



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 quite often it ends up being an empowering, rewarding and life changing experience. Risks are involved in childbirth no matter where it occurs. These risks are different depending on the health of the birthing person and in some part on the location of the birth. Immediate and advanced medical technology is not available at home, yet 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 person is low risk and healthy, and the birth was planned to be a home birth.

There are times when a doctor or hospital is necessary and we will not hesitate to include a doctor in your care when a situation arises that we are not comfortable with. We are not medical doctors and our scope of practice involves normal pregnancy and birth, as well as a few deviations from normal. When a pregnancy or birth moves out of our range of expertise, we will consult with other midwives or physicians. We are trained to spot problems before they become an issue and will do so with careful monitoring throughout your pregnancy and birth. We are trained to manage certain complications in labor at home. If a complication arises that is beyond our scope of care we will transport to the hospital.

We believe that every pregnant person has the right to choose where and with whom they have their baby, however, our 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. We expect parents to be well informed and take responsibility for reading and educating themselves. Even with low-risk births, complications can arise. Usually there is ample time to transport to the hospital, but occasionally we must deal with the complication at home. Some of the difficulties we have dealt with are fetal distress, prolonged labor, dehydration, meconium, breech presentation, placenta abruption, placenta previa, shoulder dystocia, postpartum hemorrhage, still births, birth defects, and respiratory distress in the baby.

If a situation arises where a doctor or hospital is necessary, we generally choose to refer people to Maternal Fetal Medicine at Maine Medical Center in Portland. At this time, our practice does not have a formal back-up relationship with any obstetric provider. You may arrange your own obstetrical and pediatric back up. It is mandated that hospitals may not refuse emergency care to pregnant or laboring people. Some hospitals have nurse-midwives who take care of walk-ins, while other hospitals inform the obstetrician on call. In either case, without private physician back up, you will not know who will manage your birth ahead of time. In the event of transport to the hospital, we will make every effort to stay with you.

We do not carry malpractice insurance. It is not available to home birth midwives. 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 and Acadia are Certified Professional Midwives. CPMs are now licensed the State of Maine. Complaints of care can be directed the State of Maine Complementary Health Care Board.

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 visits in your home, Virtual visit or in our offices
- Monitor the course of your pregnancy including: blood pressure, fetal heart monitoring, fundal height measurements, urinalysis, 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 and your baby in the postpartum period
- Process the birth certificate
- Provide newborn eye-ointment, vitamin K, and the Metabolic Screen for the newborn as desired
- Consult with physicians as or if 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"

Informed Choice and Fees

Our fee covers services that are provided by our practice, and include prenatal care, the labor and birth, and postpartum home visits. Outside lab work, ultrasounds, physician and/or certified nurse midwife consultations, vitamins, newborn metabolic screening 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.

One of the basic tenants of midwifery care is the idea of informed choice. We do not feel comfortable with you making decisions without fully understanding the benefits and risks associated with those choices. We believe that one of our main duties is to provide you with enough information so you feel completely comfortable and educated concerning your pregnancy and birth. We encourage you to explore your options, research independently, and ask questions.

We have read Sacopee Valley Birthing Service's Informed Choice for Midwifery Care, and Emergency Care Plan. We confirm that we understand our options in childbirth. We are choosing to have independent certified professional midwives attend us at 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 a pregnant person, I agree to care for my child and myself by eating healthy, nutritional 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 abuse cigarettes, drugs and 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 Emergency Medical Services, by calling 911. 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 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.

Risk Screening Guidelines for planned homebirths:

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 placenta previa in 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)
- hypertention 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

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.