

CONSENT FOR MIDWIFERY CARE

ELIGIBILITY FOR MIDWIFERY CARE

Clients are accepted at the midwife's discretion. All women accepted for care must be essentially normal and healthy. Clients with evidence of the following are not accepted without physician review and agreement:

- Severe anemia unresponsive to treatment
- Bleeding disorders
- Previous uterine incision (except for low transverse cesarean section)
- Presence of cancer
- History of incompetent cervix
- Insulin dependent diabetes
- Significant gastrointestinal disease
- Heart disease
- Active hepatitis
- Severe psychiatric disorder
- Kidney disease
- Rh negative blood with Rh sensitization
- Seizure disorder

SCREENING OF CLIENTS

Indications for physician consultation or referral include but not limited to:

- The development of any of the conditions listed previously
- Abnormal vaginal bleeding
- Disorders of the placenta, such as previa or abruptio
- Suspected IUGR
- Multiple gestation (twins)
- Postdates (absence of labor by 42 weeks)
- Prolonged rupture of membranes >24 hours in the absence of active labor
- Hypertension

Indications for physician consultation or referral during labor include but are not limited to:

- The development of any of the conditions listed previously
- Nonreassuring fetal status
- Unusual or abnormal fetal presentation or lie
- Active herpes at the onset of labor
- Prematurity (onset of labor prior to 36 weeks)
- Prolapse of the umbilical cord
- Prolonged active labor (after 4 cm no change for 3 hours in adequate active labor)
- Prolonged second stage of labor (2 hours w/o an epidural or 3 hours w/ an epidural)
- Hemorrhage that does not respond to routine measures
- Complex lacerations
- Retained placenta
- Seizures
- Chorioamnionitis

COMPLICATIONS OF BIRTH

While reading these potential complications, it should be kept in mind that most pregnancies and births are essentially normal. While the course of childbearing is a normal human function, it is important to understand that in any particular case 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.

There are possibilities of the mother developing high blood pressure, diabetes, kidney disease, infection and sustaining excessive blood loss and/or damage to the reproductive tract. In addition, some other medical problems which could affect the mother but, which rarely occur include coma, allergic reaction, amniotic fluid embolism, uterine rupture, cardiac arrest, and anaphylactic shock.

Problems with the baby that may complicate pregnancy include: birth defects, premature or postmature birth, failure to grow normally, disorders of the placenta, excessive or insufficient amniotic fluid, blood incompatibility, abnormal presentation or lie, infections, prolapse or other problems related to the umbilical cord, precipitous labor and/or birth, and respiratory distress.

In addition, although it rarely occurs, paralysis, brain damage, and death are potential complications of pregnancy and childbirth for both mother and baby. Certified Nurse Midwives are trained to recognize these conditions and initiate care until a physician can assume care. I do NOT perform cesarean, forceps, or vacuum extraction deliveries. Be aware that the practice of medicine, nursing, and midwifery are not exact sciences and there are no guarantees concerning results of treatment, exams, and procedures.

CLIENT CONSENT

1. CLIENT HISTORY. In view of all of the above, I understand that in the selection and treatment of women, the midwife will rely on information which I provide. I affirm that such information is and will be complete and accurate, to the best of my knowledge.
2. CONSULTATION AND REFERRAL TO AN OBSTETRICIAN. I understand that the midwife may, according to her policies and guidelines, consult with an obstetrician about my progress and my care. I agree to see the obstetrician on the recommendation of the midwife. If the midwife recommends that part or all of my care be transferred to the physician, I will agree to such a referral.
3. RIGHT TO WITHDRAW FROM CARE. If at any time we do not come to an agreement regarding management for my care, the midwife may terminate care with written notice and referral to alternate care providers. Furthermore, I may transfer from her care at any time.
4. PAYMENT. I understand that payment is my responsibility even if my insurance company fails to pay. I agree to pay the portion of my bill not covered by my insurance.

I have read this document, had full opportunity to ask questions regarding this agreement and have had my questions answered to my satisfaction. I understand and agree to its conditions.

Signature

Date