

New Life Birth Services Informed Choice Agreement

Cathy A. Rude, CPM, LM

Texas State Department of Health Services Licensed Midwife #96035

New Life Birth Services

3110 East Elm Circle

Katy, Texas 77493

281-391-2156

email-crmidwife@earthlink.net

www.christianmidwife.net

The **Informed Choice Agreement** is a tool to be used by health care consumers. It enables people to compare information about midwives. They can then select a midwife who best meets their particular needs and expectations.

Education

High School Diploma: Plainview High, Plainview, Texas 1970

60 + hours pre-nursing courses: Stephen F. Austin State University 1973-74

University of Texas Austin 1974-1975

Texas A&M University 1975-77

Texas Department of Health Basic Midwifery Course and Test 1993

The Association of Texas Midwives Graduate Midwife Study Course 1995

Apprenticeship with midwife, Deborah Perry 1993-95

Professional Affiliations

- Midwives Alliance of North America
- The Association of Texas Midwives-Regional Representative, Region 4
Executive Board Member - Secretary
- GHMA – Greater Houston Midwifery Alliance

Experience

Labor Support (Doula) Supported pregnant couples during pregnancy, labor, birth and early postpartum.

Attended the women at home during early and active labor, determine proper time to leave for the hospital, supported the laboring woman in the hospital and acted as her advocate for as natural a birth as possible. 1984-93

Midwifery Assistant Worked with several different midwives on an occasional basis, attending births and assisting. 1989-93.

Midwifery Apprentice Began three year apprenticeship with midwife, Deborah Perry 1993-95.

Documented Midwife June 1993.

Began **New Life Birth Services** 1995-Present

CPM-Certified Passed NARM (North American Registry of Midwives) exam 1999

Professional Midwife

Licensed Midwife September 2005 (name change due to new law)

Conferences and Workshops Attended

- Association of Texas Midwives Conference Dallas, Texas 1995
- Midwives Alliance of North America Conference Austin, Texas 1996
- Association of Texas Midwives Conference Galveston, Texas 1997
- Gulf Coast Association of Midwives Workshop (6/year) 1998
- Midwifery Today Conference Austin, Texas 1999
- ATM Conference Dallas, Texas 2000
- HOME Education Day Houston, TX 2001

- ATM Conference Conroe, TX 2002
- ATM Conference, Corpus Christie, TX 2003
- HOME monthly meetings 2004
- HOME monthly meetings 2005
- ATM Conference, Arlington, TX 2005
- ATM Conference, San Antonio, TX 2006
- HOME monthly meetings 2006
- ATM Conference, Cruise, 2007
- HOME monthly meetings, 2007
- Quarterly Peer Review, 2004-2009
- GHMA monthly meeting, 2008 – Present
- ATM Conference, Clear Lake, TX 2008
- ATM Conference, Houston, TX 2009

Birth Experience

Personal: We have six children, the last three born at home with the help of a midwife. My hospital experiences convinced me that there had to be a better way and there is! Home birth! My oldest daughter was born in 1978 and my youngest in 1995. We have three boys and three girls. Each is a joy and gift from God. We also have 2 grand children who are extra special blessings!

Professional: I have attended over 600 births. Of these I was the primary midwife for 495 as of March 2009. I feel that to give each woman the time and care she needs and deserves, I try to limit my practice to four births per month.

Statement of Philosophy

I believe that childbirth is a normal, natural event ordained by God which left to nature will proceed to an uncomplicated end in most cases. I believe the midwife's job is to assist the birthing couple in the journey through pregnancy, labor and birth by monitoring the process. I believe that childbirth is a family centered event and the midwife's role is to enhance, not usurp the family's unity, or the father's authority. Except where there is an issue concerning the safety of the mother or child, I believe the parents should have the experiences they desire and I encourage specific requests regarding birth experience.

Basic Services

Prenatal care is an important part of any birth. The first visit includes a complete physical assessment, medical history including a detailed previous birth history, and the drawing of blood for labs. Subsequent visits occur at monthly intervals until 28 weeks, then bi-monthly until 36 weeks. Weekly prenatal visits the last few weeks insure close contact leading up to delivery. The following items are carefully monitored at each visit.

- | | |
|---------------------|------------------------|
| ➤ Weight | ➤ Urinalysis |
| ➤ Blood Pressure | ➤ Position of Infant |
| ➤ Pulse | ➤ Nutrition |
| ➤ Fundal Height | ➤ Emotional Status |
| ➤ Fetal Heart Tones | ➤ Discomforts/Remedies |

In addition, reading material is provided covering a range of information on pregnancy, labor and birth, including what we discuss at each prenatal visit. I encourage you to check out books on each visit then return them the next.

Laboratory Services

A full service lab in Houston and/or San Antonio (by mail) is utilized throughout the prenatal period. The following tests are called a prenatal profile and are required of all pregnant mothers:

- Complete blood count
- Hepatitis B screening
- RPR (syphilis screening)
- Blood type and RH
- Thyroid stimulating hormone
- Rubella Titer
- HIV screening
- Complete urinalysis
- Urine culture (if needed)
- Antibody titer

In addition to these initial tests, we also perform the following:

- Repeat CBC at 28 weeks
- Diabetes screening if indicated at 28 weeks
- Hematocrit and Hemoglobin if indicated at 36 weeks
- Group B Strep screening at 38 weeks
- Thin Prep Pap Smear - 6 to 8 weeks postpartum checkup
- Antibody screening for RH negative mothers at 28 and 36 weeks

Childbirth Classes

Classes are required of first time mothers and highly recommended for those having their first home birth. Classes are taught by a certified instructor who specializes in preparing home birth couples.

Several choices will be provided. All clients are encouraged to use their prenatal visits to bring up concerns and questions.

Referrals

Referrals are available to another midwife, chiropractor, pediatrician, massage therapist, ultrasound technician, family practitioner, obstetrician, or hospital.

Labor and Delivery Care

We prefer that a mother whose baby is imminent keep in close contact during those final days. Please notify me of any early labor or warning signs, i.e., bag of water breaking, bloody discharge or contractions.

I always bring another midwife or birth assistant. We think it only prudent to have two experienced caregivers in attendance in the event of a complication with both mother and baby. There is no extra charge for this enhanced service. Two of the midwives often have an apprentice as well, the apprentice will often attend with your permission.

Labor monitoring includes the following: checking the fetal heart tones hourly or more frequently in early labor, and every 30 minutes or more frequently during active labor. During second stage, fetal heart tones are checked more frequently, usually after each contraction. Maternal vital signs are carefully assessed on arrival, then every 2 to 4 hours.

Vaginal exams are done rarely and only if necessary. These are kept to a minimum unless there is some specific need for them. The urine is checked initially and then every 4 hours. Sipping water or juice is highly encouraged throughout the labor. You will also be reminded about emptying your bladder every hour or so.

Family and sibling participation is encouraged. We ask clients to discuss with us in advance who will be invited to the birth. We like for anyone you plan on having at the birth to plan to attend the home visit at 37 weeks.

We have experience with the following delivery positions: lying on the left or right side; lying on the back propped up with pillows; standing; squatting; kneeling; hands and knees; on a birth stool; underwater. If another position appeals, we are open to suggestions.

During crowning of the baby's head we prefer to use hot compresses, perineal support and olive oil massage. We highly recommend prenatal perineal massage and will train you and your husband during your pregnancy. Episiotomy is only done in an emergency. The cord is usually cut after it stops pulsating or even after delivery of the placenta. Dad, Mom or a sibling is encouraged to cut the cord.

Post Delivery and Newborn Care

We will remain with you after the birth for at least 2-3 hours. Routine newborn care includes:

- Placement of infant on mother's warm skin and covering with heated blankets
- Suctioning with bulb syringe only if baby needs assistance in clearing mucus
- Suctioning with a de-lee suction catheter for thick meconium
- Complete physical exam of infant, including gestational age assessment and Apgar scoring
- Eye ointment
- Vitamin K injection
- Cord blood sample to lab for testing, blood group and type, HIV, RPR
- footprints
- Immediate breastfeeding is encouraged to prevent heavy bleeding by the mother and to hasten the birth of the placenta.

Equipment at Births

Each client is provided with a source for ordering their birth kit around 34-36 weeks. This includes all your disposable items for the birth. In addition, you will be given a supply list of normal household items to have on hand. These will need to be in place by the 37 week home visit. We will bring the following supplies to the birth:

Doppler	fetoscope	infant scale
urine strips	stethoscope	blood pressure cuff
suture materials	suture scissors	Hemostats (clamps)
ring forceps	cord scissors	non-sterile gloves

We also have the following supplies for use in an emergency:

- Oxygen tank with adult mask and infant ambu bag
- Pitocin and Methergine (as ordered by the backup physician)
- Syringes and needles/Suture kit
- Herbs and Homeopathy remedies
- IV Supplies and fluids

After Birth Care

We provide a postpartum home visit at 36-48 hours and then after the breast milk comes in, usually on day 4-5. All vital signs are checked, degree of bleeding carefully monitored, the perineum is inspected for proper healing, and the breasts are checked. We also help with breast feeding concerns, proper latch and positioning.

We check the infant's vital signs and the first newborn screening blood test is done on the first home visit.

At two weeks postpartum an office visit is done to check the condition of mother and baby. A second newborn screen test (as required by state law) is done at this time.

The 6-8 week final exam consists of a repeat mother/baby exam with the addition of birth control counseling and a pap smear.

Fees

Our fees are much lower than those incurred through the traditional hospital/doctor method. The basic fee is \$4000. I offer an early payment discount. Please see me for details. There is a non-refundable deposit of \$300 due on the first prenatal visit. If an ultrasound is desired or necessary for any reason, we have contact with an ultrasound tech with a mobile unit. She charges \$150. Bring a blank video and she will make a copy for you. The birth kit is usually around \$60-70.

Backup

We are very fortunate to have excellent medical backup with Stephen Guilliams, M.D. at West Houston Medical Center. I am always looking for more backup physicians. If you know of a supportive doctor, please let me know.

Legalities of Midwifery in Texas

Midwives are legal in Texas. The following rules apply:

- Midwives must register with the county clerk
- Midwives must renew their license (and pay their fee) every other year.
- Midwives must be certified in both CPR and Neonatal resuscitation
- Midwives must provide clients with a disclosure form disclosing the state restrictions on midwifery practice
- Eye drops or ointment must be used in the infants' eyes
- Blood testing for syphilis and HIV must be done for the mother during pregnancy and for the baby after delivery (from cord blood)
- The newborn must be tested for PKU, hypothyroidism, and other conditions (27) usually on 1st postpartum visit and 10 day-2 week visit.

Personal Information

I have been married for 37 years as of September 2008 to Gary Rude. We have six children ages 30, 29, 24, 21, 19 and 13. We also added a son-in-law in 2001, a new granddaughter in June 2003 and our first grandson in November 2007. We are a Christian family and that is the focus of all we do and who we are. We home schooled our children for nineteen years. Our youngest daughter attends Katy Junior High.

I believe midwifery is a calling and I feel privileged that God has directed me on this path. I trust in Jesus Christ for every birth and for each of the women I serve. I pray for each one and truly feel that I am a handmaiden of the Lord. He is so faithful to lead and direct in every situation and I praise Him for it.