Sacopee Midwives
Certified Professional Midwives
serving greater Portland and
beyond since 1995

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Home Birth Informed Consent Document

We believe in home birth as a safe alternative to the hospital, and often it ends up being an empowering and life-changing experience. Risks are involved in childbirth no matter where it occurs. These risks vary depending on the health of the birthing person and on the location of the birth. Immediate and advanced medical technology is not available at home and, therefore, fewer unnecessary interventions take place at home. Studies show that the home is as safe or safer for the baby and birthing person as long as the pregnancy is low risk, and the birth was planned to be a home birth.

We believe that every pregnant person has the right to choose where and with whom they have their baby, however, our scope of practice is limited to low risk pregnancies and births. Should your pregnancy fall out of the low-risk category, other arrangements will have to be made for the birth.There are times when consultation with a physician or transfer to a hospital is necessary. If a situation arises that is beyond our scope of practice or ability to safely manage in an out-of-hospital setting, we will not hesitate to involve a physician or facilitate a transfer to the hospital.

We expect parents to be well informed and take responsibility for educating themselves. Even with low-risk births, complications can arise. Usually there is time to transport to the hospital, but occasionally we must deal with complications at home. Some of the complications we are trained to manage are fetal distress, prolonged labor, dehydration, meconium, breech presentation, placental abruption, placenta previa, shoulder dystocia, postpartum hemorrhage, stillbirth, birth defects, and respiratory distress of the newborn.

At this time, our practice does not have a formal back-up arrangement with an obstetric provider. If a consultation or transfer of care becomes necessary, we generally refer clients to Maternal-Fetal Medicine at Maine Medical Center in Portland. You are welcome to arrange your own obstetric and pediatric back-up providers if you wish. Public hospitals are required to provide emergency care to pregnant and laboring individuals. Some hospitals have nurse-midwives who care for patients who arrive without an established provider, while others notify the obstetrician on call. In either situation, without an established private physician back-up arrangement, you will not know in advance who will be managing your birth.

If a hospital transfer becomes necessary, we will facilitate the transfer of care and make every effort to remain with you and provide support throughout the process.

How do I know my home is adequate for a homebirth?

The good thing is that most homes are perfectly adequate for a homebirth. For the safety of yourself, your baby and your birth team we have a few simple requirements.

1. Ease of access: Your home should be able to be found easily with a house number visible from the street. Adequate parking must be available for all birth attendants (midwives, doulas, family members etc.) Where you choose to labor and deliver your baby must be reasonably accessible

for midwives and EMS. For example, steep or spiral staircases, or very small spaces may present accessibility or safety concerns.
2. General cleanliness: You do not need to sanitize your home but your birth space should be in a state of general tidiness and cleanliness.
3. Pets: All animals should have a plan to be safely restrained or removed from the home during the birth process if their presence could create a safety concern, distraction, or disruption.
4. Children: We welcome children to attend the birth of their siblings if that is the choice of the parents. We require an additional, responsible adult to be present if children are in the home during the birth. This person should be prepared to keep children safe and occupied and must be available to remain with them in the event of a hospital transfer.
5. Security of firearms: Any firearms in the home should be securely stored, away from the birth space, and with no chance of accidental discharge.
6. Birth attendants: Clients are welcome and encouraged to invite the people you would like to have present for your birth. However, the midwives reserve the right to ask any birth attendant to leave if their presence or behavior compromises the safety, privacy, or well-being of the birthing client, baby, or birth team. If an individual refuses to leave when asked, the midwives may determine that it is no longer possible to safely provide care in the home and may recommend or initiate a transfer of care.
7. Living in New England means that inclement weather can occasionally present additional challenges and safety considerations for planned homebirths. It is the client's responsibility to ensure that the home and surrounding property remain safely accessible for the midwifery team and emergency vehicles, including appropriate snow and ice removal. In the event of a power outage, clients should be prepared with 5–10 gallons of potable water, adequate battery-powered lighting, and a safe alternative heat source. If the midwives determine that weather or road conditions prevent them from safely reaching your home, that emergency medical services may be unable to access your property, or that your home cannot maintain adequate heat, a transfer to a local hospital may be recommended or necessary.

Insurance and Credentials

We do not carry malpractice insurance. We feel comfortable with this knowing that the relationships we forge with the families we care for are strong, honest and open, and expect that any difficulties will be addressed directly.

Brenda, Acadia, Grace and Danielle are Certified Professional Midwives. CPMs are licensed by the State of Maine. Complaints of care can be directed to the State of Maine Complementary Health Care Board.

At this time Acadia, Danielle and Grace are also licensed in the state of New Hampshire. Complaints of care can be directed to the NH Midwifery Council through the Office of Professional Licensure & Certification.

We maintain our licenses through mandated continuing education approved by Midwives Alliance of North America and the National Registry of Midwives and the College of Nurse Midwives.

Our transport rate is approximately 10% and our cesarean section rate is approximately 3%.

As your midwives we will:

- Provide routine prenatal and postpartum visits at our office, virtually, or in your home

- Monitor the course of your pregnancy, including: blood pressure, fetal heart monitoring, fundal height measurements, urinalysis (as indicated), and the position of the baby.
- Provide desired or appropriate tests when necessary.
- Provide nutritional, childbirth, and lactation education.
- Provide emotional support throughout the pregnancy, birth, and postpartum.
- Manage the labor and birth of the baby and the placenta
- Suture tears as needed
- Care for you up to 12 weeks and your baby up to 8 weeks in the postpartum period
- Process the birth certificate
- Provide newborn eye-ointment, vitamin K, the Newborn Metabolic Screen, the CCHD and hearing screen for the newborn as desired
- Consult with physicians as needed and transfer care when appropriate

As a client receiving care from this practice, we ask that you:

- Be honest and open with information as it applies to your pregnancy and birth
- Ask for what you desire
- Collect all the supplies needed before the birth
- Compensate us for our services as agreed
- Care for yourself and your child to the best of your abilities
- Read and understand our “Emergency Care Plan for Sacopee Valley Birthing Services”
- Read all client forms thoroughly before signing
- Ensure the birthing space is appropriate according to the list above

Fee

Our fee covers prenatal care, labor and birth, and postpartum home visits. Outside lab work, ultrasounds, physician and/or certified nurse midwife consultations, vitamins, and birth supplies are not included in our fee. We believe that every family should be able to have a homebirth if that is in their hearts. We will be flexible with payment arrangements. If another birth is taking place during yours, at least one of us will remain with you and we will call in an additional assistant.

Informed Choice

One of the basic tenets of midwifery care is informed choice. Our responsibility is to provide you with the information and guidance you need to understand the benefits, risks, and alternatives associated with decisions about your pregnancy and birth. We encourage you to explore your options, do your own research, and ask questions so that you can make informed decisions that feel right for you and your family.

We have read the Sacopee Midwives Informed Consent document and Emergency Care Plan. We confirm that we understand our options in childbirth. We are choosing to have Certified Professional Midwives attend the birth of our child in our home. We have researched other options including hospital based care providers and birth centers. We feel that home birth is best for our family. We have had a chance to ask any further questions of our midwives and feel confident that we will receive appropriate care and information. As the pregnant person, I agree to care for my child and myself by eating healthy food; exercising appropriately; sharing my past medical history; and educating myself about the birth process. I will attend regularly scheduled prenatal visits and I will not use cigarettes, drugs or alcohol.

Signature_____Date_____

Signature_____Date_____

Sacopee Midwives Emergency Care Plan

In case of a medical emergency while in the presence and care of a client we will take the following steps:

•Stabilize the client and or newborn to the best of our abilities and seek advanced medical care.

•Continue care of the client or newborn during the entire process, until more experienced care takes over. This care will include adult CPR, measures to cease hemorrhage, neonatal resuscitation, and treatment of shock.

•Gather more advanced medical care either through transporting the client or newborn to the closest hospital, or by calling 1999 and activating Emergency Medical Services. The mode of transport will be case sensitive due to location, driving conditions, speed of the local emergency responders and the clients input as well. We will transport to the closest hospital / the hospital with the most appropriate level of care in case of an emergent situation, and possibly to a more preferred hospital in case of a non-emergent situation in need of transport.

•We will always include the client in the decision of care in case of an emergency, strongly urging and suggesting the safest option in our professional opinion, yet listening to their opinion as well.

•We will never leave the client or newborn until it is deemed appropriate by the family or necessitated by other care providers.

The following are conditions that EXCLUDE individuals from having planned homebirths:

- current alcohol and/or drug addiction
- significant hematological disorders/coagulopathies that cannot be monitored safely
- history of deep venous thrombosis or pulmonary embolism
- cardiovascular disease causing functional impairment
- chronic hypertension
- significant endocrine disorders including pre-existing diabetes (Type I or Type II)
- hepatic disorders including uncontrolled intrahepatic cholestasis of pregnancy and/or -abnormal liver function tests
- isoimmunization including evidence of Rh/platelet sensitization
- neurologic disorders or active seizure disorders
- pulmonary disease, active tuberculosis or severe asthma uncontrolled by medication

- renal disease
- collagen vascular disease
- current severe psychiatric illness
- cancer affecting site of delivery
- other significant deviations from normal as assessed by the homebirth provider

The following are situations necessitating consultation with other midwives or health care providers and possible referral and transport (*requires emergency transport):

Prenatal

- polyhydramnios/oligohydramnios
- significant vaginal bleeding
- persistent nausea and vomiting causing a weight loss of >15 lbs.
- postdates pregnancy >42 weeks
- fetal demise after 12 completed weeks of pregnancy
- significant size-dates discrepancy
- abnormal fetal non-stress test
- abnormal ultrasound findings
- acute pyelonephritis
- infections that require treatment beyond the scope of the provider
- evidence of large uterine fibroid that may obstruct delivery or other structural abnormality
- evidence of pregnancy-induced hypertension (BP >140/90 for more than 6 hours at rest) or preeclampsia
- hydatidiform mole
- gestational diabetes uncontrolled by diet
- severe anemia unresponsive to treatment (hgb<10, hct<28)
- known fetal anomalies
- noncompliance with plan of care (eg frequent missed appointments)
- documented placental abnormalities
- significant placental abruption past the first trimester or any evidence of the third trimester

- rupture of membranes before 37 weeks
- positive HIV antibody test
- documented intrauterine growth retardation
- primary genital herpes in the first trimester

Intrapartum (during labor)

- prolonged rupture of membranes more than 36 hours and not in active labor
- labor prior to completion of 36 weeks gestation with known dates
- non-vertex presentation or lie at time of delivery including breech
- maternal desire for pain medication or referral
- active initial infection of genital herpes at the onset of labor or herpes lesion in/on genital tract
- sustained maternal fever
- thick meconium stained fluid with delivery not imminent
- abnormal bleeding (hemorrhage requires emergency transfer)
- hypertension with or without additional signs/symptoms of pre-eclampsia
- prolonged failure to progress in active labor
- *persistent non-reassuring fetal heart rate
- *prolapse of the umbilical cord
- *maternal seizure
- *sustained maternal vital sign instability and/or shock
- *placenta previa

Postpartum

- significant client confusion or disorientation
- development of any of the conditions listed previously
- undelivered adhered or retained placenta with or without bleeding
- lacerations, if repair is beyond the level of expertise (3rd or 4th degree)
- development of maternal fever

- signs/symptoms of infection or sepsis
- *anaphylaxis or shock
- *significant hemorrhage unresponsive to treatment
- *sustained client vital sign instability
- *acute respiratory distress
- *uterine prolapse or inversion

Newborn, physician consultation required

- apgar score 6 or <6 at 5 minutes
- birth weight <2500 grams
- abnormal jaundice
  Newborn, referral/transport required --
- birth weight <2000 grams
- prolonged temperature instability
- clinical evidence of prematurity (<35 weeks)
- loss of >10% of birth weight/failure to thrive
- birth injury requiring medical attention
- major apparent congenital anomalies
- jaundice prior to 24 hours
- *persistent respiratory distress
- *persistent cardiac abnormalities or irregularities
- *persistent central cyanosis or pallor
- *prolonged glycemic instability
- *neonatal seizure

Definitions of Consultation and Referral:

Consultation: the process whereby the provider who maintains primary management responsibility for the woman's care seeks advice or opinion of another CPM, CNM, MD, DO, or OBGYN on clinical issues that

are patient specific. These discussions may occur in person, by electronic communication or by telephone.

Referral: The process by which the homebirth provider directs the client to another care provider for management (examination and/or treatment) of a particular problem or aspect of the client's care.