



## Informed Consent and Disclosure for Birth with Direct-Entry Midwife

### Midwifery Model of Care:

The Midwives Model of Care is a fundamentally different approach to pregnancy and childbirth than contemporary obstetrics.

The care provided by midwives throughout the childbearing year is uniquely nurturing, individualized, and hands-on.

Midwives are health care professionals specializing in natural childbirth who develop a trusting relationship with their clients, resulting in a confident, supported labor and birth. Midwives are trained to provide comprehensive prenatal care and education, guidance during labor and birth, evaluate and respond appropriately to complications, as well as assess and care for newborns. The Midwives Model of Care is based on the fact that pregnancy and birth are normal life events.

**The International Confederation of Midwives (ICM) Statement**, developed through: ICM’s Philosophy and Model of Midwifery Care; the ICM Definition; and the Scope of Practice of a midwife.

### Midwifery Competencies promote:

- the autonomy of midwives to practice within the full scope of midwifery practice and in all settings
- the role of the midwife to support physiology and promote normal birth
- the role of the midwife to uphold human rights and informed consent and decision making for women/birthing people
- the role of the midwife to promote evidence-based practice, including reducing unnecessary interventions
- the role of the midwife to assess, diagnose, act, intervene, consult and refer as necessary, including providing emergency interventions.

Midwife’s Name: \_\_\_\_\_ (midwife types info into this section)

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Purpose of this document:** Midwives value honest and clear communications. NMI requires midwives to provide this Informed Consent information to clients. Please read and ask any questions.

**Midwives honor, respect, and affirm the client’s right** to choose and/or decline any medical and/or midwifery service. Having discussed the benefits and risks of any proposed intervention with their midwife, the client understands that they have the right to decline any labs, tests, or procedures- mandatory or otherwise.

**Initialing** this document indicates that you, the client, understands.

**Signing** at the end indicates your consent for midwifery care.

**Part 1: Information**

\_\_\_\_\_ **Training and Experience:** I understand that the training and experience of the midwife are as follows: Midwife- Phase IV shall disclose: route of certification (MEAC)

\_\_\_\_\_ **Use of Medical Records:** The client gives the midwife, and those entities authorized by the midwife, permission to access their medical records. The use of this information may include: consultations, insurances, certifications, state and professional required statistical data collection, as well as professional review and education needs. A client's privacy and confidentiality are protected and maintained according to HIPAA privacy rules.

\_\_\_\_\_ **General Outline of Care:** Initial physical, prenatal visit once a month until 28 weeks; twice monthly until 36 weeks; once weekly until 40 weeks; more visits as required past 40 weeks; Birth services; 3 scheduled postpartum visits.

Recommended or offered for the wellbeing of the client and baby. These tests may include the following: complete blood count (CBC), blood type & Rh, rubella, hepatitis B and C, sexually transmitted infections, comprehensive metabolic panel, urinalysis, urine culture, tuberculosis (TB), glucose screen, group B strep (GBS), genetic testing, Vit. B 12, Vit. D, hepatic panel, non-stress tests, ultrasound. Due to the significant prevalence and serious consequences of the two following treatable illnesses, Maryland mandates that pregnant clients be tested for HIV and Syphilis. Additional tests may be offered as deemed necessary for care.

\_\_\_\_\_ **Client Commitments:** My midwife asks for the following commitments from me: By 36 weeks of pregnancy, select a pediatric care provider who will see my baby within 72 hours of birth. Attend a natural childbirth education. Have an open and receptive attitude towards your prenatal education. Adhere to your pregnancy recommended foods to help you avoid complications during pregnancy and labor. Exercise moderately during pregnancy. Have all your birth supplies ready by 36 weeks. Keep an open and honest line of communication. Call instead of a text for urgent or emergencies matters. Ensure that payments are made on the agreed-upon dates and that you communicate clearly if you are in need of accommodation. Maintain a respectful relationship.

\_\_\_\_\_ **Potential Benefits of Birth at Home:** The potential benefits seen for clients who give birth at home include: high likelihood of a natural, vaginal birth; low rates of unnecessary medical interventions and their complications; low rates of unnecessary cesarean births. Benefits seen for babies include higher rates of good APGAR scores; breastfeeding success; and low rates of death. The midwife's expertise is in working in harmony with client and infant, and in the client's own environment. This, combined with the midwife's experience, skill, and training help create these beneficial outcomes. All of this notwithstanding, there is no guarantee that any particular client and/or baby will achieve a desired result. Birth is a natural process, and nature gives various outcomes, both desired and not desired.

\_\_\_\_\_ **Potential Risks of Out-of-Hospital Birth:** During pregnancy and birth, an unexpected event or emergency could arise, no matter where the birth takes place: home or hospital. The risks of normal birth include problems with the placenta, extra bleeding, unexpected and unusual position of the baby, umbilical cord problems, lack of oxygen to the baby, infection, birth defects, genetic disorders and death. These risks exist regardless of birth setting. However, there could be a delay in treatment due to travel from home to hospital. In rare cases of a true emergency, a delay may lead to increased chance of injury or death.

For my baby, I realize that the potential risks include problems with breathing or inability to breathe, low blood sugar, a delay in treatment for infection, lack of oxygen during birth leading to brain damage, permanent injury and death. In addition, failure to follow up with a pediatric care provider within 72 hours, and to arrange for the newborn screenings for potentially treatable illnesses or physical defects, can miss complications that can result in permanent damage to my baby or even death.

In choosing to have an out-of-hospital birth, I am aware of possible risks involved and knowingly accept any and all risks and responsibilities.

\_\_\_\_\_ **Emergency Treatment:** In case of an emergency, the midwife will perform any needed actions to treat and/or stabilize the client/baby within the midwife's scope of practice. This includes: managing bleeding, administering IV fluids and/or medications, episiotomy (rare), suture, resuscitation, and/or other procedures as deemed necessary.



\_\_\_\_\_, Midwife

\_\_\_\_\_ My practices requires an transfer of care of the client/baby to another provider under certain conditions. Some of these conditions include: preeclampsia, diabetes, hypertension, and other conditions listed in Appendix A, below.

\_\_\_\_\_ **Hospital Transfer:** There are two types of transfers: A) non-medically indicated and B) medically indicated.

- A) Occasionally a client may request a change in venue and decide to transfer to a hospital for labor or birth. The client may transfer to a hospital venue at any time. (This is a non-medically indicated decision.)
- B) If the midwife recommends that the client or baby transfer to a hospital and the client refuses, the midwife is required by law to call 911 and transfer.

\_\_\_\_\_ **Follow Up Care for Newborn:** The midwife will perform a newborn exam at birth. It is advisable for the newborn baby to be seen by a medical provider and have newborn screening tests for metabolic and congenital conditions.

\_\_\_\_\_ **Termination of Service:** The client can terminate the services of the midwife at any time. In the same way, the midwife can terminate their agreement to provide services. If the midwife terminates services, the midwife will refer the client to a different provider.

**Part II: Agreement**

**Authorization for Services provided by \_\_\_\_\_, Midwife**

- This form has been read and understood by me.
- I have been given the chance to ask questions and have received satisfactory answers.
- Ongoing discussions about my current status and recommended steps will be a part of my care.
- I can, and am encouraged to, request more information about any aspect of my wellbeing throughout my care.
- I am aware that risks and complications may occur.
- I understand certain conditions may arise that require intervention.
- In the case of an emergency, I authorize the midwives to take appropriate measures to safeguard myself and my baby.
- No guarantees have been made to me about the outcomes of this pregnancy.
- I know that student midwives and/or assistants may help my midwife.
- I retain the right to refuse any specific treatment.
- I consent to midwifery care by \_\_\_\_\_, Midwife

Midwife signature: \_\_\_\_\_ Date \_\_\_\_\_

Client name (print): \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/partner name (print): \_\_\_\_\_ (Optional)

Spouse/partner signature: \_\_\_\_\_ Date \_\_\_\_\_ (Optional)

