INFORMED CONSENT

FOR CARE BY MIDWIVES AT HOME

(REVISED 09/2010)

PURPOSE: TO PROVIDE MOTHERS AND THEIR FAMILIES WITH THE INFORMATION NECESSARY TO CLEARLY DESCRIBE THE FOLLOWING:

THE ALTERNATIVES AVAILABLE TO MIDWIFERY CARE.
THE EXTENT OF MIDWIFERY EDUCATION AND QUALIFICATIONS.
THE NORMAL COURSE OF CARE BY MIDWIVES IN OUR SETTING.
THE DANGERS ASSOCIATED WITH PREGNANCY AND BIRTH, REGARDLESS OF CARE PROVIDER.
THE DANGERS OF OUT-OF-HOSPITAL BIRTH.
THE EXTENT TO WHICH THE MOTHER AND HER FAMILY WILL NEED TO TAKE RESPONSIBILITY FOR HER CARE DURING PREGNANCY, BIRTH, THE NEWBORN AND POSTPARTUM PERIODS.

GOALS: TO OBTAIN INFORMED CONSENT AND PERMISSION FROM THE MOTHER TO CARE FOR HER WITHIN THE CONTEXT OF OUR REGULATIONS, EXPERTISE AND LIMITATIONS, SUCH THAT THE MOTHER CAN SAY, "MY QUESTIONS HAVE BEEN ANSWERED AND I WISH TO BE CARED FOR BY THE AHMAVINE MIDWIFERY WITH FULL KNOWLEDGE OF THEIR EXPERTISE AND LIMITATIONS." IT IS OUR INTENTION TO MINIMIZE ANY INTERVENTIONS THAT LEAD TO OPERATIVE VAGINAL DELIVERY, CESAREAN SECTION, OR SEPARATION OF MOTHER AND BABY.

ALTERNATIVES TO AHMAVINE MIDWIFERY CARE:

OB-GYN PHYSICIANS. THESE ARE THE MOST HIGHLY TRAINED EXPERTS IN THE FIELD OF OBSTETRICS AND GYNECOLOGY. THEY DELIVER BABIES IN HOSPITALS AND CAN BRING ALL THE POWER OF MODERN MEDICAL TECHNOLOGY TO BEAR.

FAMILY PRACTITIONERS. THESE PHYSICIANS TAKE CARE OF THE WHOLE FAMILY FROM BIRTH TO DEATH AND MANY DELIVER BABIES. THEY REFER HIGH-RISK MOTHERS TO OBS.

Certified Nurse Midwives. These midwives are advanced practice registered nurses who have specialized in midwifery. They typically work in a hospital setting and in collaboration with an OB/GYN.

Licensed Midwives, Certified Professional Midwives. These are midwives who have been licensed in thier state and have passed the nationally certified licensing exams. The exams include written and practical skills. These practitioners are limited by regulations to the care of women who have no health problems and who seem to be appropriate for a low risk home birth.

Midwifery Training:

Prerequisites: High School Diploma

Academic Requirements:

History of Midwifery
Anatomy and Physiology
Fetal Development
Genetic Screening
Applied Microbiology
Fundamentals of Math
Analytical Writing
Midwifery Literature and Art
Communication and Counseling
Cultural Issues
Human Sexuality
Basic Aseptic Techniques
Basic Observation Skills
Basic Prenatal Nutrition
Perinatal Education including Lactation
Provision of Antepartum, Intrapartum, Postpartum , Newborn Periods and Well-woman Care
Basic Pharmacology
Management of Birth
Immediate Care of the Newborn
Recognition of early signs of possible Abnormalities
Recognition and Management of Emergency Situations
Special Requirements of Home Delivery
Community Health Issues
Statistics
Ethics, Protocols, Laws Business Practice and Regulations relating to the practice of Midwifery in New Mexico

Clinical Experience:

25 complete well-woman health assessments
100 prenatal visits of at least 15 different women
40 labor observations and managements
1 IV start
25 deliveries of newborn and placenta
30 newborn examinations
15 use of prophylactic eye medications
30 postpartum visits to mother and baby within 36 hours after delivery
15 blood collections for newborn metabolic screen
15 six week postpartum and/or yearly physical exams
30family planning visits, consultations, and/or referrals
8 hours Neonatal Intensive Care Nursery observations at UNM hospital or equivalent high risk nursery experience
8 hours high risk obstetric care observation at UNM hospital special clinic or equivalent
6 meetings – provision of one complete series of prepared child-birth classes
4 meetings – observation of one complete breastfeeding series

Clinical experience is obtained under the supervision of any of the following practitioners: Licensed Midwife, Certified Nurse Midwife, Obstetric Nurse Practitioner, Family Practitioner or OB-GYN.

Course of Care Your care should begin as early as possible and will include:

History and physical exam
- Prenatal blood work, pelvic labs.
- Monthly prenatal visits to check nutritional well-being, fundal height, weight gain, blood pressure, baby's position, urine glucose and albumin, fetal heart rate, discomforts and concerns
- At 28 weeks, any necessary labs. Visits are scheduled every 2 weeks.
- At 36 weeks a special home visit to discuss the birth, our procedures, your birth plan and emergency plan. Visits are scheduled weekly thereafter until the birth.

Remember, every woman has the right to be accompanied by the persons of her choice to any visit; you have the right to a copy of any of your records, you have the right to additional medical opinions and to ask any questions and to express your needs.

Limitations:

We are unable to continue your care and must refer you to a physician for the following:

Cardiac disease (class II or greater)
Diabetes Mellitus (class II or greater)
Essential hypertension (greater than 140/90 Hg)
Hemoglobinopathies
Severe chronic anemia (HGB <10%, HCT < 30% unresponsive to treatment)
Renal disease (chronic, diagnosed, not UTI)
Thrombophlebitis or pulmonary embolism
Epilepsy currently on medication
Current severe psychiatric condition requiring medication within a 6 month period prior to pregnancy
Active tuberculosis, active syphilis, gonorrhea, hepatitis
Current drug and alcohol abuse/dependency

Current pregnancy related conditions:

Pregnancy induced hypertension (PIH, pre-eclampsia)
Premature labor (<37 weeks gestation verified EDD by dates and physical exam)
Placental abruption
Placenta previa at onset of labor
Gestational diabetes not controlled by diet
Has fetus in any presentation other than vertex at the onset of labor
Multiple gestation
Contracts primary genital herpes simplex in the first trimester

Additional consultations with a physician are obtained for the following:

Prenatal factors:
Excessive, continued vomiting
Rubella contracted in first or second trimester
Maternal anemia (HGB <10, HCT<30) unresponsive within 1 month of treatment

oligohydramnios (documented)
polyhydramnios (documented)
premature rupture of membranes >37 weeks
post term > 42 weeks by dates and physical exam
intrauterine growth retardation (documented)
rh sensitivity in current pregnancy (not resulting from recent rhogam)
active venereal disease at term
serious maternal viral/bacterial infection at term
bp> 140/90 or increase of 30mm hg systolic or 15 mm hg diastolic over baseline that is unresolved within 30 days
develops signs and symptoms of pre-eclampsia
develops signs and symptoms of gestational diabetes
has unresolved vaginitis that requires antibiotic treatment
has unresolved uti
continued vaginal bleeding before onset of labor with or without pain
signs of fetal distress or demise
gestational date and size discrepancy
persistent fever
history of preterm labor
history of uterine surgery

labor and birth risks:

evidence of fetal distress
unengaged vertex above –3 station in primipara
fever of 101 f or greater for 12 hours or longer
prolonged rupture of membranes (>24 hours with no progress of labor)
significant meconium stained fluid with delivery not imminent
severe bleeding prior to or during delivery
lack of progress in effacement, dilation, or station after 2 hours in active labor or second stage
severe headache, epigastric pain, visual disturbance
respiratory distress
persistent or recurrent fetal heart tones below 100 or above 160 or late decelerations
mother desires consult or transfer

postpartum factors:

maternal hemorrhage >1000cc (4cups)
third or fourth degree perineal laceration
maternal fever above 100.4 on any of 2 of the first 10 days
b) foul smelling lochia
signs of infection
hematoma

newborn risk factors:

<3 vessels in the umbilical cord
apgar score <7 at 5 minutes
fails to urinate or move bowels within 24 hours
weight less than 2500 g (sga)
obvious anomaly
respiratory distress
cardiac irregularities
pale cyanotic or grey color
abnormal cry
jaundice within first 24 hours
signs of prematurity, dysmaturity or postmaturity
thick particulate meconium staining at delivery
lethargic
has edema
abnormal respiratory patterns
signs of hypoglycemia
abnormal facial expression
abnormal body temperature
weight >4000 g (large for gestational age

You can see from the list of limitations and need for consults that even in healthy mothers unforeseen problems from mild to severe in nature can and do arise. Please feel free to ask us about our management of these problems.

Dangers of Out-of-Hospital Birth

There is a time lag between the time a danger sign is found, the doctor is called, and the mother or baby arrives at the hospital. There may be an additional time lag in the hospital while awaiting the physician and the operating crew. The longer a dangerous condition exists, the harder it may be to correct it without using extreme life-saving measures such as a C-section, blood transfusion, and full resuscitation techniques for baby and/or mother.

Extra Effort

Birth can require a great deal of effort. For instance, during the second stage the midwife may ask you to push with all your might, to squat, to stand, to lie on your back and draw up your knees as hard as possible, to make loud noises, to push while on your hands and knees, to push while on the toilet, to breathe oxygen, to walk; in short to exert yourself more than one could anticipate. There are other times when the midwife might ask you to pant instead of pushing, or to slow down, which can require a great deal of effort. It can be scary to witness mothers making extra effort, and families and support persons need to be prepared for this eventuality so that they can be of help to the mother. Remember, mothers have the right to be accompanied continuously by persons of their choice and to continuous one on one support from an experienced female caregiver to help her with these challenges.

Outcome

The outcome of the birth is usually a life-changing, fulfilling experience for all. Feelings about outcome have a great deal to do with preparation for all contingencies. The time to face our worst fears is beforehand. Take an active approach: 1) eat well and stay hydrated; (2) avoid poisons, drugs, smoke, etc.; (3) get exercise and take naps; (4) study about pregnancy and birth; (5) attend classes; (6) ask questions; (7) decide how you want things handled if your worst fear should come true and inform your family, the midwives, the doctor. If the midwives discover a problem, they will tell you what it is and make a recommendation as to action to be taken. You and your family will make the actual decision of what is to be done next.

Mother's Responsibility

Mothers and their families need to inform themselves about the process of pregnancy and birth to the best of their ability. We offers a free lending library of books and a few video tapes of women giving birth. We also offer childbirth classes featuring breathing, relaxation, and guest

speakers such as newly delivered mothers and, pediatricians, breastfeeding experts, parenting instruction, etc.

Mothers need to anticipate the possible difficulties of labor and birth by making arrangements with alternative health practitioners to be present or available if needed during the labor. Mothers should visit the ambulance service and hospital, pre-register, speak to the physicians and nurses who care for transferred mothers about routines for augmenting labor, providing pain relief, monitoring the baby, hydration management, C-section anesthesia, scar preference, accompaniment by support persons, newborn routines, and maternal recovery routines.

Beyond Our Level of Expertise

During the pregnancy, birth, postpartum, and newborn periods, it is possible that a condition will occur that is beyond our level of expertise (refer to the list of conditions we must consult for). In that case, the midwives will tell you that they need to consult with a physician and potentially transfer care.

Paying for Care

The midwives charge standard fees that are to be paid at the time care is given. We accept NM Medicaid and Colorado CHP and some other private insurance companies. You're responsible to cover Ahmavine Midwifery fees and then we will help you get reimbursed by your insurance companies. You will be making a payment contract with Ahmavine to cover all costs of your care. It is your responsibility to inform yourself about all our fees and to pay these. Any alternate payment arrangements must be approved in advance.

To summarize:

You will be asked to sign a form at your next visit , indicating that you have read this informed consent document and are requesting midwifery care.

We are providing you with space to write down what you would like to see happen in the event that all does not go as planned with your labor and birth. Please feel free to express your desires as far as the way you would like yourself, your baby and your family to be treated in the event of an emergency.

You can also use this space to write down questions that you have about pregnancy and birth in general or specific questions that you would like your midwife to answer for you. Feel free to refer to this at any time during your pregnancy and add new questions and concerns.

Thank you for agreeing to participate actively in your prenatal care and delivery.

I, ____, verify that the following Ahmavine Midwifery Informed Consent to Midwifery Treatment has been read. I understand each section of the informed consent, and any questions I had has been answered by the midwife.

Signature____Date_________________

Witness____Date______________