.

_____ I hereby release Mandala Midwifery, Esther Healey, the midwives of Mandala Midwifery and any other midwives, apprentices, assistants, or agents involved in the care, from all liability for complications, negative outcomes , or any other reason which may arise as a result of my decisions and choices, including my choice to birth out of hospital.

_____ I accept full responsibility for all outcomes of my care.

Planned Homebirth Clients

_____ We are planning a homebirth.

_____ I understand that it is my responsibility to choose a pediatrician before the birth.

_____ I understand that Licensed Midwives are legally responsible to register births of all babies born under their care.

_____ I understand that childbirth is a normal physiologic process and there are risks associated with both hospital and homebirth. Regardless of where I birth, I understand that complications can arise leading to the permanent injury and/or death of my newborn(s) or myself.

_____ I understand that even in low-risk pregnancies, complications and emergencies can arise unpredictably and that in certain instances choosing to birth out-of-hospital can be a greater risk to the birthing woman and baby. I also understand that the equipment for dealing with emergency birth is most readily available in a hospital. In choosing to birth out-of-hospital, thus avoiding the iatrogenic risks associated with interventions, I understand that emergency care may be delayed. I take full responsibility for the risks and benefits for giving birth at home.

Planned Hospital Birth Clients

_____ We are planning a hospital birth, and would like the midwifery services of Mandala Midwifery.

_____ I am receiving care and will continue to receive concurrent care from my Medical Doctor. My newborn will receive care from a pediatrician.

_____ I understand that childbirth is a normal physiologic process and there are risks associated with both hospital and homebirth. Regardless of where I birth, I understand that complications can arise leading to the permanent injury and/or death of my newborn(s) or myself.

_____ I understand that clinical and non-clinical recommendations from Mandala Midwifery may be in direct opposition from my Medical Doctor or Pediatrician, and it is my responsibility to choose what is best for my family and assume full responsibility for any outcomes.

_____ I understand that even though we are planning a hospital birth, complications and emergencies can arise unpredictably and that in certain instances choosing to monitor labor out-of-hospital can be a greater risk to the birthing woman and baby. I also understand that the equipment for dealing with emergency birth is most readily available in a hospital and that emergency care may be delayed. I take full responsibility for the risks and benefits for working concurrently with Mandala Midwifery.

_____ I understand that we are planning a hospital birth, but understand circumstances change, and may choose to have a homebirth unexpectedly or at the end of pregnancy. If this occurs, the fee is $5000 if no other agreement has been made, and may be billed according to insurance coverage, as set out in the financial agreement. We proactively initial the statements as set out for Planned Homebirth Clients, in the instance we choose to change to have a homebirth.

We, the undersigned, have read, understand and agree to the above Informed Decision Regarding Midwifery Care

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