



## INFORMED DISCLOSURE AND CONSENT

Name \_\_\_\_\_

Father of Baby's Name \_\_\_\_\_

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

City and Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

### INTRODUCTION

Certified nurse-midwives and Certified Midwives are responsible for the management and care of essentially healthy women during pregnancy, labor and birth, and provide well newborn care and assessment. This practice offers homebirth to selected clients. Before you choose to receive your care with us, we want you to be fully informed. *We feel quality care and a trusting relationship are best ensured when educated families make decisions regarding their care based on perceived needs and the providers scope of practice. Informed disclosure and consent provide a foundation for understanding.* It is our feeling that this affords optimal protection within the healthcare relationship for all concerned.

### BIOGRAPHIES

**Eileen T. Stewart** is licensed to practice midwifery in the State of New York and is certified by the American College of Nurse Midwifery. She holds a Masters in Nursing from Case Western Reserve (1996) and is certified by the Frontier School of Midwifery in Hyden, Kentucky (1994). Eileen received her hospital birth training from Health Care Plan in Buffalo, New York, and was employed by them until 1995 when she established her private practice offering homebirth services. Prior to becoming a midwife she worked as a nurse in a variety of settings including community health care, newborn intensive care, labor and delivery, and geriatrics.

### PHILOSOPHY

To take part in creation, to be a birthing woman, requires strength and courage; confidence and love. Making the choice to fully participate in the rite of passage of giving birth will mature and bring gifts that were never imagined. We encourage pregnant women and their families along a path of self-discovery. On

this journey we work together exploring physical, emotional and spiritual changes. There is a choice to be made about your experience of pregnancy and birth. We encourage and support those seeking to empower themselves in this sacred opportunity.

### **SCOPE OF PRACTICE**

It is recommended by the World Health Organization that the training of midwives and birth attendants should be promoted. “Care during *normal* pregnancy and birth, and following the birth should be the duty of this profession.”

### **TRANSFER**

In preparing for the homebirth is it necessary to understand what will happen in the event transfer to a hospital is required. The closest hospital available along with the travel time in minutes must be identified. The phone number of the local ambulance should be obtained and placed near the phone. These are simply precautionary measures in the event of an emergency.

### **BIRTH ASSISTANT**

In addition to the midwife, a birth assistant is required at the home birth. This will be a paid professional that we will contract for service with.

### **INFORMED CONSENT**

While the course of childbearing is a normal human function, it has been explained to me (the birthing couple) and I/we understand that medical problems arise unpredictably and suddenly which may be a hazard to my/our baby or myself. Some conditions include but are not limited to:

Preeclampsia or Toxemia: pregnancy – induced high blood pressure

Eclampsia: seizures caused by severe preeclampsia

Placenta previa: the placenta partially or completely covers the cervix

Placenta abruption: the placenta separates from the uterine wall before the baby is born

Retained Placenta: all or part of the placenta remains in the uterus after birth

Cephalopelvic Disproportion: the Baby does not move through the pelvis in labor because of the Baby’s size or position

Fetal Distress: an abnormal fetal heartbeat detected during labor

Neonatal Asphyxia: the Baby does not breathe independently after birth due to a lack of sufficient oxygen.

Shoulder Dystocia: the Baby’s shoulders are lodged in the pelvis after the head is born

Premature rupture of membranes: amniotic sac breaks prior to the onset of labor

Cord prolapse or other cord problems: the umbilical cord is compressed which reduces or cuts off the Baby’s oxygen supply

Meconium stained amniotic fluid: the Baby has a bowel movement inside the uterus, indicating stress. The timing and amount of meconium will dictate necessity of transfer

Stillbirth: the Baby dies in utero

Congenital Anomalies: birth defects

Prematurity or Postmaturity: the Baby is born too early, before 36 completed weeks or after 42 weeks.

Hyperbilirubinemia: elevated bilirubin, causing jaundice, or yellowing of the Baby's skin

Uterine Rupture: a tear in the uterine wall

Cardiac arrest: the heart stops beating

Amniotic fluid embolism: amniotic fluid enters the maternal circulation, causing respiratory distress

Postpartum hemorrhage: excessive blood loss

I/we (the birthing couple) have been fully informed with regard to these potential complications and advised that I/we may have more detailed and complete explanations of these conditions and other risks, consequences and conditions.

I/we do not desire further explanations at this time. \_\_\_\_\_ **Please initial**

### **CONSULTANT RELATIONSHIP**

Per New York State law, Eileen has a collaborative agreement with an obstetrical physician. It may be determined that it is better for you and your Baby to have your care provided in another setting. Although the midwife may accompany you to the hospital, she will no longer be responsible for your care, and will remain involved if it is beneficial to the family. All hospital expenses incurred at any time are your obligation and are not included in our financial agreement. The fee for midwifery services remains the same regardless of transport to the hospital.

### **PEDIATRIC SUPPORT**

The midwifery practice will provide you with the full service of prenatal care including attendance at birth, and postpartum care. This includes initial newborn evaluations and two routine home visits following birth, plus a six-week postpartum visit. A birth certificate will be filed with the local authorities as required by New York State law.

During the initial postpartum period, vitamin K will be given by injection and erythromycin ointment will be applied to the Baby's eyes. The PKU test will be done at the early postpartum home visit or by the pediatrician at the Baby's first appointment.

**IT IS YOUR OBLIGATION TO ARRANGE FOR PEDIATRIC CARE BY THE 34<sup>TH</sup> WEEK OF YOUR PREGNANCY.**

## **TRUST AND SAFETY**

It is the philosophy of this practice that whenever possible, decisions about your care will be collaborative. However, situations may arise in which the professional judgment of the midwife and/or her consulting physician must be relied upon exclusively for the safety of the mother and baby. Homebirth enrollment shall be at the exclusive discretion of the midwife. Your records, physical examination and laboratory reports will be used to continually evaluate your enrollment. Do not hesitate at any time to ask questions about any concerns.

I/we, the birthing woman/couple, hereby grant the midwife full authority to administer any medications and perform any and all treatments, diagnostic procedures and tests, examinations and care to me and my Baby as deemed necessary. In case of emergencies I/we authorize the attending midwife to take appropriate measures and when specialized equipment or hospitalization is believed required, transferring my Baby or me to a hospital. All of the above is to be performed as deemed necessary or advisable by the midwife in the exercise of her professional judgment. When time permits all options for medication and/or procedures will be discussed. In an emergency, I have no reservation regarding the use of or administration of any medications or treatments to my Baby or me.

I/we, the birthing woman/couple, understand that if the attending midwife recognizes signs that indicate the course of my pregnancy may deviate from the norm (even though such deviations may not necessarily adversely affect the outcome of the pregnancy), the midwife will discuss my condition with me in terms of management criteria. Further, if, after such discussion, it is the decision of the midwife that the management of my pregnancy should be transferred to another provider, I/we agree to abide by this decision regarding transfer at any stage of the pregnancy to the provider of my/our choice.

**Please initial** \_\_\_\_\_

I/we, the birth woman/couple, am aware that the practice of midwifery, medicine and nursing are not exact sciences and I/we acknowledge that no guarantee or assurances have been made to me concerning the results of the treatment, examinations, and procedures to be performed. **Please initial** \_\_\_\_\_

## **CLIENT HISTORY**

In view of the above it is understood that in the selection and treatment of mothers in this midwifery practice, the midwives will rely on the medical history and background information provided. I/we, the birthing woman/couple, hereby affirm that such information is and will be correct and accurate to the best of my/our knowledge.

**CONCLUSION**

In our culture today, midwifery provides a setting for parents who believe that pregnancy and birth can be natural, normal, and healthy experiences. Focusing on the normal does not mean that problems go unrecognized or unattended. Rather, they are viewed as imbalances that need to be righted, not expected or feared. If problems occur at home, friends, family members, and professionals will invariably question you, the birthing woman/couple as to the wisdom of your choice in having a home birth. Honestly project yourselves into the worst-case scenario and examine how you would feel about your original choices, after the fact. After an honest self-examination, please feel free to discuss this with the midwife so that we can further clarify what would be the most appropriate birthing situation for you. The intention of this practice is to create a trusting relationship with you that recognize both the wonder of birth and the inherent lack of guarantees in life and birth. This midwifery practice depends on you, our clients, to stand behind us in case of problems the same way we place ourselves at personal and political risk so that you may have your choice of care and birthplace.

**AFFIRMATION**

I have read and understood this Informed Disclosure and Consent document that contains 5 pages. I have discussed any questions to my satisfaction with the attending midwife and do not have further questions at this time.

Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

Signature of Father \_\_\_\_\_ Date \_\_\_\_\_

Signature of Midwife \_\_\_\_\_ Date \_\_\_\_\_

The following questions are designed to open discussion and facilitate our relationship. Please be as honest and forthright as possible, taking your time to answer completely as possible.

1. Why do you want a homebirth?

2. What do you expect from your midwife?

Please use the following space to articulate any questions or concerns; for example, we are having difficulty discussing homebirth plans with our families/friends, etc.