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## **Informed Consent Agreement for Midwifery Services**

Welcome to Maine Family Natural Health! The following agreement provides you with information about my training, practice philosophy, services, responsibilities as your midwife, and your responsibilities as the client. Please read this information carefully, ask any questions, and sign the agreement. This form will be kept in your chart; a copy is available to you upon request. Thank you!

### **My Training and Experience**

I started Maine Family Natural Health in 2006, after completing my Naturopathic Doctorate (ND) and midwifery studies at the National College of Naturopathic Medicine in Portland, Oregon. I finished my midwifery apprenticeship in 2008 with the support of Licensed Midwives, Certified Professional Midwives, and Naturopathic Doctors in Oregon and Maine, and with the help of over a hundred birthing mothers. After 6 years of primary midwifery practice, I completed my Certificate of Professional Midwifery in 2015 as an "Experienced Midwife". I am a Maine Licensed Certified Professional Midwife. I am a member of Maine Association of Naturopathic Doctors (MAND) and Midwives of Maine (MOM). I keep current certification in CPR and Neonatal Resuscitation. In addition to practicing Naturopathic Medicine and Home Birth Midwifery, I was a faculty member at Birthwise Midwifery School in Bridgton, Maine for 5 years. I live and work in North Vassalboro, my hometown. My husband and I have a small farm on which we raise our four children!

### **My Philosophy of Midwifery Care**

I believe in a woman's ability to give birth. I believe that pregnancy, labor, and childbirth are normal, healthy functions of a woman's body, and an important part of her life. Birth is a transformative process that is empowering, intense, and intimate. I trust that a woman's body is wise and has the ability to birth her baby without intervention. While I understand and appreciate the availability of modern obstetrical technology when needed, I feel that the inappropriate overuse of this technology and protocols may interfere with a woman's natural ability to give birth in a safe way. Research supports my belief that out-of-hospital birth, attended by trained midwives, is a safe alternative to hospital birth. Occasionally, complications may arise before, during, or after the birth that require consultation with an obstetrician, and in some cases may require transfer of care to a hospital physician. Except in the case of a true emergency, the decision to transfer care is made together with the woman, her birth partner, and her midwives. My responsibility as the midwife includes providing information about issues, conditions, and concerns that may arise during the childbearing year, so that a woman and her birth partner may make informed choices about care. I ask that you actively participate in promoting health, becoming informed, and making decisions about your care.

### **Student Midwives**

I am committed to the training of new midwives for the future. Student midwives often attend prenatal visits, birth, and postpartum visits as part of their training. They act as assistants to the midwives, and are available to you for prenatal, labor, and postpartum support. They are trained Doulas. Please address any concerns you have about the attendance of student midwives to me.

## **Midwifery in Maine**

The state of Maine licenses and regulates Certified Professional Midwives. Any complaints about a midwife's care should be directed to the Maine Board of Complementary Medicine.

I do not carry malpractice insurance and I do not submit claims to medical insurance providers. Some private insurance companies may offer third party reimbursement. I am an "out-of-network" provider.

## **Eligibility for Care**

Not all women who desire a home birth are good candidates. Some risk factors and preexisting conditions that may rule out home birth for a woman include:

- Preexisting medical conditions (epilepsy, diabetes, hypertension, etc.)
- Previous Cesarean Section
- Multiple births (twins, triplets, etc.)
- Breech position at term
- Pre-eclampsia
- Gestational Diabetes, uncontrolled
- Premature labor (prior to 37 weeks)
- Postdates labor (after 43 weeks)
- Poor nutrition

## **Benefits and Risks of Home Birth**

Birth has some risks, no matter where it takes place. Statistically, the risk of home birth is not greater than in hospital, but the risks are different. Analysis of infant and maternal mortality rates for planned home births with trained attendants shows that they are identical to hospital rates, and reduce the likelihood of C-section, episiotomy, and other interventions. Countries with the lowest infant and maternal morbidity and mortality rates have one common theme: midwives in attendance at the birth. The United States has the highest cesarean section rate and highest infant and maternal mortality rates of any of the high-income, developed nations. Increased access to technology does not guarantee perfect outcomes in childbirth, and may actually contribute to poor outcomes because of overuse.

The benefits of home births are centered on the principle that when a woman is in a comfortable environment, surrounded by people she trusts, she will feel safer and birth normally. She has greater control over how she labors and births, and she is able to act intuitively and trust her body. The risk of infection is reduced because she is in her own environment, with less exposure to new or unfamiliar pathogens. Birthing at home offers privacy, flexibility, and an uninterrupted flow of the birth process.

The risks of home birth are centered on the fact that advanced technology is not immediately available. There are very few true obstetrical emergencies in healthy, low-risk women; most problems arise slowly and allow time for a calm hospital transfer. Midwives are trained to handle certain complications. However, emergencies do exist, and a woman and her birth partner must be willing to accept that risk. In the case of a surprise emergency, emergency support measures are begun at home until emergency help arrives. Rarely, babies and mothers are injured or die in birth, both in the hospital and at home. In choosing the distinct benefits of home birth, the woman and her partner must be willing to assume responsibility for the risks of that choice. The outcomes of birth cannot be completely safeguarded. Each family chooses the setting and attendants that they feel will most effectively support their process, in a way that reaffirms their values, beliefs, and sense of well-being.

## **Services Available to You**

### **Prenatal Care:**

- Free Consult visit
- Initial prenatal lab work (lab fees are additional cost)
- Monitoring of weight, blood pressure, pulse, fetal heart rate, uterine growth, and position of the baby.
- Hemoglobin monitoring
- Blood glucose screening if desired or necessary
- Group B Strep culture if desired
- Nutritional and lifestyle counseling
- Birth education
- Documentation of all interactions
- Home Visit at approximately 36 weeks
- 24 hour on-call availability after 37 weeks

### **Birth:**

- Labor support
- Labor assessment
- Fetal monitoring
- Waterbirth (if desired and appropriate)
- Management of birth of the baby and placenta
- Suturing of perineal or vaginal tears, as needed
- Newborn Exam
- Monitoring condition of mother and baby until stable

### **Postpartum Care:**

- Home visits 1 and 3 days following the birth
- Office visits 1, 2, and 6 weeks following the birth
- Birth certificate filing
- 24 hour on-call availability up to 6 weeks
- Breastfeeding counseling
- Newborn Metabolic Screen, unless declined
- Contraceptive and Birth Control counseling and management, as desired
- Pap smear, as indicated
- Well-Woman care: annual exam, including the following testing if desired: STD testing, pap smear, lab work as indicated, hemoglobin check, and clinical breast exam.

## **Services I Do Not Provide:**

- Chemical pain relief
- IV antibiotics
- Pitocin induction or augmentation
- Cesarean Section
- Forcep or Vacuum Extractor assisted delivery
- Pregnancy Termination

## **Risk Factors that Require Transfer of Care to Hospital:**

- Preexisting medical conditions (epilepsy, diabetes, hypertension, etc.)
- Multiple births (twins, triplets, etc.)
- Placenta Previa
- Breech position at term
- Pre-eclampsia or Toxemia
- Gestational Diabetes, uncontrolled by diet, requiring medication
- Premature labor (prior to 37 weeks)
- Postdates labor (after 42 weeks)
- Poor nutrition
- Hemorrhage that cannot be controlled with herbs, IM Pitocin, IM methergine, or uterine massage
- Placental Abruption
- Cord Prolapse
- HELLP Syndrome
- Uterine Prolapse
- If there is suspicion of retained placenta or tissues in the uterus (pain, abnormal odor to lochia)
- Cervical laceration or 3<sup>rd</sup> Degree or greater perineal tear requiring suturing
- Hypovolemia or blood loss in baby
- Non-vigorous baby that does not respond to resuscitation methods
- Respiratory distress in baby
- Abnormalities in baby that require evaluation and treatment in hospital (suspected heart defects, organ defects, suspected chromosomal anomalies, breathing abnormalities, inability to latch or suck, etc.)
- Maternal or Infant fever
- Jaundice in the newborn, especially if <24hours of age or jaundiced at any age below the umbilicus
- Weight loss more than 10% birth weight in the newborn
- Postpartum depression

**Responsibilities of the Midwives and Assistants:**

- I and my assistants will treat all clients with care and respect, and keep all information concerning that care confidential.
- I and my assistants will be available to clients for phone consultation, and after 37 weeks gestation can be reached 24 hours a day by phone or pager. In the case of my serious illness, family emergency, or attendance with another laboring woman, access to another midwife will be provided to ensure complete coverage.
- I and my assistants will maintain current certification in Neonatal Resuscitation and infant, child, and adult CPR.
- I will fill out and file with the state of Maine a legal Birth Certificate.

**Responsibilities of the Client:**

- You must be strongly committed to and responsible for your own health and the health of your baby. This is best achieved by maintaining a healthy lifestyle, including good nutrition and regular exercise. It is important that you have confidence in your intuition, and your body’s ability to safely grow and birth your baby.
- Honesty and trust in each other is very important. I expect that we will reach an easy rapport during the prenatal time that will enable us to work together for a positive experience. Open and honest communication is essential, as my understanding of your needs and wishes are fundamental to the job of facilitating your journey through childbirth. If difficulty arises, please inform me so that we can work toward a solution.
- Self education is an important part of home birth. I suggest attendance at a childbirth preparation class for first-time parents. I offer the loan of many books, videos, and handouts for your use.
- Regular and prompt attendance at prenatal and postpartum office visits is important, as this allows me to manage my time so that I may offer you and other clients an unhurried, pleasant experience during our office visits.
- **Payment for all prenatal care, labor and delivery with two midwives, and all postpartum care is expected in full by 37 weeks of pregnancy. The total cost for these services is \$5000. Additional expenses may include: supplies, birth kit, birth pool, pool equipment, labs, supplements, imaging studies, referrals. A down-payment of at least \$500 is expected at your first prenatal appointment.**
- **Your total payment due date (37 weeks): \_\_\_\_\_**
- Items for the birth and care of the baby for a home birth must be gathered before the home visit, around 37 weeks. I will provide you with a list of materials.
- Help at home after the midwives’ departure must be arranged. The Mom should not be left alone for the first few days after the birth.
- Please consider to attempt to breastfeed your newborn for a minimum of 6 weeks while in my care. I will support you in this attempt!
- Please understand that I do not carry malpractice insurance, as there is none available to midwives in the state of Maine. I do my very best to provide you with safe, quality standards of care. If issues arise, please feel free to discuss them with me, or to address concerns to the Maine Board of Complementary Medicine.

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***I, the client, have read the above information and have had the opportunity to ask questions. I understand and agree with Maine Family Natural Health’s approach to midwifery care as described above. I desire a home birth and choose the midwife, Dr. Morgan Titus Rau, to provide care during the pregnancy, birth, and post-partum time. I understand and accept the benefits and risks of having my baby at home.***

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Midwife’s Signature

\_\_\_\_\_  
Date

## Midwifery Care Schedule

Consult	Interview	A free initial consultation to give parents and the midwife time to answer questions, share concerns, and meet one another.
<b>First Prenatal</b>	<b>Initial Visit</b>	<b>Prenatal exam. Family, health, and OB/GYN history is obtained. Information is given on health, lifestyle, nutrition, and exercise for a healthy pregnancy. Blood work for prenatal panel is generally drawn at this time. Prenatal appointments are scheduled.</b>
<b>Monthly up to 32 weeks</b>	<b>Prenatal Exam</b>	<b>Prenatal exams occur once a month and include blood pressure, weight, and urine check, fundal height measurement to check fetal growth, listening to the baby's heart beat, and discussion of current questions and concerns.</b>
10-20 weeks	Screening Tests	Genetic tests are offered to determine possible birth defects of the baby. 20 week Ultrasound is offered to detect birth defects.
28 weeks	Prenatal Exam	Blood work screening for gestational diabetes and anemia are offered. Antibody titer and Rhogam are offered to Rh negative mothers. Childbirth education classes or hypnobirthing classes are suggested.
32 weeks	Prenatal Exam	Prenatal visits are now every two weeks until 36 weeks.
34 weeks	Couple's Visit Prenatal Exam	Prenatal and Couple's visit. Discussion with couple regarding labor and delivery, becoming parents, and a time for questions and concerns. Birth kit order forms and a labor supply list are given to parents.
36 weeks	Prenatal Exam	Prenatal visits are now weekly until the birth. A vaginal culture is offered at this visit to rule out Group B Strep infection. Rh antibody titer may be repeated on Rh negative mothers.
37 weeks	Home Visit Prenatal Exam	Home visit with a prenatal exam. Parents meet the entire birth team (midwives and apprentices). The birth plan is reviewed and emergency protocols discussed. Any other birth attendants are encouraged to attend the home visit. All midwifery fees are to be completely paid by this time.
38-42 weeks	Prenatal Exams	Prenatal visits continue weekly until the birth. If the mother has not gone into labor, a biophysical profile is offered after 40 weeks to check on the health of the baby and placenta.
<b>Labor, Delivery, and Postpartum Care</b>	<b>Birth!</b>	<b>Birth attendants remain in the home for 3-5 hours after the birth to ensure that mother and baby are stable and healthy. The baby is weighed, measured, and examined. Vitamin K and an antibiotic eye ointment are offered for the baby. The mother is given help with breastfeeding as needed. Postpartum assistance is given, including suturing of the perineum if needed.</b>
Day 2-3	Home Visit	Assessment of the health and well-being of mother and baby. Maternal and newborn care is provided at home. The Birth Certificate is filled out and filed. Newborn Metabolic Screening test is offered.
Week 1	Home Visit	Assessment of the health and well-being of mother and baby. Second dose of oral Vitamin K is offered for the baby.
Week 2	Home Visit	Assessment of the health and well-being of mother and baby. Third dose of oral Vitamin K is offered for the baby.
Week 6	Office Visit	Assessment of the health and well-being of mother and baby. Fourth dose of oral Vitamin K is offered for the baby. Family Planning is discussed. Pap smear is offered if needed.



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 Maine ND License #NP288, CPM License #CPM645

Patient Name: \_\_\_\_\_

Midwifery Services	Code	Fee
CPM / Doula Consult	99272	Free
Prenatal Care (all visits)	59400	1500
Delivery (Birth)	59409	2000
Postpartum Care (all visits)	59430	1500
Birth Kit (Disposables)		55-75
Birth Tub & Supply Rental		75-200
<b>Doula Services for hospital birth</b> (includes 1-2 prenatal appointments, labor support, and 1-2 postpartum appointments)	59409	1500
<b>Birth Assist as Secondary</b>		600
Other:		

Laboratory (optional)	Fee (estimates)
Blood Group Type	50
CBC w/ Diff.	25
Ferritin	20
Glucose (Fasting or Postprandial)	20
Group B Strep vaginal culture	20
Pap Smear	135-270
PKU Newborn Metabolic	220
Prenatal Panel (HIV, Hep B, Rubella, RPR, CBC, Blood Group & Type, Antibody Screen)	300-400
Thyroid Panel (TSH, Free T3, FreeT4)	80
UA Culture (routine)	30-60
UA Dipstick	10
Vaginal Culture (general)	60
Vitamin D3 (OH-25)	40
Blood Draw Fee	25
Lab Handling Fee (urine, cultures)	10
Other:	

ICD-10 Diagnosis Code(s);

- Z71.89 Pregnancy Consultation
- Z34.9 Prenatal Care
- Z38.1 Home Birth
- Z39.0 Immediate Postpartum
- Z29.2 Postpartum Care

Provider's Signature: \_\_\_\_\_

**Prenatal Care: \$1500** includes all Prenatal office visits and one home visit at approximately 36 weeks. This includes consultation, education, urinalysis, and a full prenatal physical exam at each visit. \$500 deposit is due at the first prenatal appointment.

If you pay per visit:  
 \$250 each Office Visit + \$350 Home Visit at 36 weeks

**Delivery: \$2000** total includes all labor calls and 24/7 on-call from week 37 until delivery. Maine Family Natural Health pays the Secondary Midwife \$600 to attend (included in the delivery fee).

**Postpartum: \$1500** for 6 weeks of on-call 24/7 postpartum care, including, but not limited to, 3-4 home visits (Day 2, Day 7, Day 14) and 1 office visit at 6 weeks. This total includes the Newborn Metabolic Screening test (\$250).

If you pay per home visit:  
 \$300 per visit + \$250 Newborn Metabolic Screening test

**Pre-payment Discount: if all fees are paid by 37 weeks, there is a \$500 discount to the total midwifery fee.** This does not apply to per-visit payment plans, birth assists, or doula services.

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**Statement of Financial Responsibility:**

I understand and agree to the following:

- Payment for services rendered is my responsibility as the patient or patient's responsible party.
- I am responsible for paying for all services, including lab tests, rendered at the time of service.
- If I am receiving a discount of any sort, I am responsible for providing accurate and thorough documentation supporting it and I am responsible for paying in full at the time of service.
- I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize Maine Family Natural Health to release information necessary to secure payment.

**I have fully read and understand the above agreements and authorizations.**

Client \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_