

Miami Certified Nurse Midwives
Home Birth Informed Consent

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you concerning vaginal delivery and home birth, its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for the procedure as proposed by your midwife and agreed upon by you.

CONDITION REQUIRED FOR TREATMENT

This practice is limited to assisting women with a full term, low risk pregnancy. If you are either not full term or believe that you may not have a low risk pregnancy, please let us know immediately.

LIMITED OF PRACTICE TO VAGINAL DELIVERY

This practice is limited to vaginal deliveries. A vaginal delivery is a process to deliver a fetus from the birth canal. This delivery may include an episiotomy, that is, an enlarging of the vagina by an incision in the space between the vagina and rectum.

ALTERNATIVE TREATMENTS THAT WE DO NOT OFFER

There are a variety of different techniques used by physicians and midwives to deliver babies that we do not offer, including delivering your baby in a hospital. Delivery in a hospital may include vaginal delivery, vacuum assisted vaginal delivery, forceps delivery and cesarean section. Alternatives to home birth include hospital birth and birth center birth.

RISKS OF USING A MIDWIFE

There are risks associated with using a midwife. First, in this practice, we do not deliver babies at the hospital. Second, we are not physicians. This procedure involves the material risk of infection, allergic reaction, severe loss of blood, loss or loss of function of any limb or organ, paralysis, paraplegia or quadriplegia, disfiguring scar, brain damage, cardiac arrest or death. Other risks:

Congenital anomalies: birth defects that may or may not be detectable with prenatal screening.

Prematurity: the baby is born early, before 37 weeks

Postmaturity: the baby is born late, after 42 weeks of gestation

Premature rupture of membranes without labor: the amniotic sac breaks and labor does not begin on its own.

Arrest of descent: the baby does not move through the pelvis in labor because of the fetal size or position

Fetal distress: An abnormal heart rhythm pattern detected during labor, which may signal fetal intolerance of labor

Meconium Stained amniotic Fluid: the baby passes stool before birth possibly indicating fetal distress

Shoulder dystocia: the baby's shoulders are lodged in the pelvis after the head is born, which requires maternal repositioning and manipulation by the midwife to facilitate the birth in a timely manner.

Cord prolapse and other cord problems: the umbilical cord presents before the baby, it is compressed, which reduces the baby's oxygen supply or the cord is very short or wrapped around the baby

Uterine Rupture: a tear in the uterine wall that may lead to hemorrhage or other complications

Postpartum hemorrhage: excessive maternal blood loss that can usually be treated and/or controlled using maneuvers, medications and IV Fluids

Malpresentation: the baby's head does not enter into the pelvis or is poorly positioned

Neonatal asphyxia: the baby does not breathe independently after birth requiring resuscitation

Stillbirth: the baby dies before birth

Cardiac arrest: the heart stops beating

Amniotic fluid embolism: a rare condition in which amniotic fluid enters the maternal circulation and causes respiratory distress

Preeclampsia: a serious condition that typically arises after the 20th week of pregnancy; the mother develops high blood pressure which may cause poor fetal growth or seizures in the mother

Uncontrolled gestational hypertension: high blood pressure can reduce blood flow to the placenta and restrict fetal growth.

Placenta previa: the placenta covers the cervix resulting in bleeding during your pregnancy; if contractions begin severe bleeding occurs. Cesarean section is recommended before labor begins

Placental Abruption when the placenta prematurely separates from the wall of the uterus before the baby is born resulting in bleeding, premature birth, low birth weight and in severe cases fetal death.

ADDITIONAL RISKS: In addition to the material risks listed above, there may be other potential risks involved in this procedure including, but not limited to, the following:

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Initials _____

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Damage to your bladder, bowel, uterus, tubes, ovaries and/or major blood vessels requiring repair or removal or partial removal of a portion of that organ.

Possible sterility

Possible fistula formation (an opening between bowel, bladder, ureter, vagina and/or skin) caused by an injury to the bowel, bladder or ureter.

Possible injury or death to the baby

Possible blood clots or emboli that may travel to other parts of the body and cause stroke or death

Possible rupture of the uterus that might require a hysterectomy (removal of the uterus, fallopian tubes and /or ovaries)

Possible need for immediate surgery or other additional surgery

Possible lacerations

Pelvic relaxation

Leakage of urine

Painful intercourse

TRANSFER

Should any medical problems arise during my labor, I am aware of the medical necessity for and hereby consent to my immediate transfer to the hospital for further care. If this should be necessary, I understand that the rules and regulations of the hospital must be adhered to.

Should any medical problems related to the well being of my newborn infant arise after delivery, I am aware of the necessity for and hereby consent to the immediate transfer of the infant to the closest hospital for further care.

FINANCIAL RESPONSIBILITIES

I understand that all hospital and medical expenses incurred as a result of complications shall be my obligation and are not included in the financial arrangements with the midwife. The cost of prenatal care, labor delivery and postpartum care involves charges for the services provided. You will be responsible for payment of all charges. You may be covered for these services elsewhere. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop. Future surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

HEALTH INSURANCE

Please carefully review your health insurance subscriber information or contact your insurance company for a detailed explanation of their policies for covering prenatal care, vaginal delivery, home birth and postpartum care in the home.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed vaginal delivery at home along with disclosure of risks and alternative forms of treatment(s), including no home birth. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your midwife may provide you with additional or different information that is based on all the facts in your case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

INFORMED CONSENT CONSENT FOR PROCEDURE or TREATMENT

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1. I have reviewed the above carefully and have had ample opportunity to ask questions about the above and hereby authorize _____ and such assistants as may be selected to perform the following procedure or treatment: **Home Birth and Vaginal Delivery**

INFORMED CONSENT -

I recognize that during the course of the medical treatment, unforeseen conditions may necessitate different procedures. I therefore authorize the above midwife and assistants or designees to perform such other procedures that are in the exercise of her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my midwife at the time the procedure is begun. I have voluntarily chosen to deliver my child vaginally at home. I made this decision after being informed that in the course of childbearing, which is a normal human function, medical problems may be unpredictable and suddenly arise which may present a risk to myself and the unborn child. I understand that my home is not a hospital and has no facilities to do emergency cesarean sections, has no intensive care units for newborns or adults, and does not provide pain medication/ sedation, general anesthesia or epidurals. I am aware that the practice of medicine, midwifery, and nursing are not exact sciences, and I acknowledge that no guarantees or assurances have been made to me concerning the results of the treatments, examinations, and procedures to be performed. I hereby release the staff from all liability from complications, which may occur during the course of my labor and delivery of my child as a result of my choice to birth at home.

2. I consent to the administration of local anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications and injury.
3. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
4. For purposes of advancing midwifery education, I consent to the admittance of student midwives.
5. I consent to the disposal of any tissue including the placenta.
6. I consent to the utilization of postpartum uterotonics and I am aware that there are potential risks to my health with their utilization.
7. I authorize the release of my Social Security number to appropriate agencies for legal reporting, if applicable.
8. I understand that the midwife fees are separate from hospital, physician, nursing and anesthesia charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.

11. I realize that **NOT** having a vaginal delivery and home birth is an option.

12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

- THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
- THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
- THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION.

Name of Client
Signature of Client
Date

Name of Spouse/Partner
Signature of Spouse/Partner
Date

Name of Witness Margaret Green Wardlaw, CNM
Signature of Witness <i>M. Wardlaw</i>
Date