



Disclosure Statement

ABIGAIL IOVINE, TRADITIONAL MIDWIFE
EXPERIENCE AND EDUCATION

- NARM PEP educational and birth skills requirements 2010-2019
 - The Art of Midwifery 2011-2013 Direct entry midwifery Didactic program
 - Doula certification *Birth Arts International* 2012-2014
 - Nrp *neonatal resuscitation up to date cert every 2 yrs, last updated 3/22*
 - Midwife's assistant, hands on training & apprenticeship, employment with *Beautiful Beginnings, Homebirth* 2015-2017
 - Formal CPM apprenticeship with *Mountain Valley Homebirth* 2017-2019

I began attending births in 2013, as of 2022, I have attended close to 500 births, homebirth & hospital births, and hundreds of prenatal, postpartum, and newborn care clinicals, including twin homebirth, and VBAC after multiple cesarean.

I am not licensed by the state or certified by NARM as a CPM. I have chosen for ethical and political reasons, and for the benefit of my practice and for my clients, NOT to certify with NARM as a CPM at this time.

Pennsylvania does not license CPMs.

Cassie Fluck,
Assistant midwife

Cassie has been training with Cardinal Birth Midwifery since 2022 and recently finished her apprenticeship. She is working for Cardinal Birth midwifery as assistant midwife and backup midwife for appointments and labors.

Cassie's experience includes hundreds of prenatal & postpartum assessments on mother & baby, including standard obstetrical testing.

Labor and delivery management, including regular monitoring of mother & baby, and risk assessment.

Birth emergency skills including neonatal resuscitation, hemorrhage, shoulder dystocia, the timing and use of obstetrical or traditional skills for emergency, & transport.

Special cases including vbac.

& Serving our low income/low resource community.

PHILOSOPHY OF CARE

Pregnancy and childbirth is a profoundly personal and enlightening experience that carries significant importance, and imprints permanently on the birthing person, the baby, and the family.

Pregnancy is a sacred and emotional time for the pregnant woman and family, and should be honored and supported.

Nutrition and emotional health during pregnancy are as important as good prenatal care, and great nutrition offers safeguards for the pregnant woman and baby for labor and delivery.

Birth is a normal process, and should remain untouched, until interventions are indicated. The process carries physiological safeguards, and the midwife's role is to honor those safeguards, and prevent poor outcomes and trauma by intervening only when necessary.

Every pregnant woman is the primary decision maker in their care plan, and carries the responsibility to educate themselves in every aspect of their healthcare.

Every pregnant woman carries the right to autonomy, personalized, inclusive, and family centered care.

The pregnant woman's intuition and insight into their pregnancy and birth, carries as much validity as the midwife's clinical assessments and skills..

SERVICES PROVIDED *All services are optional & modifiable

Full or partial maternity care from early pregnancy until 6 weeks postpartum.

Prenatal visits

Offered every 4 weeks until 32 weeks gestation, every 2 weeks until delivery.

This includes Mother's vitals such as blood pressure and uterine growth assessments, ongoing care plan, nutritional assessment, other related health assessments, and continued risk assessment.

Fetal heart tones, positioning and growth are standard at every visit.

OPTIONAL Lab Work any time during pregnancy

OPTIONAL Ultrasound orders or referrals

OPTIONAL pregnancy testing including gestational diabetes, and GBS

Home birth preparation visit at 36 weeks gestation

(in the client's home/intended place of birth)

To assess home delivery preparation, adequate heat, supplies, space provided, birth tub setup instructions if applicable, emergency care plan, preparedness of family members

Labor and birth, and immediate postpartum care in home for mother and baby

Regular intermittent monitoring

Standard labor and birth care.

Immediate postpartum care and assessments for mother & baby.

Newborn exam

Postpartum care visits

In-home visit at 48 hours postpartum or sooner if necessary.

Baby's weight/feeding, breathing and heart tones, umbilical cord care, CCHD screening, PKU screening for the newborn (heel stick) **Birth certificate filing**

Mother's vitals, bleeding, nursing, emotional/mental health and personal needs

In home visit at 2 weeks

Assess mothers physical and mental status

Assess baby's growth, feeding, physical assessments

6 weeks

Weight check for baby

Final assessment for mother

PRACTICING and HOMEBIRTH IN PENNSYLVANIA

Pennsylvania does not license or regulate non-nurse midwives.

The law allows for women and families to choose their provider, including non-licensed midwives.

As unlicensed providers, we are not affiliated with any hospital system, and do not have prescriptive powers.

The law allows only licensed providers to carry and administer medications.

Prescription medications, including oxygen, IV fluids or medications, misoprostol, and pitocin, are illegal to carry for any non nurse midwives in PA.

RISK OUT, CONSULTATION, AND TRANSFER OF CARE

Midwifery care and homebirth, and home laboring with monitrice care, are best for low risk scenarios.

At any time during the care of a client, any conditions arise that put the mother or baby at risk, consultation with a physician will become necessary.

This may result in transfer of care to an obstetric physician, with an intended hospital birth, should homebirth become a risk to the family. If a condition arises that may present a risk to the mother or baby and, in the midwife's best judgment, it would not be safe to proceed with homebirth for any reason, the midwife reserves the right to terminate care and offer a referral to outside providers.

As a provider, I understand the birthing woman's right to autonomy, even in situations with perceived risk, or that fall outside the community standards. I understand that despite my recommendations, clients may wish to refuse my referral to an outside provider and/or for hospital support. Should a client request, I will provide the client with appropriate informed consent and refusal documentation.

Subject to the client's completion of the necessary informed consent documentation, I agree to honor the client's refusal to pursue outside assistance or hospital support under most circumstances. I reserve the right to refuse care should I conclude that my ability or ethics would not allow me to provide safe care.

I do not assume independent care of clients with the following conditions:

Diabetes, essential hypertension, active TB, epilepsy, heart, lung, liver or kidney disease, cancer, bleeding disorders, or any other major medical problem or congenital abnormality that affects childbearing

History of thrombophlebitis or pulmonary embolism

Use of psychotropic medication or evidence of significant mental illness.

Substance Abuse

Smoking more than 1 pack of cigarettes with no likelihood of quitting or changing

Preeclampsia.

Prenatal Conditions Requiring Consultation and or referral:

Active syphilis, gonorrhea, or chlamydia

Unresolved signs of hypertension

Third trimester vaginal bleeding

ROM prior to 37 weeks

History of genetic abnormalities

Prior obstetrical problems, e.g. uterine abnormalities, placenta accreta or abruption, incompetent cervix

Abnormal PAP (Class III or greater)

Suspected malpresentation

Suspected twins or breech **Midwife may request OB care alongside midwife care, & an extra set of midwives present for delivery*

Indications that the baby has died in utero or unexplained decrease in fetal movement

Rh-negative mother with positive titers. Titers can be drawn at/around 28 weeks

Signs of preterm labor (before 37 weeks)

Fever of 100.4 degrees for longer than 24 hours

Herpes: Initial primary outbreak any time during pregnancy.

Abnormal FHTs

IUGR

Signs of placental previa or abruption.

Active herpes when beginning labor.

Fetus with congenital anomalies that may require immediate medical attention.

During labor or postpartum the following conditions are indications for hospital transport.

Signs of preeclampsia

Fever over 100.4 degrees

PROM accompanied by diminished maternal or fetal well being

Evidence of fetal distress as indicated by fetal heart rate unless birth is imminent.

Abnormal amount of bleeding before delivery.

Significant meconium-stained fluid with birth not imminent.

Prolonged labor accompanied by potential or actual diminished maternal or fetal well-being.

Signs of maternal shock.

Severe maternal hemorrhage

Retained placenta or parts.

Unexplained pain.

Prolonged 2nd stage with no progress.

Maternal desire.

NOTICE OF PRIVACY PRACTICES

- **Situations that require no permission that are routine in practice:**
 - **Consultations or transfer of care**
 - **Sharing a chart with a back up midwife**

- **Situations related to public benefit: reporting victims of abuse, neglect, domestic violence, legal proceedings, national security, and law enforcement**

- **Situations where verbal or written consent is required:**
 - **Disclose information to family or friends involved in client's care**
 - **Public displays- bulletin boards, Web sites, Facebook**

- **Client Rights**
(HIPAA requires that providers inform clients of their rights under the law)

You (clients) have the right to:

- **Request access and corrections to your records**

- **Request an accounting on how your information was used and to whom it was released in the course of care**

- **Request that all communications be confidential**

- **Complain about a perceived violation of privacy- to you, your provider's agency or practice, or the government.**

Client Requirements & Agreements

Required:

Low risk/healthy normal pregnancy

Following of the midwife's recommendations for a healthy pregnancy and safe delivery

Completed & Signed consents, contracts and disclosures

Honesty policy with your team

Privacy between members of the community

Contracted fee due by 36 weeks

Privacy outside the community is also a requirement, and very important to maintaining the integrity of a private membership community.

Discrimination or racism, or abuse in any form, is an automatic ban for life. You will not be permitted to continue care with Cardinal Birth and will be notified via certified letter and removed from care.

Member/client Agreement

“As the client, I agree that I will pay the midwife’s agreed fee in a timely fashion, in full by 36 weeks, or as agreed.

It is agreed that I am responsible for the choices in my care as a pregnant woman, and I understand and agree that the attendants hired are not responsible for the outcomes, or any legal ramifications of my pregnancy choices or birth choices.

I agree that I will sign an informed consent document which sets for examples of basic decisions that may arise through the process of my care, such as glucose testing, or vitamin k, as well as decisions that fall outside the standard protocol, the standard scope of care or the community standards of care of the attendant present, included but not limited to, breech delivery, twin delivery, etc.

I agree that I and my family will make every attempt to follow the midwife's suggestions, and to maintain a healthy diet, a healthy environment, and a ready home, to prevent complications.

I agree that any information shared within a prenatal or postpartum appointment, at a labor/birth, or over email, phone conversation, or text message, is not meant to be shared outside the original parties involved, without written consent from the original party.

It is agreed that birth is not predictable, and there is no guarantee of a home delivery, or a safe outcome.

As the client, I agree to be honest with my providers, honor the privacy of attendants and other members, and to take the best possible care of myself and my baby.”

Cardinal Birth Attendant's Agreement

“As the midwife, and any attendant employed by Cardinal Birth, it is agreed that the pregnant person's autonomy is held above protocol and standards of practice.

The use of signed informed consent or informed refusal, acknowledgement of responsibility, and disclosures, will be the standard of care under all circumstances.

Clients have the right and access to safe, private, personal care, under any financial or personal situations, barring anything extreme that puts any midwife or employed attendant in danger, or in a situation that counters the midwife's scope as an attendant, beliefs, or needs as a human, parent, partner, or religious person.

The midwife and all employed attendants agree to treat every client and family members with professionalism and support, and to leave bias, and judgment outside the birthing and pregnant spaces and appointments.

The midwife agrees to offer personalized prenatal and birth care to all low risk women whereas doing so would be within reason, in her best judgment.

Please note, backup midwives are never a guarantee. Currently Cardinal Birth uses Cassie Fluck (Cardinal Birth) Erin Kersharw (Beautiful beginnings homebirth), Christiana Delk (Delk birth services), Krystina Friedlander (Baraka Birth), Kim Rodruiguez in Bear Creek, and other area midwives as backup.

Backup situations will be openly discussed at relevant times, and backup attendants will be available to meet upon request/indication.

If an equivalent backup is not available, the client will be presented with, at the time of contract, or as it presents itself, options for choices for care, including presenting in the hospital for labor and birth, or utilizing experienced assistant midwives and advanced assistants, and all the available options for attendants.

The midwife and the employed attendants agree to do no intentional harm to clients, families, and the community, both inside the membership community, and out, and to serve at the request of the people, offering clients complete transparency and open dialogue about an attendant's scope, experience, and history as a birth worker.

The midwife and any employed attendants agree to continue to update NEONATAL RESUSCITATION (NRP) certifications as frequently as possible, and maintain community standards of midwifery care, to the best of their ability.

The midwife agrees to attend to client's at home for labor and delivery, and agrees to be transparent about expectations for care, vacations and backup, long labors and sleep/breaks, and transfer climate and attendance at hospital.

The midwife maintains the right to end any midwife/client agreement, should the client break member's rules, fail to adequately care for themselves and their pregnancy, mentally or physically, or fails to pay the midwife fee within the agreed time."

PHOTO/VIDEO POLICY

Cardinal Birth attendants welcome photography, photographers, and video of clients and their labor & birth.

Your midwife and attendants DO NOT CONSENT to having their photos taken or shared, without verbal confirmation of consent at the time of the photo/video.

Photos, videos, names, birth stories, and any form or function of sharing experiences with the community, inside or outside cardinal birth, must first be permitted, verbally or written, by each party involved.

Please ask individual members of your birth team if they are ok being recorded.

Please ask for consent before sharing photos of other parties involved, such as midwives and assistants.

Please do not share photos that do not belong to you without permission.

SOCIAL MEDIA POLICY

Please do not share screenshots or pictures of private messages, emails, or charts on social media.

GRIEVANCE POLICY

Due to the unpredictable nature of pregnancy and birth, it is mutually understood by members and attendants that grievances may best be reviewed by both the community inside, and outside the membership group, to determine an honest assessment of a grievance.

Members are encouraged to discuss their care within the community. Better care and growth comes from feedback.

Should any member have a grievance against ANY attendant, including the midwife, the attending team, and 3 randomly selected persons from inside or outside the community, will review the case, perform a peer review, and make a recommendation to the parties involved.

ATTENDANTS

All attendants are required to keep NRP updated to the best of their ability.

All attendants are asked to participate in peer reviews within the community that are available.

All attendants are asked to write and update their own disclosure forms to include training and scope, to be made available to all clients/members.

We expect our attendants to rest as needed, eat as needed, and break as needed, especially at long births or back to back deliveries.

Please be aware that sleep and food are a necessary part of your Midwifery care, so your attendants are rested and fed well enough to care for you and your baby.

This may look like sleeping on a couch or floor during long labors, or after a previous labor or late call. This may look like leaving during an appropriate part of labor to pump for their own baby, eat, rest, or go home and return within reason.

Should you need continuous face to face and physical support, or if you are a first time parent, consider hiring a doula as part of the care team.

Client intake and agreement.

I have read and understand the following forms;

DISCLOSURE

CLIENT AGREEMENTS

STANDARDS, DUTIES, AND GUIDELINES FOR PRACTICE separate form

PHOTO VIDEO POLICY

SOCIAL MEDIA POLICY

RISK/CONSULT/TRANSFER OF CARE

GRIEVANCE POLICY

ATTENDANT GUIDELINES

By electronically signing below, I am agreeing to all terms and conditions in this contract.