



Informed Consent Disclosure for Shanna Mastrangelo, CPM

Shanna is a Certified Professional Midwife credentialed through the North American Registry of Midwives (NARM). She is a member of the Midwives Alliance of West Virginia (MAWV), the Association of Independent Midwives of Maryland (AIMM) and the Midwives Alliance of North America (MANA). She maintains active certification in Adult CPR and Neonatal Resuscitation, regularly attends workshops, classes, and conferences, and participates in peer review studies as part of her continuing education. She received emergency services training through the Maryland Fire and Rescue Association and was first certified as an Emergency Medical Technician in 2001 with the State of Maryland. She now maintains certification as an EMT through the State of West Virginia.

After the empowering natural births of her own son and daughter with midwives in 2004 and 2006, Shanna's interest and passion led her to become a Certified Birth Doula through DONA International so that she could provide support during birth for women planning hospital, birth center, and home births. In 2010 she began a formal study program through the Virginia School of Traditional Midwifery. The majority of her clinical education has been through hands-on traditional apprenticeships with senior midwives. This includes working under the tutorship of a practice of busy homebirth midwives in West Virginia and studying gentle birth and Traditional Chinese Medicine through a volunteer internship at a non-profit birth center and urgent care facility in Bali, Indonesia. Shanna proudly received her credential as a Certified Professional Midwife (CPM) in 2013. She is licensed to practice midwifery through the Virginia Board of Medicine and the Maryland Board of Nursing.

The Midwives Model of Care:

"At the core of the Midwives Model of Care is deep respect for the normalcy of birth and for the uniqueness of each childbearing woman and her family. This approach to maternity care promotes health and helps prevent complications. Care providers who practice this model of care have excellent outcomes while providing safe individualized care."

"The midwives' model of care includes:

- monitoring the physical, psychological, and social well being of the mother throughout the childbearing cycle;
- providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support;
- minimizing technological interventions; and
- identifying and referring women who require obstetrical attention."

"The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma, and cesarean section."



Birthroot's Philosophy: We view childbirth as a normal part of a woman's life that is best supported with good nutrition and ongoing clinical care. We believe women should be informed, have choices, and compassionate care during their pregnancy, childbirth and beyond. It is our philosophy that the health and safety of mother and infant can best be promoted when preparation for birth is regarded as a mutual responsibility of client and midwife. We make every effort to consult with the client on clinical care decisions as this allows for truly informed choice on the client's part. We believe pregnancy and birth are natural processes best left alone to unfold at their own pace and that healthy pregnancy and natural birth with minimal intervention offers the best outcome for mom and baby well-being, bonding, and breastfeeding. We believe a woman birthing in her own home, surrounded by the people she trusts and loves, offers the healthiest environment for mother to labor and baby to be born.

Birth at Home: The decision to birth a baby at home is made with the parent's understanding that the location of the birth has inherent implications for access to medical care in emergencies and availability of resources in the home. Access to the hospital may be limited due to the distance between the home and hospital, weather conditions, and availability of EMS services. The political atmosphere in your area may mean that a transport to the hospital, with transfer of care from the midwife(s) to the doctor(s), may result in strained or difficult relations between the midwife, patient and hospital staff.

Benefits and Risks: The midwife(s) expects that the client thoroughly research the benefits and risks to homebirth and midwifery care and thoroughly discuss with her any questions or concerns prior to the birth. The client's responsibility is to educate herself and her family on her choice of homebirth. The midwife's responsibility is to make sure all important points have been discussed, adequate informed choice is made, and be available for all client questions. There are many benefits to midwifery care and out-of-hospital birth. These include: high levels of safety for healthy women and their infants; personalized care and attention; continuity of care through the childbearing cycle; timely and adequate referral when needed; low cesarean rates; high rates of maternal satisfaction; lower costs to families and insurance; reduced use of interventions; and superior personalized nutritional counseling. Many report better long-term outcomes for mothers and babies, improved family bonding, and more successful breastfeeding. There are also risks to midwifery care and out-of-hospital birth. These are largely due to the fact that emergency medical support and treatment during birth may be at some distance from the location of the birth. Certain birth emergencies develop very quickly and treatment for these situations may require hospitalization. For more information, please see our Standards and Guidelines for the Art and Practice of Midwifery document (separate).



Malpractice Insurance: Midwives are not required by law to carry malpractice insurance. I do not currently carry malpractice insurance due to the prohibitive costs that would have to be passed on to the clients.

Licensed midwives in Virginia are not currently covered by the Virginia Birth-Related Neurological Compensation Program.

As a woman freely choosing midwifery care and out-of-hospital birth, I understand that:

___ My midwife(s) is responsible for providing adequate clinical management of healthy, normal childbearing, as outlined in her training, credentials, and licensing.

___ The development of certain conditions during pregnancy, birth and/or the postpartum period may require the transfer of care to the medical system.

___ There are benefits and risks associated with labor and birth in both non-hospital and hospital settings.

I have had the opportunity to ask questions of my midwifery care providers, and I am satisfied with the completeness of the responses. I have been encouraged to do my own research, and have had the opportunity to do so. I have made an informed choice regarding the place of birth of my child. I am choosing homebirth with my midwife.

Client signature _____

Midwife signature _____