



Informed Choice and Responsibilities

Planned hospital birth

INFORMATION ABOUT PLANNED 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 and assistants offers birth at Missouri Baptist Medical Center for those who desire it or those who are not appropriate candidates for out of hospital birth. 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).
- 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 medical intervention before labor are health problems such as uncontrolled diabetes, high blood pressure or premature labor. During labor the most common reasons for intervention are prolonged labor with maternal exhaustion, meconium in amniotic fluid, bleeding, fetal heart rate abnormalities, abnormal fetal presentations (breech, etc) or lack of progress in labor. The most common reasons for intervention after birth are hemorrhage or newborn distress. While all of these are rare occurrences, they are the most common reasons among midwives in our nation for intervening in a previously normal pregnancy or birth. Other reasons may occur. A copy of our practice guidelines, including guidelines for consultation and referral to physician care, is available upon request. Our agreement with Missouri Baptist Medical Center includes clear guidelines for when physician involvement is required as well.

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 during births if 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. Nurses who are employees of Missouri Baptist will provide care for you while you are in the hospital, and lactation consultants will be available there as well. Our practice privileges at Missouri Baptist do not currently include caring for newborns. So, while you and your baby are in the hospital, your private pediatrician or a staff pediatrician will oversee newborn care. We have an excellent relationship with the pediatric staff at Missouri Baptist and will coordinate care for the baby after discharge, including an early home or office visit if you choose to be discharged from the hospital prior to 24 hours after your birth.

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 decisions regarding myself and my baby.
- 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 support network to support me in my pregnancy, birth and early parenting.
- Identification prior to birth of a provider who will assume care of my infant once we are discharged from midwifery care at or before 4 weeks of age, or as needed prior to that date.
- Maintenance of good general health and a healthy pregnancy to the best of my ability.
- Preparation for pregnancy, childbirth and parenting through attendance at childbirth classes and/or independent study. I will prepare myself, to the extent possible, to achieve a normal birth with minimal intervention.
- 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 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.
- 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 of my care to another provider, I consent to an emergent or non-emergent referral at her discretion. This transfer of care may, in an emergency, be to a staff physician of Missouri Baptist Medical Center.
- 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, examination, 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 below acknowledges that you have read and understand this document and agree to its contents.

Client: _____ **Date:** _____

Father of the baby: _____ **Date:** _____

Witness: _____ **Date:** _____