

Peninsula Midwives Client Agreement and Consent to Care

Philosophy of Care

Peninsula Midwives believes birth is a combination of a normal physiologic event as well as a transformational experience. Within the boundaries of safety, Peninsula Midwives (PM) desires to support each family to give birth in a satisfying and meaningful way. Midwifery is an autonomous profession that functions as interdependent with other professionals and community resources in order to refer clients and meet their medical, emotional, psychosocial, economic, cultural and individual family needs. Families deserve to be empowered through education and the opportunity to make choices. The goal is that decisions regarding your care will be made with principals of shared decision making. This document exists to inform you of our scope of care, risks associated with all childbirth as well as specific to place of birth and your rights and responsibilities involving your care. It is set as a foundation of transparency and mutual trust which PM believes is a cornerstone of midwifery care.

Background

Maya Horrocks has been on the Olympic Peninsula as a birth professional since 2009, first as a student midwife with 3 separate practices and as a Licensed Midwife since 2014. She has been a part of Peninsula Midwives since 2012 and worked alongside the founder, Kathy Luch for almost 10 years until her retirement. She is a member of the Midwives Association of Washington State (MAWS), as well as the National Association of Certified Professional Midwives (NACPM) and has attended over 250 births, including many beloved repeat clients.

Eligibility for Care

Clients are accepted for care at the discretion of Peninsula Midwives. The woman/pregnant person must be essentially healthy for acceptance to care. The following maternal/birther conditions require physician consultation and may require physician referral:

- Absent prenatal care at >29 weeks gestation
- Family history of significant genetic, hereditary or congenital disorders
- History of seizure disorder in adulthood, current seizure disorder
- History of HELLP
- History of uterine surgery, including myomectomy
- History of cesarean birth
- Significant history of or current cardiovascular, renal, hepatic, neurological or severe gastro-intestinal disorder or disease
- Significant history of or current endocrine disorder (excluding controlled hypothyroidism)
- Pulmonary disease/active tuberculosis/severe uncontrolled asthma
- Collagen vascular diseases
- Significant hematological disorders
- Current or recent diagnosis of cancer requiring chemotherapy
- History of cervical cerclage
- History of 3 consecutive spontaneous abortions (excluding clients who present to care with viable pregnancy at gestation >14wks and beyond previous miscarriage)
- Significant uterine anomalies
- Essential hypertension
- History of eclampsia
- History of postpartum hemorrhage requiring transfusion
- Current severe psychiatric illness
- Insulin-dependent diabetes mellitus
- Infectious disease, treatment of which is beyond midwife's scope
- Placental disorders (placenta previa or abruption)



- Rh negative blood with positive Rh antibody screen
- Smoking one or more packs per day
- Current substance abuse
- Refusal to consent to the terms of this agreement
- Inadequate home environment or support structure for mother/birther and infant
- Other significant deviations from normal as assessed by the midwife

Consultation and Potential Transfer

If problems develop during the pregnancy, labor, delivery, or postpartum the appropriate medical provider will be contacted for advice and/or assistance. Depending on the situation, this may result in a transfer out of midwifery care. In addition, a provider will be consulted whenever the client requests. In examining these potential complications, please understand that about 80% of all pregnancies and deliveries are essentially normal and this number goes up for people that enter into pregnancy in good health. Potential indications for consultation:

Pregnancy:

- Development of conditions in above 'Eligibility for Care'
- Significant/ Abnormal vaginal bleeding
- Suspected pre-eclampsia
- Unresolved inappropriate uterine size
- Significant or unresolved polyhydramnios or oligohydramnios
- Significant placental abnormalities
- Significant abnormal breast lump
- Abnormal test and laboratory results indicating a potential problem
- Thrombophlebitis (inflammation of a vein due to a blood clot)
- Anemia unresponsive to treatment
- Multiple Gestation
- Prematurity (labor prior to 37 weeks) or postmaturity (no labor by 42 weeks)
- Presentation other than cephalic at 37 weeks
- Persistent abnormal fetal heart rate or rhythm; non-reassuring fetal surveillance
- Known fetal conditions potentially impacted by site of birth
- Fetal demise after 14 weeks completed gestation
- Infection: primary herpes; active genital herpes at term; reportable sexually transmitted infection; significant infection beyond the midwife's scope of practice to treat
- Missing an appointment three times without notification
- Parent (s)/home ill -prepared for out-of-hospital birth

Labor and Delivery:

- The development of previously listed conditions
- Maternal Fever or other signs of infection
- Significant allergic response
- Leaking amniotic fluid greater than 18 hours with unknown or group B strep positive without treatment
- Leaking amniotic fluid greater than 72 hours without active labor
- Persistent or severe non-reassuring fetal heart rate
- Unusual or abnormal fetal presentation or lie
- Prolapse of the umbilical cord
- Significant abnormal labor pattern in active labor including second stage
- Thick meconium-stained amniotic fluid
- Maternal seizure or shock
- Abnormal bleeding
- Suspected placental abruption or uterine rupture



- Client's desire for pain medication or consultation/referral

After Delivery:

Mother/Birther:

- The development of any previously listed conditions
- Significant unresponsive hemorrhage
- Retained placenta (>1hr) with/without bleeding despite efforts to resolve
- Sustained vital sign instability
- Uterine prolapse
- Severe laceration, repair beyond scope of attending midwife
- Seizure
- Postpartum psychosis

Baby:

It is recommended that parents choose with a pediatric provider before the baby is born. It is strongly recommended that all parents establish care with a pediatric provider by 2-3 weeks of age. The following conditions may warrant contact sooner.

- Apgar less than 6 at 10 minutes
- Neonatal resuscitative measures that included chest compressions
- Major congenital anomalies affecting well-being
- Birth weight less than 2500 grams (5#8), or failure to thrive
- Persistent heart irregularities, central cyanosis or pallor
- Persistent temperature instability
- Persistent respiratory difficulties
- Any signs or symptoms of infection
- Persistent hypoglycemia
- Significant bruising, petechiae or birth injury requiring medical attention
- Seizure
- Significant clinical evidence of prematurity or postmaturity
- Significant jaundice measured by TcB or sB or any jaundice presenting prior to 24 hours of age
- Loss of greater than 10% of birth weight by two weeks of age

I understand the above conditions that could risk me out of my plan for midwifery care and out of hospital birth. I have had my questions answered regarding these conditions and understand these decisions will be made in conjunction with me if the urgency/emergency of the matter allows:

Signature: _____ **Date:** _____

Services Provided

After you are accepted for care, a complete history, lab work and physical exam (as needed) will be conducted. If all proceeds normally, you will typically be seen monthly for the first seven months, then every two weeks until a month before your due date, then weekly until you deliver. Some of these visits may be offered as Televisits as appropriate based on your gestation. You will be attended during active labor, delivery, and immediate postpartum by Peninsula Midwives (or another licensed midwife in unforeseen circumstances) as well as a trained birth assistant. If more than one client is in labor at a time, a person qualified to perform assessments will be available. Three home visits are offered, one prenatal and two postnatal. There are typically a total of 5 postnatal visits with the final visit between 6 and 8 weeks after the birth. Labs can be performed in house or ordered from a local lab. Requests can be made to local radiology facilities for ultrasounds as indicated or desired.

INFORMED CONSENT

Risk acknowledgement

While the course of childbearing is a normal human function, it has been explained to me and I understand that despite ongoing risk assessment, 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 of being born. I understand that it is PM's responsibility and legal obligation to inform you of these risks. The outcomes of these conditions *can be impacted* by delay to higher level care based on place of birth. These issues include but are not limited to: developing high blood pressure, preeclampsia, diabetes, infection, excessive blood loss, uterine surgery, vaginal or perineal lacerations. Rarer problems include coma, allergic reaction, amniotic fluid embolism, uterine rupture, seizure, cardiac arrest. Problems with the baby include but are not limited to: congenital anomalies, premature or postmature birth, abnormal presentation or lie, umbilical cord problems, hyperbilirubinemia, placental disorders, meconium aspiration or respiratory complications. Rarer problems include but are not limited to: birth injuries, stillbirth, amnionitis and allergic reactions. In addition, although it rarely occurs, brain damage, paralysis, and death are potential complications of pregnancy and childbirth for both mother/birther and baby. A midwife is trained to recognize these conditions and treat them until emergency medical services or physician care is established. The midwife does not perform emergency surgery or vacuum/forceps delivery.

I _____ have been informed of all the foregoing and am advised that I may receive more explanations at my request. I am aware that the practice of medicine and midwifery are not exact sciences and birth can be unpredictable. I acknowledge that no guarantees can be made regarding results treatments, exams, and procedures to be performed.

Signature: _____ Date: _____

Client History

In view of all of the above, I understand that the midwife relies on medical history and information I provide. I affirm such information is and will be complete, correct, and accurate, to the best of my knowledge. In addition, I understand that development of any of the following during my pregnancy could be life threatening for me and/or my baby.

I agree to inform the midwife by phone in a timely fashion if I detect the following during my pregnancy:

- Bleeding from the vagina
- Severe or continued nausea or vomiting
- Continued severe headache
- Unusual or sudden swelling or puffiness
- Blurring of vision or spots before the eyes
- A marked decrease in the amount of urine passed
- Pain or burning on urination
- Chills and/ or fever
- Sharp or continuous abdominal pain
- Sudden gush of water or leaking of fluid from the vagina
- Sudden or unusual decrease in the movement of the baby
- Anytime there is concern for my health or that of my baby's

I understand that technology can fail and I agree to call 911 or go to the nearest emergency room if attempts to reach the midwife in a timely manner have been unsuccessful.

Signature: _____

Selecting a Care Provider for my Baby

I understand that it is my obligation to select a physician to care for my baby. I understand the midwife is trained to perform newborn exams, recognize deviations from normal and provide basic life support. Ongoing care for the baby beyond the postpartum period is beyond the scope of the midwife. I understand that Peninsula Midwives can provide well baby care up until 2 weeks of age. It is then my responsibility to set up ongoing Pediatric care with the provider of my choice. _____ (initial)

Physical Examination

I engage and authorize Peninsula Midwives and/or associates to perform physical examinations of my person to confirm general health and pregnancy status, obtain specimens, and assess the condition of my fetus via vaginal examination, palpation of my uterus, and listening to fetal heart tones with both a fetoscope and an ultrasonic device. I understand that even when these procedures are properly done, there may be risks involved. *I understand that consent will be gathered and explanations will be given prior to any physical examination.* _____ (initial)

Consent to Treat

I engage and authorize Peninsula Midwives and/or associates to treat, administer or provide as necessary or available to my baby or me those procedures related to childbearing. _____ (initial)

Assistants and Associates

I understand that people other than Peninsula Midwives may be involved in my care. These may include, but are not limited to: other midwives, birth assistants, consulting physicians, laboratory technicians, ultrasound technicians, or nurses. I understand that I have the right to consent or refuse care by any of the providers with which Peninsula Midwives engages. I understand these providers are not covered under Peninsula Midwives medical liability and may or may not carry their own. _____ (initial)

Right to Withdraw from Care

I understand that if at any time the midwife and I do not come to an agreement regarding appropriate management of my care, the midwife may terminate this contract with me after giving me written notice and referrals to alternate care providers. Furthermore, I understand that I may voluntarily withdraw from my care from Peninsula Midwives at any time. _____ (initial)

Students

I understand that Peninsula Midwives is committed to the future the midwifery model of care and community birth and thus occasionally has students of midwifery, nursing or medicine for training under supervision. I understand that I have a voice in how involved these students are in my care. My choice as to student involvement in my care is as follows and I understand this decision can change, but that I need to communicate this with my midwife **(please initial one)**:

_____ I have no reservations regarding student involvement in my care and give my full consent.

_____ I reserve the right to decide about student involvement as each situation arises. I desire consultation as each situation arises and know that I have the right to speak up regarding my comfort level.

_____ I only consent for students to *observe* my care.

_____ I prefer that students not be involved in my care.

Peninsula Midwives understands that childbearing is a personal and community event involving physical, psychological, emotional and spiritual factors. With all of the above in mind, we strive to facilitate the normalcy of childbearing by utilizing a holistic approach and recognizing that each pregnancy and birth is unique.

Client Agreement

I have read all of the parts of this agreement. I have had full opportunity to ask questions and have had any questions answered to my satisfaction. I understand and accept the services and limitations of Peninsula Midwives. I have reviewed this document with my partner as appropriate. My/our outstanding concerns are:

My current age is _____ and I am approximately _____ weeks pregnant

Client Name

Client Signature

Date

Midwife Signature

Date