Hearts & Hands
Women's Care, LLC

Sarah Bay, CNM, APRN

Informed Consent for Planned Out of Hospital Birth

After considering of all the options, we have chosen to have an out of hospital birth. The choice was made after careful considerations of the alternatives. We have asked Hearts and Hands Women's Care and Sarah Bay, CNM to provide prenatal care and to attend our birth.

In choosing to birth out of the hospital we knowingly accept the shared responsibility for our labor and birth. We realize that no matter how carefully we are assessed or the location for which we plan to deliver, unforeseen events may arise, resulting in poor outcomes. We realize that there are fewer diagnostic and therapeutic measures available out of the hospital to use in the event of an emergency. We recognize the possibility that some emergencies are better managed in a hospital setting.

We are aware that emergencies occurring in the home are handled in a medically supportive fashion until transfer to the hospital is accomplished. We agree to transfer mother and/or infant to physician management and hospital care if the course of pregnancy, birth or the postpartum period becomes medically complicated. Whenever possible the decisions regarding such transfers will be made jointly by us, the midwives, and the consulting physicians. We understand, however that a situation may arise where we must accept the judgment of the midwife to transfer care.

We acknowledge that the management of our pregnancy and birth are based in part by the information provided by us. We therefore agree to cooperate fully, and provide the midwives and/or consulting physicians with the most accurate information possible. We agree to consultations and transfer of care if needed based on the health of the mother and the fetus.

We are willing accept the risks associated with birth and choose home as the location of our care. We herby consent to the care provided by Hearts and Hands Women's Care, LLC and the midwives/physicians who they collaborates with.

Client Name:_____Date_____

Client: _____

Spouse:_____

Midwife: _____

Client / midwife contract details

Selection Criteria: The goal of selection criteria for a home or birth center birth under the care of a midwife is to identify the client who, by all current scientific, medical, and midwifery knowledge and standards, has an excellent prognosis for a normal, healthy pregnancy, birth, and postpartum course. The screening process includes the evaluation of medical, obstetric, nutritional, environmental, and psychosocial factors, as well as evaluation of the midwife-client relationship. Birth site selection is an ongoing process throughout pregnancy, labor, and the postpartum period. There are certain criteria that are unique to out of hospital birth screening and others that assume greater significance when considering a home birth.

The following reasons will result in transfer of care:

	For the mother	**For the baby**
During pregnancy	Labor prior to 37 weeks or beyond 42 weeks Gestational diabetes not managed with diet and exercise alone Placenta previa, accrete or abruption Active medical complications or illness warranting extra medical supervision Malpresentation such as breech position that is unable to be turned	Multiple gestation Inadequate growth Fetal abnormality requiring physician care
During labor	Labor without progress or prolonged rupture of membranes without the onset of labor Abnormal vaginal bleeding in labor or symptoms of infection to either mother or fetus Elevated blood pressure or symptoms of pregnancy induced hypertension Suspected placental abruption or uterine rupture	Signs of distress Thick meconium stained fluid Prolapsed umbilical cord Undiagnosed malpresentation
After birth	Hemorrhage Retained placenta Signs of shock or infection	Abnormal adjustment to extrauterine life

Shared Responsibility: Both the midwife and the client have responsibilities in regards to the pregnancy and birth. The client, her family, and the midwife all participate in decision making and responsibility sharing. Although shared decision making is the goal, the midwife is a health care professional who is accountable for applying selection criteria to promote safe outcomes for the mother and her baby. Clinical judgment, standards for practice, and professional ethics will all affect these decisions.

Client responsibilities include the following:

- Adequate social support network for the perinatal course
- Commitment to birth without pharmacologic analgesia or anesthesia
- Understanding of and agreement to the screening criteria specific to home birth
- Preparation of participants and the birthing environment
- Maintenance of good general health and a healthy pregnancy
- Open and clear communication with the midwife

Midwife responsibilities include the following:

- Experience, educational preparation, professional accountability, and linkages to the extended maternity care team
- Commitment to the concept that pregnancy, labor, birth, and postpartum are normal physiologic processes
- Commitment to a low intervention model of care
- Informed consent regarding selection of the home setting for birth
- Assessment and appropriate management of the baby's health during the fetal, transitional, and newborn periods
- Ongoing vigilance for indications of potential or emergent maternal and/or fetal/neonatal complications
- Appropriate interventions when deviations from the expected norm present
- Midwifery practice according to ACNM professional standards
- Provision for consultation, collaboration, and/or referral
- Open and clear communication with the client
- Knowledge of the current research and evidence base regarding risk assessment for the safe conduct of birth in the home environment

Consultation and Referral: Though we believe that pregnancy and birth are a natural physiologic process, we also understand that certain medical conditions may arise which necessitate consultation (where the midwife remains the primary provider but I also receive care from another provider) or transfer of care (where the physician becomes the primary provider). This transfer of care may occur at any point during the pregnancy or labor and may be considered emergent or non-emergent. Transfer of care may be due to maternal or fetal indications.