

# Dove Charity Home Birth Contract and Financial Agreement (revised 11/22)

**The client** (print name) \_\_\_\_\_ and the midwives (we) at Dove Charity Midwifery Services agree to the following terms and conditions for the provision of licensed midwifery, traditional birth attendance, and other services:

**Midwives:** Valerie R. Monterrey LM, CPM, LDEM owner of Dove Charity Midwifery and Angela Stout DEM, and any other midwife we may need to call in to assist in deliveries. Valerie is nationally certified healthcare provider, and is licensed to practice midwifery in Maryland and Delaware. In Pennsylvania Valerie retains her national certified midwife credential. All Midwives, assistants, and students serving Dove Charity Midwifery clients maintain up-to-date CPR, NRP, and other life saving certifications. They have received or are in the process of receiving a formal midwifery education and clinical training as outlined in the “Informed Choice for Midwifery Care” document in the client welcome/handout packet. Their professional goal is to exceed the standards of care for medical obstetrics, while offering clients the maximum flexibility in their own care. Valerie R. Monterrey LM, CPM, LDEM has been preceptor for midwifery students in training from several colleges, and are usually assisted by at least one student midwife. They have arrangements with other area midwives to provide backup care in the rare event that your midwife is unable to attend a birth.

**Services provided:** The midwives will provide you with standard prenatal, intra-partum and postpartum care, including:

- Physical assessment with lab blood draws, cultures, and/or ordering of same;
- Prenatal checkups: once every 4 weeks until 28 weeks, then every 2 weeks until 36 weeks, and weekly thereafter until delivery;
- Nutritional counseling, and suggestions for optimal vitamin and herbal supplements;
- One postpartum home visit for mother and baby within 36-72 hours of delivery, including newborn screening, hearing test and pulse oximetry for congenital heart defect screening;
- Postpartum visits in office for mother and infant at approximately 2 weeks and 6-8 weeks, including newborn screening and family planning / gyn follow-up with pap if desired;
- Use of a birthing tub during your labor;
- Personal classes on birth and self-care
- 24 hour emergency phone availability of your midwife(s) throughout your care;
- Any additional visits necessary through your period of coverage;
- Any referrals needed or wanted (including for ultrasound), or transfer of care as needed.

**Initial consultation:** A free initial consultation is provided to determine your compatibility with midwifery care. The following topics are discussed: nutrition; general health history questions; the risks of childbirth and home birth to the mother and infant; management of complications in an out-of-hospital setting; how labor and birth differs in a hospital birth; your reasons for choosing out-of-hospital birth and midwifery care; arrangements for backup medical consultation and/or transport. Ample opportunity is provided for prospective clients to ask questions.

**Client history and screening:** In the selection and treatment of clients, the midwives rely on the client’s medical history and information provided by the client and from previous healthcare providers. The client agrees that such information will be complete and accurate to the best of her knowledge. The client understands that certain aspects of her health history may preclude her from midwifery care and home birth.

**Transfer of care:** The client understands that certain complications or conditions may develop during pregnancy, birth, and/or postpartum period that require transfer of care to a medical provider and/or facility. We do our best to provide adequate information in a timely manner in the event of a transfer of care. Signing this contract is not a guarantee of a home birth or a midwife attended delivery. Your and your baby’s safety is of primary importance.

**Back up medical care:** We refer as needed for consultation with qualified ultrasound, obstetricians, and also refer to a neonatologist for evaluation when indicated. If any significant deviations from normal develop, the appropriate specialist will be consulted. If transport to the hospital during labor and birth is required, the attending midwife or assistant will stay with

you if able, though medical decisions will be made solely by the client in conjunction with the medical providers at the receiving facility.

**Pediatric care:** Your midwives can provide well-baby check-ups during the first two weeks postpartum, as well as lactation consultation, with optional feeding evaluations (including monitoring growth and weight gain) to 6-8 weeks. Subject to state guidelines, your midwives can provide newborn metabolic screening, pulse oximetry, vitamin K prophylaxis, and eye prophylaxis medication. We do not offer vaccinations. The client should make long-term pediatric care arrangements prior to delivery.

**Use of medical records:** The client authorizes the midwives to have full access to her medical records for clinical management, research, and statistical purposes, provided her privacy is protected. Participation in out-of-hospital midwifery statistics project is anonymous, but occurs only after consent of the client.

**Assistants and student midwives:** The client understands that the attending midwife will usually have at least one trained assistant midwife and/or student midwife with her at the birth, and at most office visits. This is both for the client's safety and to train new midwives. Senior students who have achieved the level of "Primary Under Supervision" are qualified to manage appointments and deliveries, and are encouraged to do so. We make every effort to arrange for the client to meet all potential assistants prior to birth. We are respectful of the intimacy of birth, and are committed to training students with the same high standards and philosophy of care.

**Consent to treat:** The client gives her consent to the midwives to care for and treat her during the course of her pregnancy and birth until conclusion of care at eight weeks postpartum, and agrees to reasonably comply with their care recommendations. This will remain in force unless the client informs the midwives of her intentions to seek care elsewhere, or the client is referred for care by the midwife. The client agrees to assume full personal and legal responsibility for her decision to have an out-of-hospital birth and to prepare properly for same.

**Informed choice:** The client has been informed of the midwives' credentials and scope of practice; the risks and benefits of out-of-hospital birth; and the limitations of midwifery care. The client has had ample opportunity to ask any and all questions pertaining to her midwifery care. This is further outlined in the document "Partners In Care", which has been provided to the client in her handout packet.

### **Payment for services**

The client agrees to payment under the terms of the "Financial Agreement".

**Global charge:** For midwifery care is \$3,600. The below-signed client understands that the non-refundable Deposit/Retainer of \$500 is due at the client's second appointment (for care, after the initial consult). Failure to comply with the terms of payment will result in the midwives being unable to attend the client's birth. Unless other arrangements are made, you will be charged \$50 per month that your bill is not paid and you will be responsible for any billing collections fees, including but not limited to court fees, that may be incurred in the collection of your debt. This fee may be a charge of 30-50% of your total bill, in addition to your bill. For all bounced checks there is a \$38 fee.

**Liability Insurance:** Because professional liability insurance coverage would make home birth unaffordable to families, and because Pennsylvania is an midwifery a-legal state, meaning no laws written for or against home birth midwifery, malpractice insurance is unavailable to out-of-hospital midwives. Clients are therefore active in the decision-making process during their care, and assume full responsibility for the outcome of their birthing experience.

**Discount:** For clients who pay in full before or by 20 weeks in pregnancy will receive a \$100 discount that will be deducted from the full fee of \$3,600. Discount for Every 4 children \$100, If you are in a low income status, you may request the spin down discount.

**Retainer Fee:** Because we are a small practice and are careful not to over-book clients, A NON-REFUNDABLE retainer of \$500 is due at your first appointment after your initial consult, when you return your contract paperwork to us and begin care. This insures your place on our schedule, and the attendance of assistants, students, and if necessary backup midwives at your birth. If coming in to care during you third trimester, the amount is increased to \$750 and is **part of your total cost.**

**Primary Midwife Care:** Your primary midwife will attend the majority of your appointments. She will be giving you the majority of your education and advice. She will answer the majority of your calls and texts. In the event she is at a birth, an other appointment, or out of town we will have a back up midwife, assistant or senior student assist you. Your primary midwife will attend you in labor, once you enter active labor with contractions 5 min apart and at least 60 seconds long and 6 or more centimeters dilated. If she is unavoidably detained elsewhere then she will send a qualified back up midwife. If you need a pre-active labor home check and your primary midwife is detained she may send an advanced student to check your progress.

**Transfers:** During the course of pregnancy, birth or postpartum, it may become necessary to transfer you to the care of another provider. If the decision is made to transport you and/or baby to the hospital during your labor or immediate postpartum, no refund of our fee will be given. One of the Midwives or assistants working with us, will still be supporting you whenever possible, giving emotional, physical and educational support, during the birth, and postpartum. If prior to your 36th week, you decide to transfer or terminate care or we decide that a transfer of care is necessary for the safety of you or your baby, \$100 will be the pro-rated fee for each visit with me, plus \$300 registration and \$500 initial retainer fee. If you transfer care for non-medical reason at or after 36 weeks gestation, no monies paid to Dove Charity Midwifery, will be pro-rated and or returned. **There are no other refunds.** You are responsible to **pay the full amount by 36 weeks of pregnancy, unless other arrangements have been made.** We will really try to work with you if you really want a home birth. If you register late in your pregnancy your payments will be higher to finish before the 36th week. If for some reason you are unable to pay one of your payments on time, we will try to work with you as best as we can. One of our associated Midwives and her assistant will make every effort to be at your labor and birth. Sometimes it is beyond our control and therefore we have back up midwives in line in the case there is a family emergency.

**We do not bill insurances.** We give an invoice of your bill and payments for insurance and our new system now has billing codes. You can create your own document for your insurance, Billing codes are all online if you need more.

**Childcare and House Keeping:** We do not provide childcare and we do not provide house keeping chores. We want your children included if you do, but someone else will be responsible for their care. It should not be you or dad. We will clean up the mess related to the birth. We don't do laundry or dishes. Sometimes we will ask dad to take a pool down if we get called out to another birth or yours has been a long birth. We try to leave you tucked in bed, and the only evidence of a birth is the baby in your arms. Sometimes we do a little more but it should not be expected.

**Our full fee is \$3,600 and includes:**

- Availability for questions or concerns from start of care up to 6 weeks postpartum . Cell phone call/text availability during office hours (9am-6pm Monday thru Thursday) off hours calls and text will be handled within 24 hours, ( If you have an emergency, call, leave a message and text and then wait 15-20 min and call again).
- Office/home prenatal appointments (to be scheduled every 4 weeks from 12-28 weeks, every 2 weeks from 28-36 weeks, and weekly from 36 weeks until you give birth)
- Educational lending library available, handouts, birth equipment
- If most or all prenatal visits were at the office or home, 1 prenatal appointment in your home at approximately 36-38 weeks
- Attended by midwife and assistant at your labor and delivery
- Birth kit,
- Your birth
- 1 postpartum checkup in your home approximately 48 hours after your birth
- 1 additional postpartum checkup in your home within the first week, if indicated

- 2 office/home postpartum checkups at 2 and 6 weeks (you are responsible to schedule). More postpartum checkups if necessary or indicated.
- Newborn Hearing Screen
- Ultrasound referral, if desired or indicated
- Assist Fee of \$400, (paid directly to her)
- Birth certificate and social security card completed

**It does not include:**

- Birth tub fee (\$40)
- Acknowledgment of Paternity forms
- Ultrasounds, laboratory, and diagnostic tests upon recommendation by your midwife is necessary in providing good prenatal care to the mother and baby, to aid in the detection and management of possible birth complications. Prices will vary.
- Prescription and Non-prescriptions medications, herbal and nutritional supplements needed for the mother and/or infant related to the present pregnancy and postpartum care.
- Emergency expenses that may include transportation, emergency room, physician expenses, surgery, medications;

or any standard hospital, clinical physician, nursing, or doula expenses related to the present pregnancy and postpartum care.

- Mandatory Supplemental Panel newborn metabolic screen in Pennsylvania \$39.80 paid by check at the time of draw
- Pap Smears or other Well-Woman Care

**Extra fees not included in the care.**

Registering after 35 weeks previous prenatal record, **payment in full and \$200.** Or if no prenatal record can be provided after 36 weeks, extra blood work included due to extra risk factor, **payment in full and \$300**

- RhoGam for Rh- Mothers with negative blood factor \$150
- Suturing \$80 , IV Fluids \$50 , Induction \$100, O2 \$25
- Emergency anti-hemorrhage \$15
- Vitamin K Injection \$15
- Infant blood type \$15
- Birth Pool Rental \$40
- Placental Encapsulation \$75 ( to Angela)
- Late Fee or bounced check \$38
- Room Rental for Birth \$300 (for non clients)

**Transportation:** Appointments in Franklin county will happen in your home. All other appointments will happen in my office in Adams county. Office Address is 954 Fleshman Mill Rd New Oxford, PA 17350.

A \$25 Travel fee will be incurred for all unplanned home visits under 40 miles and \$1 a mile for every mile over that.

**Financial Assistance:** If you believe you are in a single or low income bracket please ask for our Spin Down or sliding scale program that bases the global fee on 5.7% of your income.

**Special Circumstances**

**Itemized Care Based on global fee of \$3,600**

Used only if a refund or proof care document needed.

**Non-Refundable Registration & office \$300** (may pay in two installment)

**Non-Refundable Retainer Fee \$500**

(Grouped Prenatal \$800)

Appointment \$100. Average 12 appointments = \$1,200.

Assistant fee \$400, paid to me if assistant fails to arrive, otherwise paid directly to her at the birth, even in the event of transport.

Uncomplicated Birth \$1,800

(A Complicated birth\$2,200) ie: VBAC, Resuscitation, suturing, breech etc.

Child birth education Average 4-6 classes \$240

Longer appoints may be charged more.

Paper work like U/S orders, FMLA, copied charts etc \$20

**Total \$3600=\$4,240**

**Agreement and Disclaimer**

I/We\_\_\_\_\_ have read and understand the above information concerning financial arrangements with Dove Charity Midwifery. I agree to fulfill my financial obligations as outlined above. Failure to pay fees in a timely manner may result in termination of care without refund with Dove Charity Midwifery.

**Disclaimers:** I/We agree to pay any costs, including court cost, associated with the collection of delinquent charges owed to Dove Charity Midwifery. I/We, the clients relieves Dove Charity Midwifery of any financial responsibility arising from outside medical care, including but limited to care received after transfer of care or transport to the hospital. I understand that if the bill has not been paid according to the terms and scheduled payments outlined in this agreement, the midwife cannot attend the birth unless other arrangements are made in writing. I/We also agree to assume primary responsibility for the outcome of this pregnancy, birth and postpartum, and will not hold the practice, midwife, or her assistants responsible for outcomes that are a result of complications beyond their control. The client agrees, by signing, to all of the stipulations above and below.

**Checks payable to Valerie R Monterrey**

Acceptable methods. CashApp, Venmo, Zelle, PayPal, Square, health savings accounts accepted, checks, cash

I will pay \$\_\_Total amount\_ in payments of \$\_\_Individual Payment in \_\_How many\_\_\_\_\_ payments

Date \_\_\_/\_\_\_/\_\_\_

Client: \_\_\_\_\_

Partner: \_\_\_\_\_

Midwife: \_\_\_\_\_

