

## **Around the Circle Midwifery**

### **Client Informed Consent for Home and Birth Center Birth and Authority to Treat**

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I, the undersigned, have chosen to have a licensed midwife-attended home or birth center birth after a thorough examination of my options, and the risks and benefits therein. Furthermore, I commit myself to an informed out-of-hospital birth and agree to educate myself regarding prenatal care, the birth experience and care of the newborn through both formal and informal channels. I believe that by making this choice for an informed out-of-hospital birth, I am providing myself with a safe, responsible and memorable birth experience.

Having a midwife-attended out-of-hospital birth focuses on childbearing as a family-centered life experience and encourages the participation of family members in the care of mother and baby. It also stresses individual responsibility and an active commitment to appropriate self-care. As a midwifery client, I agree to eat a nutritious diet, to exercise, to avoid harmful substances, to attend all scheduled prenatal visits and to otherwise do my best to maintain excellent health in pregnancy.

I have engaged the midwifery staff of ***Around the Circle Midwifery (ATCM)*** to provide maternity health care for me and my baby during my pregnancy, labor, childbirth and the postpartum period. I understand that my midwife is committed to open communication and collaborative health care planning, and that she will make every effort to inform me and solicit my input and informed consent regarding options in my care, as time allows. I do grant the midwifery staff of **ATCM** the full authority to administer and perform any and all treatments, tests, diagnostic procedures, physical exams, ministrations to or upon my baby or myself, and to obtain blood or other specimens for laboratory analysis, as they deem appropriate.

I am aware that in the event of complications there is less technology and personnel available at home and in the birth center than in the hospital. I understand that medical problems may arise unpredictably and suddenly which may be a hazard of childbearing or of being born, or may be aggravated by the stress of childbearing or being born. I understand that my midwives carry emergency equipment and supplies, and are trained to recognize and treat complications until further medical help is available, but that they cannot duplicate the full range of services available at most hospital facilities. I understand that my midwives do not perform emergency surgery or instrumental deliveries, administer blood, carry a laryngoscope or perform intubation, or carry medications other than emergency drugs.

In the case of emergency, I authorize any member of the midwifery staff to take appropriate measures, and when specialized equipment or hospitalization is believed required, I agree to transport to the hospital, as the midwifery staff deems necessary for the safety of mother or baby. Need for emergency interventions or to transfer will be discussed with me and jointly decided upon whenever possible, but I give the midwives the authority to make the final judgment and agree to accept the decision of the midwives that intervention or transfer is necessary. I will not delay or obstruct such an intervention or transfer.

I understand that short labors can occur and that it may be impossible for a midwife to arrive at my home in time for my birth because of insufficient notice. In this event, I am advised to call 911, or the emergency medical services system in my area, for aid.

I have discussed with my midwives any personal risk factors and accept responsibility for the potential complications that may ensue due to their presence. I understand that if a condition arises that is outside of my midwives' scope of practice, they will consult with a physician or refer my baby or myself to an appropriate provider.

I understand that it is my obligation to select a physician to care for my baby after delivery in case abnormal conditions or situations arise in the first days of life. I understand that my midwives are trained to perform newborn exams, recognize significant disorders in the newborn and provide basic life support for the first week of life, but that they do not provide ongoing pediatric care. I understand that my midwives recommend that I bring my baby to a qualified practitioner for a routine physical exam within two weeks of birth.

I understand that my midwives will rely on the medical history and information about myself, which I provide. I affirm that such information is and will be complete, correct and accurate to the best of my knowledge. Additionally, I have been provided an opportunity to review **ATCM's** Notice of Privacy Practices. I authorize my midwives, and such parties authorized by them, to have full access to my records for treatment, data collection, quality improvement, research, payment and insurance purposes. I understand that my personal privacy will be protected from the general public at all times.

**ATCM** utilizes midwifery students in all aspects of the practice, and is committed to passing on, through supervised apprenticeship, the tradition of midwifery to new generations of women eager to serve and assist women during their childbearing experience. Midwifery students may or may not be enrolled in a formal academic training program, but are actively engaged in some form of appropriate midwifery study. I understand that students are intimately familiar with **ATCM** policies and laws pertaining to confidentiality and are bound by the highest standards. I understand that clinical decisions and actions will be the sole responsibility of the Licensed Midwife assigned to my care. I give my permission to have a student midwife participate in my care. I understand the student's level of involvement in my care will be determined through ongoing discussion between my midwives and myself.

I understand that a trained birth assistant will attend my birth to provide support to the attending midwife for normal labor and delivery, and in the event that complications arise. I understand I may not have the opportunity to meet and become familiar with the birth assistant.

I have been informed in regard to the information presented above and have been advised that I may ask for more detailed explanations of any of the information provided above. I am aware that the practices of nursing, medicine and midwifery are not exact sciences and I acknowledge that no guarantees can be made to me concerning results of the treatments, exams and procedures performed. I have been informed to my satisfaction of my midwives' educational and training background, her experience level, her protocols and practice limitations and the equipment she carries. I agree to attend mediation or arbitrations with a certified arbitrator before instigating litigation proceedings.

I accept the responsibility for my decision to deliver my child in an out-of-hospital setting. I understand and agree with all of the above statements. All of my questions have been answered to my satisfaction. I have read and understood this "Informed Consent/Authority to Treat" form provided by ***Around the Circle Midwifery..***

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

I have discussed the above information with the expectant parent(s) to their satisfaction and have given her/them a copy of this document.

Midwife's signature \_\_\_\_\_ Date \_\_\_\_\_