Lake Superior Midwifery
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Informed Consent for Home Birth

Parents have the right and responsibility to be fully informed regarding prospective health care choices. This document is intended to provide you with information to assist in your birth planning. These decisions are not to be taken lightly. In the state of Minnesota, your choices for birth care providers include obstetricians, family practice doctors, certified nurse-midwives (CNM), certified professional midwives (CPM), and licensed or unlicensed (lay) midwives. Each of these providers has a different and specific orientation towards birth, different training, and different capabilities to handle emergent complications. You are encouraged to educate yourself, ask questions and evaluate all of your options before making a decision.

Philosophy of Care

At Lake Superior Midwifery, we know that pregnancy and birth have the potential to have a profound and empowering effect on women and their families. We believe that childbirth is a normal life process and is safe at home for healthy and low risk women. We value preventative care and believe that regular prenatal care is an important responsibility of both the client and the midwives. The midwife's job is to empower and assist the birthing family along this journey through education, monitoring normal progress, and through the provision of supportive comfort measures. Cases involving complications or deviates from normal states of health will be referred to persons trained to manage obstetric complications at a higher level.

We believe that childbirth is a family centered event, and that the midwife's role is to enhance the family's power of unity. We strive to give families' the birth experience they desire, except in the event of safety concerns or other emergent situations requiring deviation from prior plans.

We also believe that couples must maintain full responsibility for their own healthcare and for the outcome of the birth. This requires reviews of all options, superior nutrition and complete honesty with your health care providers. You, the parent(s), must assume the responsibility of maintaining your own excellent health regardless of your chosen location of birth. Home birthing families assume the extra responsibility of birthing away from high-level medical equipment and services. By choosing a home birth you are demonstrating that you understand this responsibility.

Education of the Midwives

Lake Superior Midwifery has been established as a private practice, owned and operated by Katie Sandell, CNM. Katie is an RN with a bachelor's degree from a four year nursing program and has 12 years of nursing experience with laboring and birthing women and their newborns. Katie has her master's degree in midwifery and has a background practicing as a CNM in clinic, hospital and home settings since 1996.

Rachel Voigt joined LSM in 2016 after graduating with a certificate in midwifery from Birthwise Midwifery School. She is a Certified Professional Midwife through the North American Registry of Midwives and has been attending births since 2013.

Katie and Rachel attend births both together and apart through Lake Superior Midwifery. Each LSM birth is attended by at least one qualified midwife and a trained birth assistant. All members of LSM birth teams are trained and certified in neonatal and adult resuscitation. LSM is happy to be a two-midwife practice so that both of the midwives can maintain a work-life balance and be well-rested to provide the best possible care to their clients.

Responsibility of the Midwives

As a CNM & CPM practice, Katie & Rachel are licensed & certified to:

- Provide teaching about nutrition, wellness, childbirth & health care
- Monitor for abnormalities, order lab work and ultrasounds
- Diagnose & treat minor illnesses
- Provide prescriptions for herbs, vitamins, medicine & birth control
- Provide prenatal, birth, postpartum, newborn and breastfeeding care/support
- Perform CPR & neonatal resuscitation as needed
- Administer emergency care and medications until a physician or hospital help is obtained (including but not limited to IV administration, medications to control hemorrhage)
- Refer clients to physicians for complications as they arise
- Perform gynecological exams, pap smears and women's primary care

Services that are not provided include:

- Circumcision
- Abortion
- Cesarean surgery
- Electronic fetal monitoring
- Blood products
- Newborn immunization

As your midwives, Katie Sandell and Rachel Voigt agree to:

- Provide objective, research-based teaching about nutrition, wellness, childbirth and health care options
- Monitor for abnormalities by drawing initial baseline lab work, vital signs, fetal heart tones, maternal weight, maternal urine tests for protein & glucose, fetal position checks via Leopold's maneuver (abdominal palpation), vaginal exams as needed, and newborn exams.
- Keep complete records of your care
- Provide support & comfort techniques in labor and throughout pregnancy as needed
- Provide the following equipment at your birth: fetoscope & doppler, oxygen & set up equipment, suction, medications to control hemorrhage, herbs, IV supplies, IV antibiotics, sterile instruments, suture kits, newborn medications and resuscitation equipment
- Perform emergency CPR or neonatal resuscitation as needed
- Maintain HIPPA compliant confidentiality
- Notify you of any abnormal findings
- Notify you of a need to end or transfer your care
- Stay with you throughout a transfer or transport of care during labor if you desire

Screening & Transfer of Care

Natural pregnancy and birth, for healthy women, occurs without complication the majority of the time. However, for approximately 17% of first time mothers and 11% of repeat birthers, conditions occur that are outside the scope of midwifery practice for a safe home birth. The attached appendixes detail which situations would require transfer of care, consultation or referral to sources of care outside of LSM. In the instance of transfer of care during labor, birth & immediate postpartum your midwife will remain with you until care is officially transferred and a care plan is established. Your midwife will no longer be your care provider but will strive to be a source of information and emotional support.

Philosophy & Responsibility of Parent(s)

We/I, the parent(s), have chosen to plan for a home birth and to establish our prenatal care with Lake Superior Midwifery. We have discussed the health care options between ourselves, with other care providers, and other people we deemed appropriate. We have had our questions answered to a point at which we were satisfied. We have not chosen to establish care with LSM under any sort of duress and we know we have options for other providers. We have read this consent document and understand its content. We have had time to ask questions, research and consider all of the information presented to us.

We/I understand and agree to the following:

- The midwives of LSM are a certified nurse-midwife (Katie) and a certified professional midwife (Rachel). They are not doctors.
- We agree to accept and abide by the practice guidelines.
- We give LSM permission to provide our medical records to necessary providers, insurance companies and other medical professionals in compliance with HIPAA confidentiality laws.
- We realize and understand that it is impossible at home to provide the same products and technology as a hospital. We understand there will be fewer attendants, monitoring devices, medications, blood products and no surgical facilities immediately available at our home birth.
- We understand that in the event of an emergent event there are fewer resources at home and the time it takes to obtain these resources could have an effect on our health and the health of our baby.
- We believe that birth is a generally safe process for healthy women. We have, however, discussed some of the potential problems which can arise in childbirth, including but not limited to: birth of genetic defects, bleeding excess, breathing problems, infection, malpresentation, meconium, placenta problems, cord prolapse, seizure, shoulder dystocia, stillbirth and toxemia. <u>We accept responsibility for the outcome of the birth and will not hold Katie Sandell, CNM, Rachel Voigt, CPM Lake Superior Midwifery and any birth team members responsible for imperfect results. We understand that Katie Sandell and Rachel Voigt do not carry malpractice insurance.</u>
- If we, or our midwives, feel that complications are developing at any time during the pregnancy, birth or postpartum, we agree to transfer to a physician or hospital for advanced medical care.
- We understand that we may decide against a home birth at any time, regardless of our health status.
- We agree to accept financial responsibility for any and all debts to Lake Superior Midwifery, doctors and other health care providers, clinics, laboratories and hospitals for care delivered to us. We understand that failure to comply with our financial agreement constitutes an unsafe level of responsibility for home birth, thus our care will be transferred to a hospital provider.

We/I, the parent(s), have read and understand the above information. We understand and accept the risks and responsibilities of home birth.

Client: _____ Date:_____

Partner: _____ Date:_____

Midwife: _____ Date:_____

Midwife: _____ Date:_____

Appendix A:

Contraindications for Homebirth based on Health History

1. Regular alcohol use or drug use / abuse / dependency
2. Cardiac disease
3. Diabetes Mellitus
4. Renal disease
5. Liver disease
6. Lung disease caused by emphysema, cystic fibrosis, scoliosis, active TB, or severe pathological asthma
7. Unresolved seizure disorder
8. Systemic Lupus
9. Sickle Cell disease
10. Active Hepatitis
11. Marked skeletal abnormalities that would interfere with the birthing process
12. Congenital defects of the reproductive organs that would interfere with the birthing process
13. Essential Hypertension
14. Bleeding disorders
15. Thromboembolism or thrombophlebitis
16. Mother has PKU disease
17. Rh negative disease as indicated by positive titers
18. History of low birth weight infants (of less than 5 lb.), stillbirths or neonatal deaths which are related to intrinsic maternal health problem
19. Unwillingness to accept midwife's limitations, prohibitions, and responsibilities for safe practice
20. Any other condition which may preclude the possibility of a normal birth, at the midwife's discretion
21. Any other major medical problem or congenital abnormality that affects childbearing

Appendix B:

Contraindications for Homebirth Based on Conditions Identified During Prenatal Care

1. Failure to document adequate prenatal care:
    a. Prenatal lab work: Rh antibody screening, Rubella titer, VDRL, Blood Group and Type, Hemoglobin, Hepatitis, GBS screening (or signed waiver)
    b. Must have initiated prenatal care by 28th week gestation.
2. Rubella during the first trimester
3. Primary outbreak of genital herpes
4. Persistent pregnancy induced hypertension
5. Pre-eclampsia
6. Convulsions
7. Central Placenta Previa
8. Placental abruption or signs indicative of placental abruption
9. Placenta located over previous uterine scar
10. Suspected or diagnosed congenital fetal anomaly that may require immediate medical care after birth
11. Hemoglobin less than 9 at 36 weeks
12. Premature labor: 36 weeks or less
13. Serious viral/bacterial infection at term
14. SGA
15. Suspected IUGR
16. Unresolved fearfulness regarding home birth or midwife care, or otherwise desires transfer of care
17. Any other condition or situation which may preclude the possibility of a healthy birth, at the midwife's discretion

Appendix C:
Situations & Conditions Requiring Documented Medical Consultations

1. Vaginal or urinary tract infection unresolved
2. Suspected inappropriate gestational size for more than 2 consecutive prenatals
3. Suspected IUGR
4. Suspected multiple gestation
5. Unresolved anemia (HGB 10 or less)
6. Observed maternal cardiac irregularities
7. Kidney infection, shown as fever and shaking, chills, low back pain, hematuria, loss of appetite, nausea and vomiting, cystitis, urinary frequency, and dysuria due to cystitis, and supra pubic pain
8. Elevated blood glucose levels unresponsive to dietary and exercise management
9. Abnormal vaginal bleeding before onset of labor
10. Maternal leg pain, persistent and unresolved
11. FHT's not heard by 24 weeks gestation or at any later point in the pregnancy
12. Abnormal fetal heart tones detected prenatally
13. Marked decrease or cessation of fetal movement
14. Suspected malpresentation or abnormal presentation at 36 weeks gestation or later
15. Suspected or known postdates pregnancy beyond 42 weeks gestation with biophysical score of 6 or less
16. Active pushing longer than 4 hours on first time mother with no descent or 3 hours on subsequent births with no descent
17. Indications that the baby has died in utero
18. Indications of infection in the immediate postpartum
19. Medical significant newborn anomaly
20. Newborn temperature of 100.8 or greater for 2 consecutive readings in 1 hour
21. Newborn cardiac irregularity
22. Signs of prematurity, dysmaturity, or postmaturity
23. Birth weight of less than 5 lbs.
24. 2 vessel cord
25. Jaundice within the first 24 hours
26. Failure to pass meconium or urine within the first 24 hours
27. Signs of umbilical infection
28. Unresolved bleeding in excess of normal lochia flow
29. Subinvolution
30. Failure of laceration / episiotomy site to heal properly with signs of infection or breakdown
31. Signs of serious postpartum depression or psychosis
32. Tremors, hyperactivity or seizures
33. The pregnant woman or midwife wishes such care or consultation

Appendix D:
Situations/Conditions in which Consultation with Another Midwife is Suggested

1. Recurrent / chronic situation, condition, or disease requiring regular intake of medication(s)
2. History of genetic problems
3. Previous stillbirth or neonatal death
4. Repeated elective abortions (more than two)
5. History of hypertension of pregnancy (pre - eclampsia, eclampsia, or toxemia)
6. Two or more consecutive premature labors or history of low birth weight babies (less than 5 lbs.)
7. History of post date pregnancy
8. Previous post - mature sick infant because of gestational age of more than 42 weeks
9. History of long difficult labor(s) (more than 24 hours of active labor with the first baby and ten hours active labor with the next baby)
10. Previous traumatic birth history
11. History of obstetrical complication (e.g. prematurity, uterine abnormalities, placental abruption, hemorrhage, second trimester miscarriage, uterine infection)
12. History of difficulty controlling hemorrhage with previous births, miscarriages and/or abortions, or severe postpartum hemorrhage requiring transfusion
13.. History of cesarean birth
14. Family has not initiated care with attending midwife by 36th week.
15. Multiple gestation
16. HGB of less than 11 at 36 weeks gestation
17. Breech presentation at term
18. Possible dehydration due to diminished or absent fluid intake and/or frequent vomiting and/or diarrhea and/or ketonuria for more than 4 hours
19. The pregnant woman and/or midwife wish for such a consultation

Appendix E:
Situations Requiring Hospital Transport

1. Cardiac arrest
2. Chest pain or cardiac irregularities
3. Signs of postpartum pre - eclampsia, or eclampsia
4. Eclampsia / maternal convulsions
5. Maternal respiratory distress
6. Unresolved signs of fetal distress
7. Cord prolapse
8. Transverse lie (in labor)
9. Heavy meconium staining and deviations in FHT's (if the expected time of birth is greater / longer than the projected transport time)
10. Foul smelling amniotic fluid
11. Infection: maternal temp. above 100.8, shaking, chills, elevated pulse
12. Excessive antepartum and intrapartum painless vaginal bleeding
13. Placental abruption
14. Suspended placenta accreta
15. Hemorrhage not responsive to treatment
16. Unresolved maternal shock
17. Apnea
18. Persistent uterine atony
19. Uterine inversion
20. Laceration requiring medical attention
21. Suspected meconium aspiration
22. Apgar score of 6 or less at 5 minutes and not improving
23. Unresolved respiratory distress of newborn
24. Abnormal color in newborn: persistent central cyanosis
25. Unresolved abnormal cry in newborn: weak, or high pitched
26. Obvious or suspected birth injury
27. Newborn cannot maintain body temperature
28. Projectile vomiting
29. Inability of newborn to feed well due to lethargy
30. Newborn temperature of 100.8 two consecutive readings ten minutes apart
31. Birthing woman desires transport for herself and / or her newborn

Every effort must be made to transport in good condition. The midwife will accompany the mother and / or baby to the hospital if hospitalization is necessary. If possible, the midwife may remain with the mother and / or baby to ascertain outcome and provide continuity of care. A transport form should accompany the mother and / or baby to the hospital.