

Gentle Harbor Midwifery

General Consent and Agreement

Childbirth is one of life's joyous experiences, and should be viewed as a healthy process. It is a family experience that is shared as the whole family joins together in welcoming their new member.

It is the responsibility of health care providers to inform childbearing families of their options in birth settings and the risks and benefits of choosing any of those settings. The setting chosen must be one considered safe and satisfying in meeting the needs expressed by the family.

The options for care in pregnancy and birth that we offer are home birth and birth in a freestanding childbearing center. All care is provided by a team consisting of midwives, their physician consultants and trained birth assistants. When you register for care, you can expect that your prenatal care may be transferred to the physician you have chosen to take over your care.

It is the policy of this service that the childbearing family may choose an out-of-hospital (OOH) birth if the expectant mother has:

1. An uncomplicated medical and obstetrical history
2. A present pregnancy that is progressing normally
3. Both partners are in complete agreement about the site of birth
4. Expectant mother and her family have chosen to assume the added responsibilities that go along with an OOH birth.

It is important that the mother and her family understand that all childbirth carries some risk to mother and baby, regardless of site of birth. Certain hazards exist when birth occurs in a hospital that do not exist in alternative settings, likewise, certain hazards exist when birth occurs in alternative settings that do not exist in hospital.

Studies of birth settings have indicated that outcomes for low-risk women are comparable when birth occurs in or out of hospital. Our staff has taken every reasonable precaution to insure safety, comfort and satisfaction for both mother and baby. However, in any particular case, complications may arise suddenly and unpredictably. The following are medical problems which could occur in any birth, regardless of birth site:

Major Complications:

1. Fetal distress-lack of oxygen for the baby while still in the uterus
2. Neonatal asphyxia-lack of oxygen for the baby after birth
3. Maternal hemorrhage-excess blood loss during labor or after
4. Pre-eclampsia (pregnancy syndrome of high blood pressure and protein in urine)
5. Amniotic fluid embolism-a drop of amniotic fluid enters the mother's blood stream, causing blood clots
6. Uterine rupture-uterus tears open
7. Cardiac arrest-heart stops beating

Complications involving the Placenta:

1. Placenta previa-placenta partially or completely covers the opening of the uterus
2. Placenta abruption-placenta separates from wall of uterus before baby is born
3. Retained placenta-all or part of placenta remains inside uterus for extended time after birth

Complications involving the Pelvis:

1. Cephalopelvic disproportion-size/shape of baby's head is not fitting through mother's pelvis
2. Shoulder dystocia-baby's shoulders become wedged behind pubic bone of mother after baby's head is born

Complications Involving the Baby

1. Cord prolapsed or other cord problem-umbilical cord is compressed in uterus
2. Malpresentation-baby is in some position other than the normal head first position
3. Stillborn-baby dies in mother's uterus before birth
4. Meconium-stained fluid (thick)-baby has bowel movement inside uterus
5. Congenital anomalies-birth defects
6. Immaturity or post maturity-baby is born too early or too late

Consent and Agreement

1. Physical exam:

I authorize the midwives and birth assistants/students to perform, according to the expertise of each discipline, examinations upon my person to confirm general health and pregnancy status, obtain the usual specimens and perform the usual diagnostic procedures including, but not limited to: 1) drawing blood; 2) pregnancy tests; 3) urinalysis; 4) determination of blood pressure; 5) internal exam, with and without instruments; 6) obtaining rectal, vaginal and cervical specimens including Pap smear as indicated.

I understand that even when the above are properly and correctly done, there is potential for infection, tissue damage and other unpredictable medical conditions. I agree that the nurse-midwives, medical consultants and nurses and be responsible for the performance of their own professional acts only, and the test results shall have the responsibility of those who perform them.

2. Authority to treat:

I authorize the midwives, their physician consultants and nurses to treat, administer and provide as necessary or available to me and my baby: 1) health care, including prenatal education; 2) physical examinations as necessary; 3) diagnostic tests and procedures by the obtaining of blood or other specimens; 4) oral, intramuscular, subcutaneous and intravenous medications and local anesthesia; 5) intravenous infusions; 6) delivery of my baby; 7) episiotomy as needed and repair; 8) postpartum care, including home visits; 9) newborn care initially after birth; 10) other procedures related to childbirth as may be deemed necessary. The administration of this care may be in the office, birth center, my home and elsewhere including ambulance and hospital. I grant the nurse midwife and birth assistant/student full authority to administer and perform all drugs, treatments, diagnostic procedures, exams and ministrations to or upon me and my baby.

In case of emergency, I authorize these professionals to take appropriate measures. When specialized equipment or hospitalization is required, I authorize these professionals to transfer me and /or my baby to the hospital from home birth center.

All of the above is to be performed as deemed necessary or advisable by the midwives, their medical consultants and birth assistants, in the exercise of their professional judgment.

3. Early Transfer:

I understand that the birth center staff will attempt to recognize signs which may indicate that the course of pregnancy might significantly deviate from normal, even though such deviation may not necessarily affect the outcome of the pregnancy adversely. If such is the judgment of the midwife, the management of my pregnancy shall be transferred to the physician of my choice.

4. Complications of Pregnancy and Birth

I have read and understand the list of complications of pregnancy and birth and discussed them with the midwives. I am aware that the birth center staff has taken every reasonable precaution to ensure my safety, comfort and satisfaction. I do understand that these complications may arise suddenly or unpredictably. I am aware that the practice of midwifery, medicine and nursing are not exact sciences. I acknowledge that no guarantees or assurances have been made to me concerning the results of treatment, examinations and procedures to be performed.

5. Preparation

I agree to prepare for pregnancy and childbirth through attendance at childbirth classes and/or independent study. This includes preparation to perform emergency childbirth should labor proceed rapidly. I will prepare myself, to the extent possible, to go through birth without analgesics, sedatives, tranquilizers or anesthesia.

6. History

I understand that the safety of care by the midwife and out-of-hospital birth depends upon my medical history and the information which I provide. I affirm that such information is and will be, accurate and complete to the best of my knowledge.

7. Research

In an effort to support the development of home birth, birth center and midwifery care, I consent to the sharing of information from record for statistical reporting and publication, as long as my confidentiality is ensured.

8. Transfer to the Hospital

I agree to transfer from the birth center or home to the hospital in the event of a circumstance in which the midwife feels that hospital care is required or advised. Should hospitalization become necessary, my records may be made available to the hospital staff which I have chosen. In the event of an emergency, I understand that I will be transferred to the hospital physician considered appropriate by the midwife, according to standard procedures. All hospital and physician expenses incurred at that time, or any other time, shall be my obligation and are not included in the birth center fees.

9. Transfer to the Birth Center

If I am planning a home birth and at the time of my labor the midwife is involved with another birth at the center and unable to attend me at home, I agree to come to the birth center for the birth of my baby. I also agree to come to the birth center if my home environment becomes unsafe (loss of utilities or weather conditions) as determined by the midwife.

10. Postpartum Responsibilities

I understand that the birth center staff will provide all normal postpartum care, including a home visit within 24-48 hours after the birth of my baby. The nurse-midwife will perform an initial newborn physical assessment. It is my obligation to arrange for pediatric care to begin immediately upon discharge of the infant from the midwife's care. I understand that my baby care provider must be notified of the infant birth within the week if my baby is born at home/birth center. If my baby is born in the hospital, a pediatrician will manage the baby's care in the hospital. It is within the scope of practice for nurse-midwives to care for infants up to 6 weeks if provider is not decided upon.

11. Students

I understand that midwifery students may be involved in my maternity care. No students shall be permitted to perform any tasks that they are not qualified to perform according to their level of experience. I authorize and allow midwifery students to participate in my care.

12. Siblings/Older children

I understand that childbirth and the early postpartum period are stressful times for families. I agree to provide the necessary assistance during the birth and the first week postpartum. This includes the obtaining of a support person for any older sibling who will be present for the labor and/or birth. I understand that if I am unable to make these arrangements, I will not be eligible for an out-of-hospital birth.

2-17-15