



Informed Choice and Responsibilities

Out of hospital birth

INFORMATION ABOUT OUT OF HOSPITAL BIRTH:

Giving birth to a child is a safe, normal, peak experience in the life of a woman. We believe that a woman's body is brilliantly designed to give birth, and that a midwife's job is to monitor the process, educating and empowering the woman and her loved ones along the way, and to intervene only when necessary.

It is the responsibility of all health care providers to inform childbearing families of their options in birth settings and the risks and benefits of choosing any of those settings. The setting chosen must be one considered safe and satisfying in meeting the needs expressed by the family. Our team of midwives offers birth in homes, in our birth center, and at Missouri Baptist Medical Center. We will refer women or infants to other providers as needed for care that is outside the scope of midwives. Women are candidates for out of hospital birth if they have an uncomplicated medical and obstetric history and a present pregnancy that is proceeding normally.

It is important that families understand that risk is always present in life, including childbearing, regardless of the location of labor and birth, due to unforeseeable complications:

- Certain risks may be greater in a hospital setting (for example, unwanted interventions and/or interference with normal birth that may cause complications, hospital-acquired infections, drug or anesthetic reactions, etc).
- Certain risks may be greater in an out of hospital setting (for example, less access to certain treatments or a delay in response in the rare case of emergent surgical need).
- Problems, including emergencies, may be unforeseen and can suddenly arise which may present a hazard to a mother and her unborn/newborn child. Although our midwives are certified in and carry equipment for resuscitation and other emergencies, some rare complications are best handled in a hospital setting.
- Our midwifery team carries malpractice insurance as is the standard among American healthcare providers. Evidence of insurance is available upon request.

In the US, the most common reasons for transfer of care to a physician or hospital before labor are medical problems such as uncontrolled diabetes, severe high blood pressure or premature labor. During labor the most common reasons for transfer to a hospital are prolonged labor with maternal exhaustion, meconium in amniotic fluid, bleeding, fetal heart rate abnormalities, and abnormal fetal presentations (breech, etc). The most common reasons for transfer after birth are hemorrhage, newborn distress, and newborn anomalies. While all of these are rare occurrences (transfer rate for any reason is ~10%), they are the most common reasons among midwives in our nation for transfer of care. Other reasons may occur. A copy of our practice guidelines, including guidelines for consultation and referral to physician care, is available upon request.

INFORMATION ABOUT YOUR BIRTH TEAM

Our midwives have been trained as nurses and also received graduate education as Certified Nurse Midwives. They have also gained specific experience in attending birth outside of the hospital. Our collaborating physician may not be an active, visible part of your care team, but serves to review charts, consult as needed, and assist at the hospital when needed. He is a board certified OB/GYN physician with extensive experience in childbirth and women's health. Like our midwives, he holds a high respect for women and the value of normal birth. A nurse who is experienced in childbirth and certified in adult CPR and neonatal resuscitation will also attend your birth. Instructions will be given to each client on what to do in the rare case that labor progresses quickly and/or the midwife or assistant cannot reach you before the baby arrives.

Clients are encouraged to report any grievance or complaint that may arise to our administrator and a response will be given within 10 business days. If the complaint involves the administrator, the Governing Board or collaborating physician may be contacted directly. Grievances may also be reported to appropriate state authorities, such as the State Board of Nursing, Board of Healing Arts, or Department of Health and Senior Services.

RESPONSIBILITIES

I understand that my responsibilities include:

- Primary responsibility for the consequences of my decision to have a planned out of hospital birth.
- Sharing with my caregivers the most accurate information about my health, as management of my pregnancy and birth depends on this information.
- Ensuring an adequate social network to support me in my choice of an out of hospital birth.
- Identification prior to birth of a provider who will assume care of my infant once we are discharged from midwifery care at 4 weeks of age, or as needed prior to that date.
- Agreement to the screening criteria specific to out of hospital birth: before, during and after birth.
- Preparation of the birth setting and anyone attending my labor and delivery (siblings, friends, family).
- Maintenance of good general health and a healthy pregnancy to the best of my ability.
- Preparation for pregnancy, childbirth and early parenting through attendance at childbirth classes and/or independent study. I will prepare myself, to the extent possible, to achieve birth or support my partner through birth without pain medications or anesthesia.
- Open, honest and clear communication with my midwife and health care team.

CONSENTS

- I have read and clearly understand all of the above and I am aware of the benefits and potential harms associated with out of hospital birth. I assume responsibility for any consequences of this decision.
- I consent to care provided by the staff of Birth and Wellness Center including physical examination, diagnostic procedures, medications related to pregnancy and birth, delivery of my baby, emergency procedures during birth, postpartum care, and initial newborn care. This care may take place in an office, home or elsewhere, including ambulance or hospital in an emergency.
- I grant to my midwife and her assistants full authority to administer and perform all treatments, diagnostic procedures, drugs, examinations, and ministrations to or upon me and/or my baby, in the exercise of their professional judgments and within their individual scope of practice, with appropriate informed consent.
- If at any time, my midwife feels that my situation requires transfer from my chosen place of birth, I consent to an emergent or non-emergent transport at her discretion and to admission to the hospital or birth center, and transfer of care to the appropriate physician when needed.
- In order to support the development of midwifery care, I consent to the anonymous sharing of information from my records for statistical reporting and publication. I consent to the disposal, or the use for research, of the cord blood, cord, and placenta if I do not elect to keep these for other uses such as encapsulation or storage.
- As the only midwifery-led birth center in the region, training new midwives is an important priority for us. Student midwives may participate in your prenatal and postpartum visits. We are very careful to protect your privacy and the intimacy of your birth, and will not invite a student to attend your birth whom you have not met, or are not comfortable with. All midwifery students will be supervised and will not replace the care you receive from your midwife. Missouri Baptist is a private hospital and does not utilize intern or resident physicians, but on occasion does participate in learning experiences for nursing students or paramedic students. If you do not consent to the presence of a student during your prenatal/postpartum visits, please notify the Birth and Wellness Center administrator, Jessica Henman, CNM.

Your signature acknowledges that you have read and understand this document and agree to its contents.