

BEACH CITIES MIDWIFERY & WOMEN'S HEALTH CARE

GENERAL CONSENT AND AGREEMENT

INFORMATION

Childbirth is one of life's peak experiences, and should be viewed as a healthy process. It is a family experience that is shared emotionally, physically and spiritually as the whole family joins together in welcoming their new member.

It is the responsibility of 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.

The option for care in pregnancy and birth with Beach Cities Midwifery and Women's Health Care is birth outside of a hospital. BJ Snell, CNM has privileges at Saddleback Memorial Medical Center in Laguna Hills if there is a desire for a hospital birth. The other midwives do not have hospital privileges at this time. All care is provided by a team consisting of certified/licensed midwives, birth assistants, consulting obstetrician and pediatrician. When you register for care, you can expect that your prenatal care, birth and postpartum care will be provided by the midwives. The consulting physician will only see you should a complication or concern arise during the course of your care. Should problems arise which require medical care during your pregnancy, labor, birth, postpartum care, or initial newborn care, the midwife will arrange for transfer of care according to the guidelines for Beach Cities Midwifery & Women's Health Care and the Beachside Birth Center.

It is the policy that the childbearing family may choose an out-of-hospital birth if the expectant mother has:

1. An uncomplicated medical and obstetrical history,
2. All required screening is completed, including, 20 week ultrasound to ensure that there are no fetal abnormalities, diabetes screening, and group B strep screening with agreement to receive antibiotics in labor if screening is positive
3. A present pregnancy that is proceeding normally with labor occurring between 37 and 42 weeks and the baby is in the head down position,

and if the expectant mother and her family have chosen to assume the added responsibilities that go along with an out-of-hospital birth. If labor occurs before 37 or after 42 weeks the woman will not be able to labor and birth at the birth center.

It is important that the expectant mother and her family understand that all childbirth carries some risk to mother and baby, regardless of site of birth. Certain hazards exist when birth occurs in a hospital that does not exist in alternative settings. Likewise, certain hazards exist when birth occurs in alternative settings that do not exist in the hospital. Studies of birth settings have indicated that the outcomes for low-risk women are comparable when birth occurs in out of hospital settings to those birthing in the hospital. Our staff has taken every reasonable precaution to insure safety, comfort and satisfaction for both mother and baby. However, in any particular case, complications may arise suddenly and unpredictably.

Should there be any concerns that arise you are encouraged to talk with your midwife or the Clinical Director, B. J. Snell, PhD, CNM, FACNM.

BEACH CITIES MIDWIFERY & WOMEN'S HEALTH CARE

GENERAL CONSENT AND AGREEMENT

The following are medical problems which could occur in any birth, regardless of the site of birth:

Major complications

1. Fetal distress – lack of oxygen for the baby while he or she is still in the womb
2. Neonatal asphyxia – lack of oxygen for the baby after birth
3. Maternal hemorrhage – excess blood loss
4. Pre-eclampsia or toxemia – pregnancy-induced high blood pressure
5. Amniotic fluid embolism – a drop of amniotic fluid enters the mother's bloodstream causing blood clots and severe breathing problems requiring resuscitation
6. Uterine rupture – uterine muscle tears
7. Cardiac arrest – heart stops beating

Complications Involving the Placenta – ultrasound at 20 weeks required to make sure the placenta is in an optimal location for vaginal birth

1. Placenta previa – placenta partially or completely covers the opening of the uterus
2. Placenta abruption – placenta separates from wall of uterus before baby is born
3. Retained placenta – all or part of placenta remains inside uterus

Complications Involving the Pelvis

1. Cephalopelvic disproportion – baby is too large to fit through mother's pelvis
2. Shoulder dystocia – baby's shoulders become lodged in mother's pelvis after baby's head is born and may result in injury to the baby, including lack of oxygen

Complications Involving the Baby

1. Rupture of membranes without labor – amniotic fluid sac breaks prior to onset of labor and labor does not spontaneously begin within 24 hours
2. Group B Strep (GBS) infection – baby can get severe respiratory distress if exposed to GBS. This risk is greatly reduced when the mother who is GBS positive receives antibiotics in labor. Should you decline antibiotic treatment in labor we will coordinate your care in the hospital as your baby will need to be observed for the standard 2 days which prevents early discharge.
3. Cord prolapse or other cord problems – umbilical cord is compressed cutting off oxygen to baby
4. Multiple gestation – presence of more than one baby (twins, triplets, etc)
5. Malpresentation – baby is in some position other than the normal head-first position
6. Stillborn – baby dies in mother's uterus before birth
7. Meconium-stained amniotic fluid – baby has a bowel movement inside uterus
8. Congenital anomalies – birth defects
9. Immaturity or post-maturity – baby is born too early (less than 37 weeks) or too late (≥ 42 weeks)
10. Hyperbilirubinemia – jaundice (yellow skin) in newborn caused by too much bilirubin in baby's body after birth

BEACH CITIES MIDWIFERY & WOMEN'S HEALTH CARE

GENERAL CONSENT AND AGREEMENT

CONSENT AND AGREEMENT

1. **Physical Examination:** I authorize the midwives and their medical consultants and nurses to perform, according to the expertise of each discipline, examinations upon my person to confirm general health and pregnancy status, obtain the usual specimens and perform the usual diagnostic procedures, including, but not limited to: (1) drawing blood, (2) pregnancy tests, (3) urinalysis, (4) determination of blood pressure, (5) internal examination both vaginal and rectal, with and without instruments, (6) obtaining rectal, vaginal, and cervical specimens, including Pap smear, as indicated. I understand that these procedures are required to ensure there are no problems with your health or could be a problem for your baby. I understand that I can talk with my midwife if I have any specific questions about our recommended procedures.
2. **Authority to Treat:** I authorize the midwives, their medical consultants and nurses to treat, administer and provide as necessary or available to me and my baby: (1) health care, including prenatal education; (2) physical examinations as necessary, including fetal monitoring; (3) diagnostic test and procedures by the obtaining of blood or other specimens; (4) oral, intramuscular, subcutaneous and intravenous medications and local anesthesia; (5) intravenous infusions; (6) delivery of my baby; (7) episiotomy and repair; (8) postpartum care, including home visits; (9) newborn care initially after birth; (10) other procedures related to childbirth as may be deemed necessary. The administration of this care may be in the office, birth center, my home and elsewhere, including ambulance and hospital. I grant to the midwives, their medical consultant and nurses full authority to administer and perform all drugs, treatments, diagnostic procedures, examinations and ministrations to or upon me and my baby.

In case of emergency, I authorize these professionals to take appropriate measures. When specialized equipment of hospitalization is required, I authorize these professionals to transfer me and/or my baby to the hospital. I also understand that in an emergency an ambulance service may be needed and I agree to accept any financial responsibility for the cost should my insurance deny or only pay partial coverage.

All of the above is to be performed as deemed necessary or advisable by the midwives, their medical consultants and nurses, in the exercise of their professional judgments.

3. **Early Transfer:** I understand that the staff will, during my prenatal period, attempt to recognize signs which may indicate that the course of pregnancy might significantly deviate from normal, even though such deviation may not necessarily affect the outcome of pregnancy adversely. If such is the judgment of the midwives, the management of my pregnancy shall be transferred to the physician of my choice or my care will be managed collaboratively by the midwife's and their obstetrical consultants.

BEACH CITIES MIDWIFERY & WOMEN'S HEALTH CARE

GENERAL CONSENT AND AGREEMENT

4. **Complications of Pregnancy and Birth:** I have read and understand the list of complications of pregnancy and birth and discussed them with the midwives. I am aware that the staff has taken every reasonable precaution to insure my safety, comfort and satisfaction. I do understand that these complications may arise suddenly or unpredictably. I am aware that the practices of midwifery, medicine and nursing are not exact sciences. I acknowledge that no guarantees or assurances have been made to me concerning the results of treatment, examinations and procedures to be performed.
5. **Preparation:** I agree to prepare ourselves for pregnancy and childbirth through attendance at childbirth classes and/or independent study. This includes preparation to perform emergency childbirth should labor proceed rapidly. I will prepare myself, to the extent possible, to go through birth without sedative, tranquilizers or analgesia/anesthesia.
6. **History:** I understand that the safety of care by the midwives and their consulting physicians and of out-of-hospital birth depends upon my medical history and the information which I provide about me. I affirm that such information is, and will be, accurate and complete to the best of my knowledge.
7. **Research:** In an effort to support the development of out of hospital birth and midwifery care, I consent to the sharing of information from my record for statistical reporting and publication, as long as my confidentiality is insured.
8. **Transfer to the Hospital:** I agree to transfer to the hospital in the event of circumstances in which the midwife feels that hospital care is required or advised. Should hospitalization become necessary, my records may be made available to the doctor and/or hospital staff which I have previously chosen. In the event of an emergency, however, I understand that I will be transferred to the hospital and physician considered appropriate by the midwife. Depending upon the nature of the complication, and the hospital to which I am transferred, my care at the hospital will be managed either by the midwife in collaboration with the obstetrician, or exclusively by the obstetrician. All hospital and physician expenses incurred at that time, or any other time, including emergency transport of me or my baby by ambulance if deemed necessary by the midwife, shall be my obligation and are not included in the fees associated with an out of hospital birth.

BEACH CITIES MIDWIFERY & WOMEN'S HEALTH CARE

GENERAL CONSENT AND AGREEMENT

9. **Postpartum Responsibilities:** I understand that the staff will provide all normal postpartum and initial newborn care for out of hospital birth. The midwife will perform an initial newborn physical assessment, and consult with the pediatric provider for management of any newborn problems requiring hospitalization of the infant immediately after birth. It is my obligation to arrange for pediatric care to begin immediately upon discharge of the infant from the midwife's care. Following our departure from the Birth Center or home it is my obligation to make an appointment for the baby to be evaluated with the pediatric provider within 48-72 hours after birth. The midwife or her designee will follow-up by phone within 48 hours to ensure both you and baby are doing well and coordinate a visit in the office if necessary. I agree to bring the baby to the office for collection of the Newborn screening test within 2 days of birth (unless born in the hospital). If my baby is born in the hospital, a pediatrician/family physician will manage the baby's care in the hospital.

I understand that childbirth and the early postpartum period are stressful times for families, both physically and emotionally. I agree to provide for necessary assistance during the birth and the first week postpartum. This includes obtaining a support person for any older sibling who will be present for the labor and/or birth. I understand that if I am unable to make these arrangements, I will not be eligible for an out-of-hospital birth or early discharge from the hospital.

The actions, process and reasonable known risk of an out of hospital birth have been explained to me. I affirm that I am requesting and choosing an out of hospital birth under the care and treatment of a certified midwife and birth assistant. I understand that a physician will not be present during my birth but will be contacted for an emergency and/or transfer and admission to a hospital as needed and determined by the midwife.

Signature of mother

Date

Signature of father/significant other

Date

Signature of CNM/LM

Date

BEACH CITIES MIDWIFERY & WOMEN'S HEALTH CARE

GENERAL CONSENT AND AGREEMENT

Informed Consent for Water Birth

I, _____, have requested to participate in a water birth which means that I may choose to labor and possibly deliver my baby in a tub of warm water. I understand that I will be under the care of the midwives of Beach Cities Midwifery & Women's Health Care. I understand that the benefits reported with water birth include:

1. An increased sense of relaxation
2. An increased sense of reduced pain
3. Possible decrease in the length of labor
4. Decrease in the need for an episiotomy

I understand that the risks associated with water birth may include:

1. Possible undetected problem for me or my baby during labor
2. Possible dehydration
3. Possible elevated temperature which could cause the baby's heartbeat to go up
4. Remote possibility of infection for myself or the baby
5. Remote possibility of the baby inhaling water during the birth that could cause breathing problems

I agree to careful evaluation of myself and my baby during labor and after birth to prevent or minimize the risks identified above. I understand this includes listening to fetal heart tones approximately every fifteen to thirty minutes during active labor and approximately every five to fifteen minutes when pushing. I understand that safety of myself and my baby are the primary criteria for making recommendations and decisions about my care. I understand that some problems for my baby or myself may require me to leave the tub and/or to deliver in the bed rather than the tub and I agree to follow the instructions of the midwife in treating actual or suspected problems and safeguarding my and my baby's health.

I have received and read the information above and have had all my questions answered. I desire to participate in warm water immersion in labor and water birth.

Signature

Date

CNM/LM

Date

BEACH CITIES MIDWIFERY & WOMEN'S HEALTH CARE

GENERAL CONSENT AND AGREEMENT

PEDIATRICS REFERRAL FOR NEWBORN CARE

PATIENT NAME: _____

Dear Mother:

You must have your newborn baby examined as soon as possible by your pediatrician. I recommend that you see a pediatrician within 48-72 hours after the birth, for a routine examination and evaluation for jaundice. Please identify who the pediatrician will be for the baby and the contact information. Once the baby is born we will notify the pediatrician's office of the birth so that he/she knows that you will be calling for an appointment.

There are many important reasons for the initial visit within 1-3 days of discharge from the birth center. In addition to meeting your new baby and getting the health record established the following procedures will be done or scheduled:

- Removal of the cord clamp;
- Weight check (it is normal for babies to loose up to 10% of their birth weight so do not be concerned if the baby has some change in weight – it is NORMAL);
- Evaluation for jaundice (yellow coloring of the skin color). It is very common in the first week of life. Frequent breastfeeding helps to clear the meconium (first bowel movements) and decrease the length of jaundice;
- Early evaluation for heart defects undetected during pregnancy
- Coordination of the newborn hearing screening procedure. If for some reason the pediatrician is unable to coordinate the hearing screening test, please let us know and we can provide a list of certified centers for this important testing;
- Please let your pediatrician know that you will be bringing your baby back to our center for the newborn blood screening.

Pediatrician Name/Group: _____

Address: _____

Phone: _____ Fax: _____

I have read and understand these recommendations. I agree to schedule an appointment with my pediatrician or group of pediatricians listed above within 24-72 hours after the birth of my baby and follow-up for scheduling the Newborn Hearing Screening. I also agree to return to the Birth Center for the Newborn Screening blood test as scheduled by the CNM.

Mother's Signature

Date

CNM/LM Signature

Date