



About Our Midwives

Amy Keillor is a recent graduate of Midwest College of Utah where she completed her Associates of Science in Midwifery degree (ASM) in May 2018. Furthermore, she earned an educational honor of *magna cum laude*. She went on to earn her certified professional midwife (CPM) after taking the North American Registry of Midwives exam. She then applied to the Virginia Board of medicine for her licensed to practice midwifery.

Amy has done birth work since 1994 coaching mothers through labor and the birth of their babies. During that time, her training consisted of reading many books to learn more about the natural process and the many variations of normal births. She attended a Bradley Natural childbirth class in 1995, where she reinforced her learning up to that point and gained a greater understanding of how important education about labor and birth were to the pregnant woman. Amy continued supporting women between her own births, her last one being in 2003. In 2006 she became certified to teach childbirth education and included that education to all clients she supported until 2016 when her formal training to become a midwife began. Amy continues to do some supportive work but her main focus is now on midwifery.

Amy began her midwifery training with the roots and took a doula certification course and earned certification as a birth doula by DONA in 2016. She followed that with Basic Life Support for the Healthcare Provider (BLS) and Neonatal Resuscitation Certification (NRP) that same year. Amy continued work as a doula and began as a formal midwifery apprentice with NOVA Natural Birth Center in Chantilly, VA under the direction of Peggy Franklin in July of 2016. She continued with the birth center until March 2018, working with 4 CPM preceptors and 2 CNM preceptors. Amy also worked with a CNM preceptor and a couple of CPM preceptors who were separate from the birth center. She is Rebozo certified and Spinning Babies certified. Amy is also Birth Emergency Skills Certified. She recertified in BLS through a local trainer and NRP with Karen Strange in spring 2017 and renewed her DONA birth doula certification in fall 2017.

Client Initials _____

How We Practice

We are a practice of Certified Professional Midwives. We will only take clients that we deem low-risk and healthy enough for out of hospital birth. We will work with trained birth assistants and student midwives (will work as birth assistants as we feel they are qualified), as well as other CPMs and CNMs as needed. Back up care will be disclosed to you as necessary and as available. We will always do everything we can to ensure you meet your care provider and any birth assistants or students prior to any planned back up care. In case of unplanned back up care being necessary, we will provide you with a qualified professional whom we are confident has the ability to care for you until we are available. You always have the right to refuse their care and transfer out of our care for any reason.

Choosing midwifery care means you are engaging in an honest and trustworthy relationship with your midwife of choice. We will always be open and honest with you about your care and our concerns as they arise for both you and your baby. We ask that you are open and honest with us about your past medical history, nutrition, medicines, drugs, herbs, and past traumas both physical and emotional. Optimal care depends on your honesty and your trust in us.

We will provide an extensive amount of education for your health and nutrition during your pregnancy and postpartum care. We will expect you to take an active role in maintaining your health during your pregnancy. A healthy momma usually means a healthy baby and that makes you low-risk for out of hospital birth. If you are struggling in any particular area or areas please let us know. We will be more than happy to help you meet your goals. We do require you to take an in-depth childbirth education class to ensure you are well prepared to birth your baby out of hospital unless you have given birth without the use of medications previously. We will gladly give recommendations upon request.

We will encourage you to involve anyone who is supportive of out of hospital birth in your support circle for your maternity care. Friends or family members who may be unsure or afraid of birth outside of a hospital can be invited to come to a prenatal appointment, as you desire. You may also request that we meet with you and them outside of a prenatal visit to help them understand what we do, why we do it, and why you are choosing to birth in this manner. Even with much education and love some family members or friends will never come to understand your choice. This is something we will encourage you to consider when choosing who will attend your birth. Support comes in all shapes and sizes. There is not a one size fits all, so we don't exclude anyone that you would like as part of your support team. We do require that children have an adult (other than your main support person) that can drive and care for them during the labor and birth, especially in case of a transfer. During labor and birth there are unfamiliar sounds and smells; and this may cause a pet that is otherwise friendly to protect you and harm us. Therefore, we request all pets to be safely cared for outside of the surrounding rooms that we may be moving in and out of and the immediate birthing area. During labor and birth pets can sense that things are different and may not understand that we are trying to help you.

Supplements, Homeopathics, and Herbs

During your care we may recommend herbs, tinctures, or homeopathic remedies as alternative treatments to traditional medicine. It will always be your choice to follow our recommendations. If you have questions beyond our explanation, please ask. We are more than happy to provide you with more information if we know you are interested. We will always offer the least intervention first and move up to the more extensive ones. You will always have the final choice in your care.

Client Initials _____

Our Philosophy

- ❖ We believe women have a right to choose their maternity care provider, where to birth their baby, and the treatments they receive.

- ❖ We understand that all women are different and come with individual ideas about how private or public they would like for their birth to be. Pregnancy and childbirth may be a social event or a very private one. We choose to support each individual mother in her personal journey to motherhood, as she is comfortable.

- ❖ A Pregnant mother is the only direct care provider for herself and her unborn baby. We strive to ensure proper education for the mother, empowering her to make decisions that maximize the potential for a healthy pregnancy.

- ❖ We understand the empowerment of the childbearing experience and strive to support women to make informed decisions and take responsibility for their own well-being, throughout their pregnancy and birth.

- ❖ We believe in women's ability to carry and grow a baby appropriately during the course of pregnancy, under the care of a well-nourished mother. We strive to insure vaginal birth and provide guidance and support when appropriate to facilitate the spontaneous process of pregnancy, labor and birth, utilizing medical intervention only as necessary.

- ❖ We understand that the parameters of “normal” vary widely and recognize that each pregnancy and birth is unique. Therefore, guidelines are referred to but all decisions are made in conjunction with the client and after considering all aspects of health for the mother and baby.

Client Initials _____

Accessibility

Amy Keillor, CPM

Phone: 502-442-3858

Email: pineapplebabies@icloud.com

Fax: 877-827-9795

We hold regular prenatal appointments during regular business hours (9am-5pm, Monday-Friday). Each visit will last about an hour. We will be on call for your birth beginning at 37 weeks. If you go into labor or your water breaks prior to 37 weeks gestation we will immediately transfer you out of our care for the safety of your baby. We will also request to transfer you out of our care if you are pregnant beyond 42 weeks for the safety of your baby. This will be something we discuss further should the need arise. You can always send an email message for any issue that doesn't require our immediate assistance. If you need immediate assistance or are unsure if you need immediate assistance, **DO NOT** send an email. **CALL US!**

We give everything we have when we are on-call. When we return home to our families we need to be able to give everything we have to them also. This means that we need to ask that you reserve calls and text messages to urgent needs that cannot be handled during normal business hours (9am-5pm, Monday-Friday). If you need to handle an issue outside of these hours that is non urgent, please send us a message through email. If you have an urgent message after hours, please send a text or call. If you send a text and we don't respond within 5 minutes, call us. If you don't get an answer, try calling again.

If you think you may have a life threatening emergency call 911!

Services Provided

Prenatal Care:

Prenatal visits are done in your home and include vital signs, listening to the fetal heartbeat, measuring fundal height, assessing the position of the fetus, nutrition counseling, determining mother's overall well-being, offering referrals and/or recommendations for discomforts or concerns. All findings during prenatal visits will be recorded as part of your maternity record of care and will be available to you with in your electronic health record. Prenatal visits will follow the pattern of care described below unless a need for another pattern is requested either by the mother or is recommended.

- Conception through 28 weeks, visits at least once every 4 weeks
- From 28-34 weeks, visits at least once every 2 weeks
- From 34-40 weeks, visits at least once every week
- From 40 weeks until birth, visits every 2-4 days

Birth Care:

A midwife, a birth assistant or student midwife, and a nurse will attend your birth. We will monitor your labor progress by phone until it is determined that we should come to you as labor intensifies and birth is approaching. During labor and the immediate postpartum period your vitals and monitoring of the baby will be done at intervals described below. After birth you will have assistance to breastfeed your baby unless you choose otherwise. You will also be instructed in infant care as needed or requested.

Client Initials _____

Pineapple Babies Birth Services

- ❖ Maternal and Fetal Vitals During Labor
 - Maternal blood pressure, temperature, and pulse every 4 hours or more frequently as indicated
 - Fetal heart tones every hour or more frequently as indicated until labor intensifies and then every 30 minutes until nearing second stage and then every 15 minutes until second stage begins or more frequently as indicated
- ❖ Maternal and Fetal Vitals After Birth of Baby and Placenta for the First Hour
 - Maternal blood pressure, temperature, pulse, fundal height, and blood loss estimation every 15 minutes or more frequently as indicated
 - Newborn APGAR score at 1 minute, 5 minutes, and 10 minutes after birth
 - Newborn heart rate, respiration rate, and temperature every 15 minutes or more frequently as indicated
- ❖ Maternal and Fetal Vitals After Birth Beyond the First Hour and Prior to Discharge
 - Maternal blood pressure, temperature, pulse, fundal height, and blood loss estimation every hour or more frequently as indicated
 - Newborn heart rate, respiration rate, and temperature every hour or more frequently as indicated
 - Full newborn exam (including blood type if indicated for Rh compatibility)
 - Any other indicated monitoring, screening or testing that needs to be done either on the mother or baby

Postpartum Care: We will schedule a visit to your home to check on you and your baby 24-72 hours after birth. We will assess vitals for both mother and baby. We will assist with breastfeeding and make recommendations and referrals as indicated. You may call, text or email with any concerns prior to your home visit at anytime day or night. If any situation indicates a need for closer observation or intervention we will come sooner. Routine postpartum visits are described below.

- ❖ 24-72 hour home visit
 - Maternal blood pressure, temperature, pulse, bleeding assessment, fundal height, and assessment of wound repair if indicate, and RhoGam injection as indicated.
 - Newborn heart rate, respiration rate, temperature, Newborn metabolic screening (unless doing it with another provider), assessment of newborn input and output, and assessment of jaundice.
- ❖ 1 and 2 week visit in your home
 - Maternal blood pressure, temperature, pulse, bleeding assessment, fundal height, and assessment of wound repair if indicate.
 - Emotional assessment
 - Newborn heart rate, respiration rate, respiration rate, weight, assessment of newborn input and output, and the newborn hearing screening (unless you are doing that with another provider).
- ❖ 4-6 week visit in your home
 - Maternal blood pressure, temperature, pulse, bleeding assessment, fundal height, and assessment of wound repair if indicate.
 - Newborn heart rate, respiration rate, temperature, weight, and assessment of newborn input and output.
 - Plan for conception prevention if desired
 - Emotional assessment

Client Initials _____

Virginia licensed CPMs are required to inform their clients of the following:

- ❖ CPMs may not prescribe, possess, or administer any controlled substance (requires a prescription)
- ❖ CPMs are not required to carry professional liability insurance
- ❖ CPMs do not have hospital privileges and are not able to continue care while you are in the hospital in the case of a transfer. I will resume care upon discharge from the hospital if you desire and are still low-risk and healthy.
- ❖ As a CPM I have the following safety equipment and treatments to offer as the situation warrants: Various herbs, tinctures, homeopathics, Ambu-bag, DeLee, and a cell phone for emergency transfer calls.

Conditions Requiring Transfer (but not limited to)

Antepartum: hypertension unresponsive to treatment, acute or chronic thrombophlebitis, anemia after 36 weeks, blood coagulation defect, cardiac disease impacting pregnancy, uncontrolled chronic obstructive pulmonary disease or asthma, extrauterine pregnancy, placenta previa, intrauterine growth restriction, HIV positive, macrosomia, incomplete miscarriage, multiple gestation, oligohydramnios or polyhydramnios, known fetal congenital anomaly, other than vertex presentation, pre-eclampsia or eclampsia, psychiatric disorders, rupture of membranes 24 hours before the onset of labor, seizure disorder requiring prescription medication, severe liver disease, severe kidney disease, significant 2nd or 3rd trimester bleeding, significant glucose intolerance, diabetes, PCOS, uncontrolled hyperthyroidism, uterine anomaly, other than vertex presentation, or 42 weeks gestation.

Intrapartum: Active herpes simplex, non-reassuring fetal heart tones, other than vertex presentation, hypertension, rupture of membranes with meconium present, maternal vital signs which are unstable, failure to progress, exhaustion, unexplained bleeding, umbilical cord prolapse, placental abruption, or need for augmentation.

Postpartum:

Mother: unstable vital signs, retained placenta, hemorrhage, or need for a 3rd or 4th degree repair.

Baby: unstable vital signs, trouble with breathing, congenital anomalies, glycemic instability, significant jaundice prior to 24 hours, significant birth injury, persistent lethargy, persistent vomiting after feeding, signs of bleeding, or seizures.

Consultation, Transfer & Transport Plan

We will make every effort to transfer care to your preferred provider or the doctor we regularly collaborate with to facilitate as smooth of a transition as possible. If a concern arises during prenatal care and is non-emergent we will make phone calls to the doctor of choice and hand carry records of care to the appointment or hospital. We will accompany you for support, as you desire. Upon arrival care is transferred to the doctor and our role will be purely supportive. You will ride in your own vehicle, driven by your support person. We will follow behind you in our vehicle.

Emergency transfers will be done in a timely manner to facilitate access to a doctor's care as quickly as possible. We will transfer to the closest facility equipped to handle the nature of our emergency. Emergency medical services will be called and the midwife will transport with the mother. Family members will follow on to the hospital in their own vehicle, obeying all traffic laws. If the baby needs to be transferred after birth, the other parent and/or the birth assistant will transport to the hospital with the baby and the midwife will stay with the mother to ensure she is stable after delivery. Every effort will be made to safely facilitate her being reunited with her baby as soon as possible. Records will be given to the receiving doctor if time permits. If not delivering records a synopsis of care and all pertinent information will be verbally given to the receiving care provider.

Client Initials _____

Pineapple Babies Birth Services

Conflict Resolution

If you are dissatisfied for any reason with the care you receive please bring it to our attention. We would love to attempt to resolve any issue to your satisfaction. We would like to have a meeting with you about the specific problem as soon as possible. Ideally we will work out our differences. If we cannot find a solution, we will present your case to a local peer review group. Regular peer review of cases that are particularly challenging can be brought to this meeting, as well as situations where clients may not be comfortable with the level of care they received. We participate in this regular peer review process. If you would like to further advance the issue, you may file a formal complaint, which will begin an internal investigation into our practices, with the North American Registry of Midwives or NARM (our nationally credentialing organization), the Virginia Board of Medicine (our state licensing board), or both. These reviews may require a signed release of private information about you to adequately assess the midwife's professional conduct.

To file a complaint with NARM, you would contact:

Shannon Anton

PO Box 128

Bristol, VT 05443.

Email address: accountability@narm.org

To file a complaint with the Virginia Board of Medicine, you would contact:

Virginia Department of Health Professions

6603 West Broad Street, 5th floor

Richmond, VA 23230-1712

Phone: (800) 533-1560 or (804) 662-9956, (804) 662-9934, (804) 662-9902

Fax (804) 662-7079

Email: enfcomplaints@dhp.virginia.gov

You can find more information about filing a complaint and a complaint form online at

<http://www.dhp.state.va.us/enforcement/complaints>.

Agreement

By signing this document you are stating that you acknowledge, understand, and agree to all terms for service and information disclosed.

You are also acknowledging that you have had an opportunity to ask questions and have received answers you are comfortable with.

Furthermore, you are giving Pineapple Babies Birth Services, LLC consent to treat you during your pregnancy, birth, and postpartum period, as well as treat your baby or babies upon their birth.

Printed Name of Client _____

Client Signature _____ Date _____

Printed Name of Partner _____

Partner Signature _____ Date _____