

Snohomish Midwives  
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### **Informed Consent for Midwifery Care and Out-of-Hospital Birth**

\_\_\_\_ I hereby authorize the midwives of Snohomish Midwives and/or such associates as may be selected by them to:

- provide prenatal care and prenatal education and instruction
- perform physical exams to evaluate my general health and pregnancy status
- obtain blood, urine, vaginal, cervical, and/or rectal samples for laboratory testing
- assist during my labor and the birth of my baby
- provide immediate newborn and postpartum care and any other procedures related to childbearing, as needed

#### **MY RESPONSIBILITIES**

- to call my midwife immediately if I experience any of the warning signs listed under the “Warning Signs” category on the “How to Reach your Midwives” handout.
- to plan a natural birth without the use of medications.
- to transfer my care or my baby’s care to a hospital or physician if the midwife thinks it’s necessary.
- to attend childbirth education classes or read recommended books about childbirth.
- to arrange for someone to be at home with me to help after the birth of my baby.
- to make sure my baby is seen by a pediatric health care provider within the first 2 weeks of life.
- to notify the midwives if I cannot keep an appointment.
- to make sure I have electricity, heat, water, at my place of birth and that it is located no longer than 45 minutes from the nearest hospital with obstetric facilities.

\_\_\_\_ I understand that the services of a licensed midwife are provided for normal, healthy women and newborns. If, at any time, the midwife feels that it is necessary for my well-being or that of my baby, she will consult and/or refer to an appropriate health care provider and/or physician.

\_\_\_\_ The midwife will:

- provide normal prenatal and postpartum care for me and my baby
- be in contact and/or present during my labor and be present during delivery
- examine my baby at birth and at 1-3 days of age
- provide postpartum exams at approximately 1-10 days, 3 and 6-8 weeks, and any other time they are needed or desired
- arrange for another midwife to provide the above services in the unlikely event that she is unavailable

\_\_\_\_\_ Conditions may develop during my pregnancy, my labor, my delivery, or after my delivery that may require evaluation and treatment by a physician and may require transfer to a hospital. If needed, the midwives will arrange for consultation with a physician, for transfer of my care to a physician, for transfer of my baby's care to a physician, and/or for transfer of my baby or myself to a hospital. In the case of an emergency, the midwife present will facilitate a transfer of care to the nearest hospital where she may or may not have an established consulting relationship with the doctor on call. In the case of a non-emergent transfer, arrangements will be made to transfer to a hospital where there is an established relationship between the midwife and hospital staff. In the event of hospital admission, my baby and I will receive medical care exclusively from hospital medical staff.

\_\_\_\_\_ I understand that the midwives rely on information regarding my medical history that I provide. I state that such information is complete and accurate, to the best of my knowledge. I also acknowledge that I am part of my healthcare team and that I agree to participate in the decision making process regarding my maternity care and the care that my baby receives. I accept responsibility for my decisions.

I/We the parents, have chosen to have an out-of-hospital birth. I/We understand that there are special responsibilities and risks that are attached to such a decision. Although many potential problems and concerns can be foreseen and/or screened for, there are some complications, which cannot be predicted either in or out of a hospital setting. Emergency medications for the control of hemorrhage, shock, and seizures are available as is resuscitative equipment. Pain medications, narcotics, epidural anesthesia, blood transfusion, vacuum extractor, forceps, and cesarean section are not available in an out-of-hospital birth setting. Should a need for any of these arise, I/We agree to be transported to a hospital.

I certify that I have been informed of the character and limitations of the services provided by the midwives of Snohomish Midwives. I certify that I have had the opportunity to ask questions and that I have had all aspects of licensed midwifery care explained to me to my satisfaction. I consent to licensed midwifery care in an out-of-hospital setting.

Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Printed Name \_\_\_\_\_