

Home Birth Midwifery Service™

Informed Consent Agreement ~ Signatory Record

I/We, the undersigned, have read, understand and agree with all the statements contained in the ***Informed Choice Agreement*** booklet and any/all addendum documents provided to me/us by **HBMS™** and have had the opportunity to ask questions. ***The content of this informed disclosure is entirely clear and acceptable to me.***

Mother's Signature

Date

Partner's Signature

Date

INFORMED CONSENT

I hereby request enrollment in the home birth practice of the ***Home Birth Midwifery Service™ (HBMS)***.

1) Physical Examinations

I engage and authorize the **HBMS** health care team (which includes the midwives and their assistants) to perform, according to the expertise of each individual, examinations on my person to confirm general health and pregnancy status, obtain specimens and perform diagnostic procedures including but not limited to:

- a. Drawing blood;
- b. Urinalysis;
- c. Blood pressure evaluation;
- d. Internal examination as needed, both vaginal and rectal (if indicated), with and without instruments;
- e. Obtaining cervical, vaginal or rectal specimens/cultures, if needed/indicated.

I understand that even when the above are properly and correctly done, there is a potential for infection, tissue damage, false positive or negative lab results and other unpredictable medical outcomes. I agree that the midwives and their assistants are responsible for the performance of their own professional acts only and test results shall be the responsibility of those who perform and report them in the laboratory. **Initial** _____

2) Authority to Treat

I engage and authorize the **HBMS** health care team to treat, administer and/or provide the following, as necessary or available to my baby and me and in accordance with Informed Consent disclosure and discussion:

- a. Health care including prenatal and postpartum education and physical exams;
- b. Obtaining of blood or other specimens for laboratory tests;
- c. Recommending, prescribing and/or dispensing oral, intramuscular, subcutaneous or intravenous infusions, medications, herbal medicinals, homeopathic remedies and local anesthesia (for suture repair);
- d. Artificial rupture of the amniotic membranes;
- e. Maneuvers & modalities to assist mother with the birth of my baby;
- f. Episiotomy and repair, if indicated; and repair of lacerations if indicated;
- g. Postpartum care including family planning;
- h. Immediate newborn care;
- i. Follow up postpartum home and in-office visits;
- j. Such other procedures related to childbearing as may be deemed necessary.

I grant the midwives full authority to administer and perform any and all treatments, remedies, diagnostic procedures and tests, examinations and care to my baby and me as deemed necessary. In case of emergencies, I authorize the midwives to take appropriate measures and, when specialized equipment or hospitalization is believed to be required, to transfer my baby or me to a hospital. All of the above is to be performed as deemed necessary or advisable by the midwives in the exercise of their professional judgment. When time permits, all options for medications and/or procedures will be discussed thoroughly with me. In an emergency, I have no reservation regarding the use of or administration to my baby or me of any medications or treatments referred to above. **Initial** _____

3) Early Transfer

I understand that if the **HBMS**- health care team recognize 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 midwives will discuss my condition with me in terms of care criteria. Further, if after such discussion it is the decision of the midwives that my care during pregnancy should be transferred to another care provider, I agree to abide by this decision regarding transfer at any stage of the pregnancy to the provider of my choice. **Initial** _____

4) Conditions of Concern, Complications & Emergencies

While the course of childbearing is a healthy human function, I understand that complications may arise unpredictably and suddenly, which may be a hazard of or be aggravated by the stresses of childbearing or being born. Some conditions include but are not limited to:

- Malpresentation – the baby’s head does not enter the pelvis or is poorly positioned;
- Breech – the baby presents in the pelvis in a legs, feet, knees or buttocks first position;
- Pre-eclampsia or pregnancy-related hypertension;
- Eclampsia –seizures caused by preeclampsia;
- Placenta Previa – the placenta partially or completely covers the cervix, which may cause dangerous bleeding;
- Placental Abruption – the placenta separates, whether partially or completely, from the uterine wall before the baby is born;
- Arrest of Descent – the baby does not move through the pelvis in labor because of his or her size, position, or other cause;
- Fetal Stress or Distress – a non-reassuring or abnormal heartbeat detected during labor;
- Neonatal Asphyxia – the baby does not breathe independently after birth;
- Shoulder Dystocia – the baby’s shoulders are lodged in the pelvis after the head is born;
- Rupture of Membranes without Labor – the amniotic sac breaks and labor does not begin on its own;
- Cord Prolapse – the umbilical cord presents in front of the baby’s head and is compressed, which reduces oxygen supply;
- Other Cord Problems or Anomalies - the cord is unusually short, or there is an abnormal insertion into the placenta, or the cord is looped multiple times around any part of the baby, or the cord is tied in a “slip” or “true” knot, or any other anomaly;
- Meconium-Stained Amniotic Fluid – the baby has a bowel movement in-utero, which may indicate fetal stress/distress;
- Stillbirth – the baby dies before birth (there is no detectable heartbeat before or after the birth);
- Congenital Anomalies – birth defects which may or may not be detectable by prenatal testing;
- Prematurity or Postmaturity – the baby is born before 36 weeks or after 43 weeks gestation;
- Hyperbilirubinemia – 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 maternal circulation, causing respiratory distress;
- Postpartum Hemorrhage – excessive blood loss by the mother.

I have been fully informed with regard to these potential complications and advised that I may have more detailed and complete explanations of these conditions and other risks, consequences and conditions. ***I do not desire further explanation at this time, but reserve the right to request more information in the future.*** I am aware that the practice of medicine, nursing, and midwifery are not exact sciences and I acknowledge that no guarantees or assurances have been made to me concerning the results of the treatment, examinations and procedures to be performed. **Initial** _____

CLIENT HISTORY & THE RIGHT TO WITHDRAW

In view of all of the above, I understand that in the selection and treatment of mothers in the **HBMS**- practice, the staff will rely on my medical history and the information about myself that I provide. I affirm that such information is and will be correct and accurate to the best of my knowledge. I understand that I may voluntarily withdraw from enrollment at anytime I wish upon written notice to you. **Initial** _____

CONSENT FOR CARE BY PRIMARY MIDWIFE UNDER SUPERVISION (PMUS) & OTHER APPRENTI

I understand that I have the option to be cared for and followed by an **HBMS™ Primary Midwife Under Supervision (PMUS)**. I understand that all **HBMS™** Apprenti and other staff will support, attend, and care for me during my course of care as assistants to the PMUS and her supervising Licensed Midwife. ***I understand that all my care, labor and birth will be supervised by an HBMS™ VA Licensed Midwife.***

I **CONSENT** to being followed by _____ & _____, both **Primary Midwife Under Supervision (PMUS)** and **Apprentice**; ~ or ~

I **DECLINE** to be followed by the **HBMS™ PMUS**. **Initial** _____

HIPAA COMPLIANCE

I acknowledge receipt of the HBMS HIPAA, "Notice of Privacy Practices" Yes No

I understand that my insurance company may request copies of personal information from my medical record in order to process claims on my behalf. It is my responsibility to inform the midwives or their billing agents if I wish to review any information prior to its being provided to my insurer.

I **DO** want to review such information I **DO NOT** want to review such information Initial _____

ACKNOWLEDGEMENT of DOCUMENTS

We acknowledge receipt of access to and/or copies of *HBMS Practice Guidelines, & Scope of Practice and Commonwealth of VA Midwifery Practice Act and Regulations for the Practice of Licensed Midwifery*. Initial _____

FINAL WORDS...

In our culture, midwifery provides an option for parents who believe that pregnancy, childbirth, and lactation can be natural and healthy experiences. Focusing on the normal does not mean that problems go unrecognized or unattended. Rather, they are viewed as imbalances needing to be righted. They are not expected or feared. If problems occur at home, invariably you will be questioned by friends, family members, and professionals as to the wisdom of your choices. We ask you to honestly project yourselves into your worst case scenario and examine how you would feel about your original choices *after the fact*. Then, please feel free to discuss this with us, so that we can create a trusting relationship with you that recognizes both the wonder of birth and the inherent lack of guarantees in life and birth. We depend on you, our clients, to stand behind us in case of problems, in the same way we place ourselves at personal and political risk so you may have your choice of care and birth-place. *In light of the controversial status of homebirth in the United States, as well as the prohibitive cost of liability coverage, this practice does not carry malpractice insurance.*

AFFIRMATION

I/we have read and understood the documents: *Informed Choice Agreement* and *Informed Consent Agreement ~ Signatory Record*, as well as other supporting documents, forms, and addendums. I/We have discussed any questions to my satisfaction with the midwives and do not have any further questions regarding its content at this time.

I/We, the undersigned, understand the operations of this practice and its limitations.

I affirm that I have read and fully understand all of the above.

_____	_____
Mother's Signature	Date
_____	_____
Partner's Signature	Date
_____	_____
Signature of Midwife	Date

PRIMARY MIDWIFE UNDER SUPERVISION (PMUS) AGREEMENT

I/We, _____ & _____ understand that I/we have received consent from the above named clients, to care for and serve them and her baby as their *Primary Midwife Under Supervision (PMUS)*. In keeping with the requirements of the *North American Registry of Midwives (NARM)* and the Home Birth Midwifery Service, and in order for such care to be acknowledged and affirmed, I/we understand and agree that all the care that I provide to these clients, will be supervised by a Licensed Virginia Midwife (CPM, LM).

Signature of Primary Midwife Under Supervision Date

Signature of Primary Midwife Under Supervision Date

I, Kim L. Mosny, CPM, LM, agree to supervise the above named *Primary Midwife Under Supervision (PMUS)*.

Signature of Midwife Date