



# Atlanta Birth Care

## Informed Disclosure

Debbie Pulley, CPM  
Kay Johnson, CNM  
July 1, 2011

Debbie is an apprenticeship trained, direct entry midwife. She is not a registered nurse, certified nurse midwife, or physician. She is a Certified Professional Midwife through the North American Registry of Midwives (NARM). Although licensed in Tennessee, the State of Georgia does not certify direct entry midwives and does not recognize that license. Kay is a Certified Nurse-Midwife. She is registered as an advanced nurse-practitioner in Georgia, as well as Texas.

We have been attending births as a primary midwives since the early 80's. Debbie has been blessed to be a part of over 800 homebirths. Kay has done thousands of births, primarily in the hospital, but has assisted a few in a birth center in Texas, as well as a few home births. As part of our training, we both observed or assisted hundreds of births. Debbie's transport rate is approximately 15% with a cesarean section rate of approximately 3%. Kay had a cesarean section rate of about 8% in her hospital practices.

Although, we both believe that every woman has the right to choose where and with whom she has her baby, our practice is limited to low risk pregnancies and births. Should your pregnancy fall out of the low risk category, other arrangements will have to be made for this birth.

We expect parents to be well informed and take responsibility for reading and educating themselves. Childbirth education classes are strongly recommended. We expect you to consider the gravity of the risk you are taking, and be willing to take full responsibility for the outcome of your birth. Neither Debbie nor Kay carries malpractice insurance. We cannot offer you any guarantees other than we will do our best, with the knowledge and experience we have, to provide you with a safe and rewarding birth experience.

We always try to have an assistant or apprentice with us at births. You will have an opportunity to meet the team prior to your birth, unless unusual circumstances present. During the delivery, the father is encouraged to participate fully in this event, if desired. Our roles will be to assist with the delivery of the baby and placenta and to monitor bleeding, and watch over the baby, assessing the Apgar score, facilitating bonding and breastfeeding.

Apprentices take varying roles at births depending on their level of training and the relationship they have established with individual families. They depend upon the experience gained during their apprenticeship to develop the clinical skills they need to become competent and caring midwives themselves, and they bring much positive energy and support to birthing families in the process. Therefore, we generally aspire to maximize apprentice involvement to the extent that such involvement is also in the best interest of the birthing woman and her family.

Even with low risk births, complications can arise. Usually there is ample time to transport to the hospital, but occasionally we must deal with the complication at home. Some of the complications we have dealt with are fetal distress, prolonged labor, dehydration, meconium, breech presentation, twins, placenta abruptio, shoulder dystocia, prolapsed cord, postpartum hemorrhage, still birth, birth defects, and respiratory distress in the baby.

You are responsible for arranging your own obstetrical and pediatric back up. If you cannot find private obstetrical back up, and you need to be transported, we will go to the closest hospital that has an obstetrical unit. COBRA laws mandate that hospitals may not refuse emergency care to pregnant women or women in active labor. Some hospitals have certified nurse-midwives, who take care of all walk-ins, while other hospitals call in the obstetrician on call. In either case, without private physician back-up, you will not know who will handle your birth ahead of time.

Our fee is \$3400.00 with a \$400.00 discount if paid by 36 weeks. The fee is broken down into the following payments: The initial visit is \$400 (a non-refundable deposit). Half the balance is due by 28 weeks gestation, and the remainder is to be fully paid by the time of the home visit, approximately 3-4 weeks before your due date, unless prior arrangements have been made. The fee covers services that are provided by our team and includes prenatal care, a prenatal home visit, labor and birth, a postpartum home visit (usually done 1-3 days after the birth) and a six week postpartum checkup. Outside lab work, ultrasounds, physician and/or other certified nurse-midwife consultations, and birth supplies are not included in the fee. (See separate fee schedule)

If we are notified when your labor begins and kept in touch with during your labor, it is very rare that we would miss your birth. Fees will be prorated only if you transfer care before 37 weeks gestation. After 37 weeks gestation the full fee will apply. In the event of transport from home to the hospital, we will make every effort to stay with you. With some hospitals, though, this is impossible. Regardless of whether we can remain with you or not, no refund will be made.

HIPAA requires we disclose the following information:

- Students and backup midwives in this practice have access to your medical records.
- Students may use a copy of your chart with names, address, and phone number(s) marked out for verification of clinical documentation for their NARM CPM application.
- As members of Georgia Midwifery Association (GMA) we both participate in regular peer review, which can sometimes necessitate confidential disclosure of health information for the purpose of reviewing cases. Full names are not released.
- There is a yearly calendar on our office wall which includes last names and due dates.

Our main goal is a safe birth for both you and your baby. We look forward to a rich and rewarding experience sharing this time with you.

Mother's signature & date:

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Father's signature & date:

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