

*Mother's Own Birth and Women's Center*  
**GENERAL CONSENT AND AGREEMENT**

INFORMATION

Childbirth is one of life's peak experiences, and should be viewed as a healthy process. It is a family experience that is shared emotionally, physically and spiritually 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 nurses. When you register for care you can expect that your prenatal care, birth and postpartum care will be provided by the midwives. Should problems arise which require medical care, your care may be managed collaboratively by the midwives and the physician consultant, or the obstetrician you have chosen may take over your care.

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

1. an uncomplicated medical and obstetrical history and
2. a present pregnancy that is proceeding normally and
3. if both partners are in complete agreement about the site of birth and
4. if the expectant mother and her family have chosen to assume the added responsibilities that go along with an out-of-hospital birth.

It is important that the expectant 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 the hospital. Studies of the birth settings have indicated that the outcomes for low-risk women are comparable when birth occurs in or out of the hospital. Our birth center 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 the site of birth:

Major Complications

1. Fetal distress - lack of oxygen for the baby while he or she is still in the womb
2. Neonatal asphyxia -lack of oxygen for the baby after birth
3. Maternal hemorrhage - excess blood loss
4. Pre-eclampsia or toxemia - pregnancy-induced high blood pressure or distribution throughout the body of poisonous products of bacteria growing in a focal or local site
5. Amniotic fluid embolism - a drop of amniotic fluid enters the mother's bloodstream causing blood clots
6. Uterine rupture - uterus splits 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 abruptio - placenta separates from wall of uterus before baby is born
3. Retained placenta - all or part of placenta remains inside uterus

Complications Involving the Pelvis

1. Cephalopelvic disproportion - baby is too large to fit through mother's pelvis
2. Shoulder dystocia - baby's shoulders become lodged in mother's pelvis after baby's head is born

Complications Involving the Baby

1. Rupture of membranes without labor - amniotic fluid sac breaks prior to onset of labor and labor does not spontaneously begin
2. Cord prolapse or other cord problems - umbilical cord is compressed cutting off oxygen to baby
3. Multiple gestation - presence of more than one baby (twins, triplets, etc.)
4. Malpresentation - baby is in some position other than the normal head-first position
5. Stillborn - baby dies in mother's uterus before birth
6. Meconium-stained amniotic fluid - baby has bowel movement inside uterus
7. Congenital anomalies - birth defects
8. Immaturity or post-maturity - baby is born too early or too late
9. Hyperbilirubinemia - jaundice (yellow skin) in newborn caused by too much bilirubin in baby's body after birth

**CONSENT AND AGREEMENT****1. Physical Examination:**

I authorize the midwives, their physician consultants, and nurses 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 examination, with and without instruments, (6) obtaining rectal, vaginal, and cervical specimens, including Pap smear. 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 shall be responsible for the performance of their own professional acts only, and the test results shall be 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 test 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 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 to the nurse-midwives and nurses full authority to administer and perform all drugs, treatments, diagnostic procedures, examinations 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 or birth center.

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

### **3. Early Transfer:**

I understand that the birth center staff will, during my prenatal period, 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 pregnancy adversely. If such is the judgment of the midwives, the management of my pregnancy shall be transferred to the physician of my choice or my care will be managed collaboratively by the CNMs and their physician consultants.

### **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 insure my safety, comfort and satisfaction. I do understand that these complications may arise suddenly or unpredictably. I am aware that the practices 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 ourselves 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 narcotic analgesics, sedatives, tranquilizers or anesthesia.

### **6. History:**

I understand that the safety of care by the midwives and their consulting physicians and of out-of-hospital birth depends upon my medical history and the information which I provide about myself. 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 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 insured.

### **8. Transfer to the Hospital:**

I agree to transfer from the birth center to the hospital in the event of a circumstances in which the midwife feels that hospital care is required or advised. Should hospitalization become necessary, my records may be made available to the doctor and/or hospital staff which I have previously chosen. In the event of an emergency, however, I understand that I will be transferred to the hospital and physician considered appropriate by the midwife, according to standard procedures. Depending upon the nature of the complication, and the hospital to which I am transferred, my care at the hospital will be managed either by the nurse-midwife in collaboration with the obstetrician, or exclusively by the obstetrician. 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 if, at the time of my labor, all midwives are involved with other births and are unable to attend my birth at home, I agree to come to the birth center for the birth of my baby.

**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 birth. The nurse-midwives 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 midwives' care. I understand that, if my baby is born at home or at the birth center, my pediatrician / family physician / nurse practitioner must be notified of the infant birth within 24-48 hours. The Pediatric Provider Form needs to be completed and given to the birth center staff before the birth. If my baby is born in the hospital, a pediatrician/family physician will manage the baby's care in the hospital.

I understand that childbirth and the early postpartum period are stressful times for families, both physically and emotionally. I agree to provide for necessary assistance during the birth and the first week postpartum. This includes obtaining 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.

I have read all of the information contained in this Informed Consent and have had full opportunity to ask questions. All of my questions have been answered to my complete satisfaction. I understand the policies and limitations of the midwives in an out-of-hospital setting and in the hospital. I accept my responsibilities in regard to the pregnancy, birth and postpartum period and agreed to share the responsibility for the outcome of this birth.

Signature of mother: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of CNM: \_\_\_\_\_ Date: \_\_\_\_\_