

**PUBLIC STANDARDS SUMMARY**

Cleveland Homebirth Practice Guidelines

A client-friendly overview of continuity, informed choice, routine care, risk assessment, consultation, referral, transport, postpartum follow-up, and newborn observation.

Summary, not complete policy. The full internal standards, individualized consent documents, financial agreement, records, and clinical decisions remain private. Home birth eligibility is assessed individually and over time.

Standards of practice

- Continuity of care for the pregnant person and newborn throughout the perinatal period.
- Safe, satisfying, family-centered care that respects informed consent and self-determination within the boundaries of safe practice.
- Professional competence, continuing education, peer evaluation, and collaboration with consultation and referral resources.

Prenatal care

- Comprehensive history, due-date assessment, nutrition review, routine observations, appropriate laboratory coordination, documentation, and ongoing risk assessment.
- A standard schedule of visits every 3-4 weeks, then every 2 weeks, then weekly, individualized as needed.
- A home visit around 36-37 weeks to review the space, supplies, communication, family roles, newborn provider, and emergency transport readiness.

Birth care

- Ongoing observation of maternal and fetal well-being, labor support, attendance at birth, newborn assessment, management of the third stage, inspection for injury, and stabilization for at least two hours after birth or longer when needed.
- Julia makes every effort to attend with a trained assistant or second midwife and maintains 24-hour on-call coverage through backup arrangements.



Consultation, referral, and transport

- The practice maintains defined health conditions and clinical findings that require consultation, referral, a change in birth setting, or emergency transport.
- Reasons include maternal or fetal instability, significant bleeding, fever, signs of preeclampsia, concerning fetal heart rate, prolonged labor with declining well-being, retained placenta, severe hemorrhage, or maternal request.
- When transport occurs, Julia makes every effort to communicate with the receiving team, provide records with permission, and remain for support.

Postpartum and newborn care

- Follow-up around 24 hours, 3-5 days, 2 weeks, and 6 weeks, with attention to bleeding, uterine recovery, infection, feeding, rest, emotional health, newborn breathing, color, alertness, cord healing, elimination, and weight.
- Families are encouraged to establish care with a pediatrician, family physician, or other qualified newborn provider and complete newborn screening.
- Consultation or urgent evaluation is arranged for maternal or newborn findings outside normal recovery.

Shared responsibilities

- Julia explains her education, credential, experience, services, fees, availability, scope, backup, consultation process, and limits before care is established.
- Families share accurate health information, participate in recommended assessment, communicate changes promptly, prepare the home and supplies, and collaborate on an emergency plan.
- Questions, informed refusal, consultation, referral, unusual circumstances, and changes in plan are documented in the confidential record.
- Maternal desire is itself a reason to change the birth setting or transport during labor.

Emergency: Call 911 for a life-threatening maternal or newborn emergency. Website information and public PDFs do not replace direct clinical assessment.

Contact

Julia Meyer, CPM | (216) 801-1166 | julia@clevelandhomebirth.com | clevelandhomebirth.com