

Midwifery Services

Care Throughout A Lifetime

Informed Consent for Planned Home Birth

We have chosen to have a home birth. This choice was made after careful consideration of the risk factors associated with both hospital and out-of-hospital birth. We have discussed our prenatal care and birth options to the extent that we think necessary and had an opportunity to have our questions answered. After careful consideration of all the options, we have asked the midwives at Midwifery Services to provide prenatal care and to attend our homebirth.

In choosing to birth at home, we knowingly accept the responsibility for our labor and birth. We realize that no matter how carefully we are assessed, unforeseen events may arise, resulting in a poor outcome that can result in illness, injury, disability, or even death to the mother or infant. We realize that there are fewer diagnostic and therapeutic measures available at home to use in the event of an emergency. We recognize the possibility that some emergencies are better managed in a hospital setting. We know that the medical personnel, equipment, and medication available in a hospital can be life saving.

The decision to have a baby within the environment of one's own home must be based upon not only personal preferences, but also upon the evaluation of factors that would, in the opinion of both parents and midwife, place the pregnant mother and baby in the normal, low risk category. We understand that some medical conditions may be more readily treated, with greater chances of success, in the hospital and we agree to consultation and transfer of care to a high risk OB or Pediatric provider if, in the opinion of our midwife, it becomes necessary. For the mother, these conditions may include, but are not limited to the following: labor prior to 37 weeks gestation, or after 42 weeks gestation; gestational diabetes with uncontrolled blood sugars; abnormal vaginal bleeding during pregnancy or labor; placenta previa or abruption; postpartum hemorrhage; retained or adherent placenta; active genital herpes; fever with or without Group B strep colonization; and prolonged rupture of membranes without labor. For the baby, these conditions include, but are not limited to the following: fetal distress in labor; heavy meconium stained fluid; prolapsed umbilical cord; stillbirth; respiratory distress after birth; undiagnosed cardiac abnormalities; severe jaundice; infection or sepsis; multiple gestation; very large baby; inadequate growth; shoulder dystocia; and malpresentations such as breech or transverse.

In the course of our care, we understand that we are responsible for the accuracy of the information requested and given to our midwife. We understand our plan of care will be based on this information in addition to clinical indicators. We agree to follow the mutually agreed upon plan of care. We realize that unwillingness to follow the plan of care or to be financially responsible by paying for our care gives our midwife the right to terminate care. If termination of our agreement becomes necessary, the midwife will inform the parents verbally and/or in writing.

We willingly accept the risks and benefits associated with home birth, and hereby consent to the care provided by Midwifery Services. We understand no malpractice insurance compensation is available. We hereby release the midwives and the consulting physicians from all liability arising from acts or omissions on their part while functioning according to their medically approved protocols.

Parents _____

Midwife _____

Date _____

Date _____