

Gentle Hands Maternity Care, Inc.
Alice Sirmons, Certified Professional Midwife
3008 E. Indianola Broken Arrow, OK 74014-2803 918-251-1467

I want to thank you for your request of material to learn more about midwifery services that are available to you in the Broken Arrow/Tulsa area.

With a homebirth the midwife will spend more time answering your questions, providing you with a wonderful opportunity to learn about your body and encouraging family interaction. Midwives use safe and natural methods to ease discomforts of pregnancy and birth. They do not perform episiotomies and believe they are not normally necessary. A midwife attended birth allows your newborn to remain with you at all times. The number one option for some is the fact that professional health care can be provided for the mother and newborn infant at a greatly reduced price.

Midwives offer other health care needs such as pap smears, pregnancy tests, various lab work as well as Well Woman Care.

Who qualifies for a homebirth? First time mothers who fall into low-risk categories (does not have diabetes, high blood pressure, active tuberculosis, epilepsy, heart disease, kidney disease, etc.), second, third, and fourth time mothers in the low risk category. Mother's ranging in age from 16 to 44. Families who want to be assured of a safe natural birth with as little intervention as possible.

How do you get started? You may start by calling Alice at Gentle Hands Maternity Care Inc. today to set up your free consultation.

How often are the check ups? Check ups are once a month until the 28th week then twice a month until the 36th week, at which time I will make a visit to your home. Then each subsequent visit is once a week in my office until the birth.

How do you pay for the services? After the initial deposit, the balance is paid in monthly installments. If you have insurance we can arrange to bill the insurance company, upon **pre-approval**, for the portion they will cover. If you are in doubt, all your insurance company and ask what their policy is concerning midwife attended births. Most lab work is done right in the office for your convenience.

Thank you again for your interest about my services. I look forward to meeting you in person

Alice Sirmons C.P.M.

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INFORMED CHOICE AGREEMENT

The Informed Choice Agreement is designed so that you, the Client, can make an informed and educated decision as to who will be your birth attendant. It contains information as to our background, training, and skill level. As a Certified Senior Midwife with Oklahoma Midwives Alliance Inc. I am required to have this form available to anyone wishing to see it.

PERSONAL INFORMATION

My name is Alice Sirmons, I was born and raised in Amarillo, Texas. My husband Jim and I moved to Woodward, OK in 1975, and from there to Broken Arrow in 1990. We have five daughters, all of which were born in hospitals, because I didn't know then that I had a choice. My first four births were typical hospital births, including episiotomies, delivery in stirrups, and the separation of mother and baby at birth. My last and smallest girl was delivered by cesarean section after fourteen hours of labor. She was a posterior breech, and even though I kept telling the doctor that *something was different*, he assumed that I would not have any problems since she was my fifth child.

I have always felt that women should have a choice as to where to give birth, and since I had all daughters, I wanted them to be able to make the choice as to where and how their own babies would be born. I have had the privilege of catching ten of my twelve grandchildren.

I started reading about homebirth in 1973 and caught my first baby in 1978. Since Woodward, OK is quite some distance from other towns, sometimes I would drive over 150 miles to help with a birth. I did find a back-up doctor 30 miles from home in a little town called Seiling, OK. I did three hospital births there as part of my clinicals.

CERTIFICATIONS

I am a National Certified Professional Midwife (CPM) and listed with the North American Registry of Midwives (NARM). In order to become a CPM, I was required to complete an extensive 60 page application, documenting my education and knowledge in every major area of midwifery practice. In addition, I was required to document my attendance at the required number of labor and deliveries, as well as prenatal exams, newborn exams, and postpartum exams. I have been tested thoroughly in both academic and practical areas, and have demonstrated competency in all necessary skills and case managements. I passed all tests successfully and was found competent to practice midwifery. In order to maintain my certification I am required to attend continuing education seminars yearly, maintain current CPR certification, document number of births attended, and keep very strict standards. In Oklahoma I have completed all requirements for registration as a Certified Senior Midwife with the Oklahoma Midwives Alliance Inc. (OMA Inc). I am also certified in Neonatal Resuscitation.

PHILOSOPHY

My philosophy on childbirth has always been very simple, “I believe God made women to have babies”, and most of the time this can be achieved with good prenatal care and a good support team for the mother and family. Statistics show approximately 85% of all births are uncomplicated deliveries, and another 5% of all births can be managed safely outside the hospital with a skilled midwife in attendance. This does not imply that medical complications that must be referred to a physician cannot arise, it simply means that your risk for complications requiring medical intervention is low. I also believe that the most important skill a midwife must learn is the ability to determine her own limitations so she can provide families with the safest birth possible, while protecting the normalcy of birth and providing personalized family-centered care.

Newborns are sensitive, intelligent human beings, who deserve gentleness, consideration and loving arms. I am firmly committed to helping parents provide their children with the nutrient rich supportive beginning they need to achieve their full potential.

MIDWIFERY TRAINING AND EDUCATION

Midwifery and Nutrition Conference
Intensive Midwifery Skills Workshop
Nutrition, Prenatal Care, Infant resuscitation, Newborn exam, neonatal jaundice
High risk, pre-term, at-term, and post-term problems, postpartum problems and genetics
Skills Workshop, drawing blood, pap smears, suturing
Conference: Lab work and prenatal care
Sid's Workshop and Teenage Pregnancy Workshop
Midwifery Course: prenatal's, anatomy, low income problems, and nutrition
Understanding birth process and monitoring FHT's with Dr. Michel Odent
Pediatric/Prenatal Medicine Conference
Doula Workshop - Secrets of Labor Support
Well Woman Workshop and Homeopathy Conference
Aromatherapy Workshop
Charting Workshop
Postpartum Depression, Group B Strep, Sexual Abuse
Blood borne Pathogens
Venipuncture and IV Therapy
Breast Feeding Education Workshop

ORGANIZATIONS

I have been a member of the Oklahoma Midwives Alliance Inc. for over 18 years. I served as president of the OMA in 2008, as treasurer from 1996 to 2001 and again in 2004, I served as vice-president in 1991. I am a Board member of the OMA. I also serve as a *Qualifying Evaluator* for the North American Registry of midwives, which helps tests the skills of student/apprentice midwives.

MIDWIFERY AND THE LAW

There are no laws regulations governing midwives at this time in Oklahoma. This is why the Oklahoma Midwives Alliance Inc. is a very important organization to this state and to birthing communities in Oklahoma. Information regarding the educational process and requirements for certification by the OMA is available upon request. In the event that a client may have a comment, complaint or question about the conduct or practices of any OMA midwife they may contact the OMA Certification Review Board by sending a written statement to or calling the follow:

OMA Inc./CRB
P.O. Box 162
Norman, OK 73070-0162

Gail Brown C.P.M.
OMA President
405-366-8307

PRENATAL CARE

You ARE required to receive prenatal care. I am able to do this in my office. During the first 28 weeks of pregnancy, I will see you monthly. You will be seen every two weeks from 28 weeks to 36 weeks of pregnancy and weekly from 36 weeks to delivery.

Each prenatal visit will include:

- * checking your urine for glucose and protein
- * taking your blood pressure
- * checking your weight gain
- * listening to the baby and checking the baby's size and position
- * discussing your diet, nutrition and vitamins
- * discussing any problems or questions you may have
- * discussing preparations for homebirth

Approximately 2 to 3 weeks before your due date I will do an internal exam to determine:

- * position and station of the baby's head
- * effacement
- * dilation

You will be required to have regular prenatal lab work. All lab work is done in my office for your convenience, it will include:

- * complete blood count
- * antibody screen
- * rubella screen
- * blood type
- * RH factor
- * RPR
- * HGsAG
- * culture for beta strep will be done at 36 weeks

Prenatal care is very important to the out come of your birth. They are many situations that, if dealt with

in a timely manner, will never become true complications.

You should attend a childbirth education class, especially if this is your first baby, or if you have not attended a class in the last two years. I will be happy to give you the names of the Bradley Method instructors.

THE BIRTH

I expect to be contacted as soon as you know you are in labor. When I come to your home will be determined by your past OB history, the frequency and strength of your contractions, and when you feel you would like for me to be there. When I arrive, I will make an initial exam to see at what stage of labor you are in. I will then monitor the baby and set up my equipment and your birth supplies. I carry a Doppler to monitor the baby, scissors, scales, and oxygen should you or your baby need it.

You are encouraged to use the position of your choice for the birth. Once the baby is delivered and I know the airway is clear, the baby will be placed on your stomach. When you are ready, you will be cleaned up and checked for lacerations. The baby will be given a gentle newborn exam, cleaned up, and dressed to maintain warmth. I will stay with you for two to four hours after the birth to make sure both mom and baby are stable. If there are any irregularities, I may need to stay longer. If the need should arise to transport to the hospital, I will accompany you and/or the baby to the hospital of your preference.

I will return to your home with 24 hours after delivery to check on you and the baby, and fill out the birth certificate. I will see you at one week and six weeks in my office.

If I have simultaneous births, I usually go to the one that is progressing the quickest, or the one who might require more help. *I make every effort to arrange my schedule so that this does not happen.* If I am sick, or out of town, I have another qualified midwife to cover my practice.

MIDWIFE'S RESPONSIBILITIES

My role as a midwife is to guide the low-risk mother and baby to a healthy, safe delivery. Mother and family are to have an active role in her care. The father may have a very active role in the birth process, if he so chooses. Since I work with low-risk families who want to be assured of a safe natural birth with as little intervention as possible, I will be able to take time with the mother and family to answer your questions and concerns.

The midwife is entrusted with the care of the normal pregnancy, the normal delivery, and the supervision of the normal postpartum period. She may carry out emergency measures where necessary. I do not suggest interventions or transport unless absolutely necessary. Cases involving complications that, in our judgment, make an out of hospital unwise will be referred to other healthcare providers trained to handle obstetrical difficulties. If you refuse to follow the recommendations, or if you refuse medical attention when requested, you will be asked to sign a No-Compliance form and the professional relationship between us could be terminated. Please remember in a home-like birth setting, I do not have IV fluids, blood products or other advanced medical equipment available.

PARENT'S RESPONSIBILITIES

Homebirth is a very special privilege. In making this choice, parents must recognize their personal responsibility in this matter. It is very important for parents to realize that there is no guarantee that their pregnancy or birth will be free of complications. Remaining low risk involves a healthy diet, moderate exercise and avoiding any substances that could harm your baby.

Parents who choose a out of hospital birth are saying they are educated about birth, and the possible risks inside and outside of the hospital. You must be aware that situations can arise quickly and time is lost in receiving advanced medical attention. These situations are rare, but they do happen. You need to spend time educating yourself about the risks and work with us to try to prevent. If you have a pre-existing condition, such as cardiac disease, diabetes, hypertension, etc. you will be advised not to attempt a birth outside the hospital.

I will be open and honest with you and I expect the same in return. Please feel free to talk to me if you have any physical problems, or problems affecting your emotional health. Sometimes pregnancy hormones can make even the simplest thing hard to cope with.

We ask that your baby be seen by a pediatrician within 72 hours after the birth. I do a preliminary examination of the baby after the birth but I am not a doctor. Antibiotic ointment for the baby's eyes and vitamin K is also available if you choose.