



Midwifery Care Associates, P.C.  
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## HOME BIRTH INFORMED CONSENT

All birth places carry some risks to mother and baby. Certain hazards exist whether birth occurs in or out of the hospital. It has not been determined that any one setting is preferable for all births. Studies are now in progress to evaluate this question, and the outcome will likely be approval of a variety of settings depending on individual client needs.

We have chosen to have a home birth, based on what we believe to be a thorough examination of the alternatives. We have discussed our prenatal care and birth options between ourselves, and with the midwives and the consultant physicians to the extent we think necessary. After considering these options, we have asked Midwifery Care Associates to provide prenatal care and assist us in our home birth.

In choosing to have a home birth, we knowingly accept responsibility for our labor and birth. We realize that no matter how carefully our risk status is assessed, there can arise emergencies or other unforeseen events resulting in a poor outcome. It is impossible at a home birth to provide the same type of care that is available in a hospital. For example, in a hospital there would be more attendants available, as well as more equipment such as electronic monitoring devices and surgical apparatus, various medications, blood plasma, and so forth. We are fully aware that in the event of a complication or emergency there are fewer diagnostic and therapeutic measures available at a home birth than there would be in a hospital setting, including some that may be life-saving.

Although birth is a natural physiologic process, its outcome is not always favorable. Certain medical conditions may necessitate transfer of our care from Midwifery Care Associates to physician management and transfer from home to a hospital for mother and/or infant. We understand that some medical conditions may be more readily treated, with greater chance of salvage, in a hospital setting; these conditions may jeopardize the baby's life, freedom from disability, and even the mother's life and health.

For the mother, these conditions include, but are not limited to: labor prior to 37 completed weeks or after 42 completed weeks gestation; glucose intolerance of pregnancy; abnormal vaginal bleeding during labor; placenta previa or placental abruption; postpartum hemorrhage; retained or adherent placenta; active genital herpes; severe allergic reaction to medications commonly used in childbirth; and prolonged rupture of membranes without labor.

(initials) \_\_\_\_\_

For the baby, these medical conditions include, but are not limited to: fetal distress in labor; meconium stained fluid; prolapse of the umbilical cord; stillbirth; respiratory distress after delivery; undiagnosed cardiac abnormalities; severe jaundice; severe sepsis; multiple gestation; macrosomia; shoulder dystocia; and malpresentation (breech or transverse).

We understand that should a medical emergency occur during our home birth, it will be handled in a medically supportive fashion until transfer to the hospital can be accomplished. We further understand that the above list of medical complications is incomplete and does not include other unpredictable complications that could arise while giving birth at home. We agree to transfer mother and/or infant to physician management and/or hospital care if the course of pregnancy, birth or postpartum period becomes medically complicated. Whenever possible, decisions regarding such transfer of care will be made jointly between us, the midwives, and the consultant physician. However, the situation may arise where we must rely solely on the discretion of the midwife and/or her consultant physician, and in these situations we agree to accept her/his professional judgement with regard to the nature of treatment or emergency treatment to be rendered.

In the course of our care we understand that we are fully responsible for the accuracy of the information given by us or requested of us by the midwives or physicians. We understand that the management of our care will be based upon this information among other considerations. Therefore we agree to cooperate fully with the midwives and/or consultant physicians in providing information and following directions given us.

We willingly accept the risks associated with home birth, and hereby consent to the care to be provided by Midwifery Care Associates. We hereby release Midwifery Care Associates, P.C. , the midwives, and the consultant physicians from all liability arising from acts or omissions on their part while functioning according to their medically approved protocols.

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Client

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Partner

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Midwife

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Date