Informed Consent for midwifery care and home birth

Birth at home offers you an individualized and autonomous experience with control, privacy, and the undivided attention of your care providers. Repeated studies have shown that among people with low-risk pregnancies, homebirth is as safe as hospital birth. Additionally, hospital birth carries risks seldom associated with homebirth.

Each birthing person is capable of making the decisions that are best for themself and their family. Core to these choices is where and with whom they will have their baby. A pregnant person can choose to birth at home with a midwife or unattended, at a birth center, or the hospital. Each of these carries its own sets of benefits and risks. Nothing can guarantee a perfect outcome. We recommend that all clients carefully consider their options, doing appropriate research and asking questions. In choosing a home birth, you are assuming a higher level of responsibility and control of your care. Throughout your care, we are committed to fully informing you of your status and options, discussing the pros and cons of each option, and making a unique care plan for you.

This statement is intended to provide information to assist you in choosing a birth attendant and to obtain permission from the birthing person to care for them within the context of California State regulations, midwifery expertise and limitations, such that the birther can say, "My questions have been answered and I wish to be cared for by Lisa Todd, LM, and KathRyn Barry, LM with full knowledge of their expertise and limitations." It is our intention to minimize any interventions that lead to operative vaginal delivery, caesarean section, or separation of birther and baby.

In this statement the following topics are addressed:

- The philosophy of midwifery care
- The normal course of care by midwives in our setting
- The Scope of Midwifery care including risks associated with birth, regardless of care provider
- The dangers of out-of-hospital birth
- The extent to which the birthing person and their family will need to take responsibility for their care during pregnancy, birth, the newborn and postpartum periods

Philosophy of Midwifery Care

We view childbirth as a healthy and normal process. It can provide an opportunity to grow personally, emotionally and spiritually. The transition to parenthood, almost always demands change in those who embark on this journey. Birth can be joyful, creative, transformative, and empowering. Our intention is to support you and your family's process in this journey, whatever that looks like. Each individual birth is unique. The integrity of birthing person and baby are the truest guides to working

with the process in a healthy way. This includes attention to all aspects of the birther and child: body, mind, emotion and spirit.

As stated above, we feel that each birthing person is capable of making the decisions that are best for themselves and their family. Core to these choices is we and with whom they will have their baby. Throughout your care we will fully inform you of your status, educate you on the risks and benefits of your options, and allow you to choose the best course of care. As midwives, we see our task as using our training and life experience to promote health to the birthing family. This includes skillful use of appropriate technology. We define 'appropriate technology' as using the least force necessary to benefit the health of this birthing person and child. 'Technology' includes medical, psychological, nutritional/herbal and energetic means. The techniques we work with most often are education, nutrition, self-care techniques, herbs, homeopathy, ayurvedic and allopathic remedies. Throughout the course of pregnancy we work with our clients to nurture their natural strength and knowing, allowing them to give birth with confidence and trust in their bodies.

We are committed to serving families of all backgrounds and of all income levels, making midwifery care accessible to more people. We seek to work with clients who have experienced barriers to receiving compassionate, alternative health care due to classism, sexism, homophobia, transphobia, racism, ableism or any other cause.

Course of Care with Our Practice

Our comprehensive care includes complete prenatal care, birth, and postpartum care, as well as nutritional counseling, risk assessment, some diagnostic testing, birth preparation, newborn care education, breastfeeding support and family planning consultation. It does not include fees for lab work, physician consultation, hospital care, ultrasounds or the cost of a few supplies we ask you to purchase for the birth.

Our usual schedule includes an in-depth initial visit, with subsequent visits every 4 weeks until week 28 of your pregnancy. For weeks 28-36, we will see you every two weeks. After 36 weeks, we have appointments once a week until you have your baby. Additional appointments can be scheduled as needed and a midwife is always available by phone, day or night. During the period after the birth, we will have visits at 1 day, 3-4 days, 1 week, 3 weeks, and six weeks postpartum. Below is a general idea of what your care will include clinically.

- History and physical exam
- Prenatal blood work.
- Monthly prenatal visits to check fundal height, weight gain, blood pressure, baby's position. urine analysis, fetal heart rate, discomforts and worries
- At 28 weeks: Glucose tolerance screen, hemoglobin check, intrapartum Rhogam if desired, and other blood tests if needed.
- At 36 weeks: recheck hemoglobin if indicated, Group B Strep, and a home visit to discuss the birth, our procedures, your birth plan and emergency plan. Visits are then scheduled weekly or more frequently until labor commences.

Remember, every birthing person has the right to be accompanied by the persons of her choice to any visit; you have the right to a copy of any of your records, you have the right to additional medical opinions and to ask any questions and to express your needs.

Scope of Midwifery Care

Midwives can care for birthing people whose health and condition are clinically normal and healthy. Situations do arise in pregnancy and birth that place people outside of what is deemed normal and therefore outside the scope of midwifery standards of care. The following list is intended to give you an idea of what is outside of our scope. We are unable to continue your care and must refer you to a physician for the following:

Pre-existing Conditions

Cardiac and Pulmonary Disease

Insulin Dependent Diabetes Mellitus

Gestational Diabetes that can not be diet controlled

Hepatic Disease

Endocrine Disease

Neurological Disease

Malignant Disease in an Active Phase

Essential hypertension (greater than 140/90 mmHg on 2 occasions 5 hours apart)

Hemoglobinopathies

Serious Congenital Abnormalities affecting childbirth

Family history of serious genetic disorders or hereditary diseases that may affect pregnancy.

Adverse OB history that may impact current pregnancy

Significant Pelvic or Uterine Abnormalities that impact pregnancy

Isoimmunization

Positive HIV status or AIDS

Current severe psychiatric condition requiring medication within a 6 month period prior to pregnancy

Current drug and alcohol abuse/dependency

Social or familiar conditions unsatisfactory for home birth services

Other significant physical abnormality. social or mental functioning that affects pregnancy, birth, or the ability to safely care for a newborn

Severe chronic anemia (Hgb <10%, Hct < 30% unresponsive to treatment)

Renal disease (chronic, diagnosed, not UTI)

Thrombophlebitis or pulmonary embolism

Epilepsy currently on medication

Active tuberculosis, active syphilis, gonorrhea. hepatitis

Current Pregnancy Related Conditions

Pregnancy induced hypertension (PIH, pre-eclampsia)

Premature labor (<37 weeks gestation verified EDD by dates and physical exam)

Placental Abruption

Placenta previa at onset of labor

Gestational diabetes not controlled by diet

Fetus in any presentation other than vertex at the onset of labor

Multiple gestation

Primary genital herpes outbreak in the first trimester

Additional consultation or referral to a physician may be necessary for the following conditions:

Prenatal Conditions for Pregnant person and Baby

Pregnancy Factors

Excessive, continued vomiting with dehydration

Threatened or Spontaneous Abortion after 14 weeks

Significant Vaginal Bleeding

Positive HIV antibody test

Symptoms of malnutrition or anorexia

Protracted weight loss or failure to gain weight

Gestational diabetes uncontrolled by diet

Severe anemia not responsive to treatment (Hgb <10, Hct<30)

Severe or persistent headaches

Evidence of Pregnancy Induced Hypertension (>I40/90 or 15 mm Hg diastolic over baseline) or pre-eclampsia

Deep Vein Thrombosis (DVT)

Urinary Tract Infection (UTI)

Significant Sign and Symptoms of Infection

Isoimmunization, or other positive antibody titer

Documented placental anomaly or previa

Documented low-lying placenta for VBAC

Preterm Labor (before 37 weeks)

Pre-term Rupture of membranes

Pregnancy with non-reactive stress test or abnormal BPP or AFI

Rubella in first or second trimester

Serious viral or bacterial infection at term

Unresolved UTI

Continued vaginal bleeding before onset of labor with or without pain

Signs of fetal distress or demise

Gestational date and size discrepancy

Persistent fever

History of preterm labor

History of uterine surgery

Fetal factors

Lie other than vertex at term

Twins

Fetal anomalies compatible with life, which are affected by the site of birth

Marked decrease in fetal movement, abnormal Fetal Heart Tones (FHT), non-reassuring non-stress test (NST)

Marked or severe oligohydramnios or polyhydramnios (too little or too much amniotic fluid)

Evidence of IUGR (Intra-uterine Growth Restriction)

Significant abnormal ultrasound findings

Labor and birth conditions that require consultation or the transfer of care include but are not limited to:

Prolonged Lack of progress in Labor

Abnormal Bleeding with or without abdominal pain; evidence of placental abruption

Marked Rise in Blood Pressure with Proteinuria

Signs and symptoms of infection

Signs and Symptoms of shock

Active genital herpes lesion in labor

Evidence of fetal distress

Abnormal fetal heart tones

Lie not compatible with spontaneous vaginal delivery

Thick meconium or frank bleeding with birth not imminent

Fever of 101 °F or greater for 12 hours or longer

Prolonged rupture of membranes

Severe headache, epigastric pain, visual disturbance

Respiratory distress

Client desires consult or transfer

Symptoms of or known Covid-19 infection

If any of the following conditions present themselves the midwife will consult and/or prepare for emergency transport of the birthing person and baby: prolapsed umbilical cord, uncontrolled hemorrhage, pre-eclampsia or eclampsia, severe abdominal pain inconsistent with normal labor, chorioamnionitis, ominous fetal heart rate pattern, seizure in the birther, evidence of shock, presentation of fetus not compatible with delivery, laceration requiring repair beyond the scope of the practice, retained placental fragment or placenta, or any other condition that would threaten the life of the birther or fetus.

Postpartum conditions that require consultation or transfer of care:

Uncontrolled hemorrhage
Uterine Prolapse or Inversion
Seizure or Unconsciousness
Sustained instability or abnormal vital signs
Adherent or retained Placenta
Third or fourth degree perineal laceration
Signs of infection (fever above 100.4 °F and/or foul smelling lochia)
Anaphylaxis
Significant Clinical Depression

Postpartum conditions for baby that require consultation or transfer of care:

Apgar score <6 at 5 minutes, without improvement by I0 minutes
Persistent respiratory distress
Persistent cardiac irregularities
Persistent central cyanosis or pallor
Persistent lethargy or poor muscle tone
Prolonged temperature instability
Signs and Symptoms of Infection
Evidence of Glycemic instability
Seizures
Abnormal bulging or depressed fontanel
Birth Weight less than 2300 grams (5 lbs. 2 oz.)
Evidence of prematurity
Jaundice at birth
Medically significant congenital anomalies
Suspected or significant birth injury
Other significant medical conditions
Parental request

Abnormal cry

Diminished consciousness

Inability to Suck

Passes no urine in 30 hours or meconium in 48 hours after delivery

Projectile vomiting or abdominal distention

Jaundice within 30 hours of birth

Dehydration or failure to thrive

You can see from the list of limitations and need for consults that even in healthy parents unforeseen problems from mild to severe in nature can and do arise. Please feel free to ask us about our management of these problems.

Dangers of out-of-hospital Birth

Birth is not an illness. It is a normal part of the human life cycle. While most births are free of complications, it is never possible to eliminate all risk from childbirth. There are specific risks inherent in homebirth, mainly those associated with the lack of immediate availability of emergency medical equipment. There is a time lag between the time a danger sign is found, the doctor is called, and the birthing person or baby arrives at the hospital. There may be an additional time lag in the hospital while awaiting the physician and the operating staff. The longer a dangerous condition exists, the harder it may be to correct it without using extreme life-saving measures such as a C-section, blood transfusion, and full resuscitation techniques for baby and/or birthing person.

There are also risks associated with hospital birth, mainly those associated with the use of interventive technology and the medicalized approach to childbirth. As a home birth parent you must feel comfortable taking responsibility for the choices you make during your birth experience.

In signing this consent you understand that at any birth a medical problem could unpredictably and suddenly arise. Some situations could negatively affect you or your baby.

Extra Effort

Birth can require a great deal of effort. For instance, during the second stage the midwife may ask you to push with all your might, to squat, to stand, to lie on your back and draw up your knees as hard as possible, to make loud noises, to push while on your hands and knees, to push while on the toilet, to breathe oxygen, to walk; in short, to exert yourself more than one could anticipate. There are other times when the midwife might ask you to pant instead of pushing, or to slow down, which can require a great deal of effort. It can be scary to witness a birthing person making extra effort, and families and support persons need to be prepared for this eventuality so that they can be of help to the birther. Remember, birthing people have the right to be accompanied continuously by persons of their choice and to continuous one-on-one support from an experienced caregiver to help them with these challenges.

Outcome and Birthing Person's Responsibility

The outcome of the birth is a life-changing. fulfilling experience for all…Even for those who have a hospital birth or a condition requiring medical intervention. Feelings about outcome have a great deal to do with preparation for all contingencies. The time to face our worst fears is beforehand. Take an active approach: (1) eat well and stay hydrated; (2) avoid poisons, drugs, smoke, etc.; (3) get exercise and take naps; (4) study about pregnancy and birth; (5) attend classes; (6) ask questions; (7) decide how you want things handled if your worst fear should come true and inform your family, the midwives, the doctor. (8) Become aware of and fill out a form on Advance Directives. If the midwives discover a problem, they will tell you what it is and make a recommendation as to action to be taken. You and your family will make the actual decision of what is to be done next.

Birthing persons and their families need to inform themselves about the process of pregnancy and birth to the best of their ability. Birthers need to anticipate the possible difficulties of labor and birth by making arrangements with alternative health practitioners to be present or available if needed during the labor. Birthers can visit the hospital, pre-register, speak to the physicians and nurses who care for transferred clients about routines for augmenting labor, providing pain relief, monitoring the baby, hydration management, C-section anesthesia, scar preference, accompaniment by support persons, newborn routines, and postpartumrecovery routines.

Beyond our level of expertise

During the pregnancy, birth, postpartum, and newborn periods, it is possible that a condition will occur that is beyond our level of expertise or outside of our legal scope of practice (refer to the list of conditions we must consult for). In that case, the midwives will tell you that they need to turn your care over to a physician and will discuss your condition with you as they understand it. At this point you will need to decide whether to go to the physician and, if so, to which one at which facility. Most hospitals and physicians (but not all) will allow you to be accompanied by support people if you are transferred to their care during labor. Should you decide not to follow your midwife's advice, your midwife may be unable to continue your care.

Grievance Policy

If you have a grievance with our care, we encourage you to communicate with us so that we may find a solution with us or through mediation. In the event that a conflict arises which cannot be resolved through mediation, the local midwifery peer review council can be contacted to raise your concern.

Summary

Please print and sign the last page of this form, indicating that you have read this Informed Consent Document and are requesting midwifery care, and return it to us.

Thank you for agreeing to participate actively in your prenatal care and delivery.

I, _____ have read the above and my questions have been answered. I am consenting to midwifery care and a home birth with KathRyn Barry, LM, Lisa Todd, LM, and their associates.

_____

Pregnant person Date

_____

Partner, if applicable Date

_____

Midwife Date

_____

Midwife Date

We are required by law to inform you of all the following:

- We are not nurse midwives.
- We do not require or have physician supervision (though we do have physicians with whom we can collaborate if we need their input to optimize your care.)
- We are allowed to provide care to birthing persons with one, head-down baby. We cannot legally perform breech or twin births at home.
- In the unlikely event that your pregnancy carries beyond 42 weeks we must transfer your care to a medical doctor.
- We do not carry malpractice insurance.
- Complaints about the quality of care provided by the licensed midwife may be reported to the Medical Board of California by telephone at (800) 633-2322 or via the Internet at www.mbc.ca.gov.

Please initial here _____, indicating that you have read and understand all of the above information.