

INFORMED CONSENT FOR MIDWIFERY CARE

I, _____, hereby authorize Brandy Ross, and Moonrise Health and Birth to treat, administer, and provide as necessary prenatal, intrapartum, postpartum and newborn care to myself and my baby.

I understand that Brandy Ross has been trained in the disciplines of Naturopathic Medicine and midwifery and graduated from an accredited institution. I understand that she is trained in normal pregnancy and birth and will consult and/or refer with a licensed physician when appropriate.

Brandy Ross, Licensed Midwife, is a graduate of Bastyr University. She received her doctorate in Naturopathic Medicine with a certificate in Midwifery in 2004. She maintains a Naturopathic Physician license (NT 1397) and Midwifery license (MW299) in the State of Washington.

INDICATIONS FOR PHYSICIAN CONSULTATION AND/OR REFERRAL

I understand that if I develop any of the following conditions which fall outside the range of normal, Brandy Ross will consult and/or refer to a licensed physician:

I. Pre-existing conditions

1. Current or any history of significant cardiovascular disease
2. Pre-existing hypertension
3. Pulmonary disease/active tuberculosis/asthma if severe or uncontrolled by medication
4. Current or significant history of renal disease
5. Current or significant history of hepatic disorders
6. Current or significant history of endocrine disorders except controlled mild thyroid disorders
7. Significant hematological disorders
8. Collagen-vascular diseases
9. Current or significant history of neurological disorders
10. Current or significant history of cancer
11. Current alcoholism or abuse, current drug addiction or abuse (excluding tobacco use)
12. Current severe psychiatric illness
13. Isoimmunization with an antibody known to cause hemolytic disease of the newborn
14. Two or more prior uterine incisions, classical uterine incision, or uterine incision less than 18 months prior to anticipated birth; history of myomectomy
15. Other significant deviations from normal as assessed by the midwife

II. Antepartum conditions

1. Labor before the completion of 36 weeks gestation
2. Premature pre-labor rupture of membranes (PPROM)
3. Presentation other than cephalic at term
4. Multiple gestation
5. Significant vaginal bleeding
6. Gestational diabetes mellitus
7. Severe anemia unresponsive to treatment
8. Evidence of hypertension or pre-eclampsia
9. Ectopic pregnancy
10. Molar pregnancy
11. Significant size/dates discrepancies
12. Polyhydramnios or oligohydramnios
13. Documented or suspected intrauterine growth restriction
14. Thrombophlebitis
15. Known fetal anomaly or condition affected by site of birth, with an infant compatible with life
16. Fetal demise after 12 completed weeks gestation
17. Non-reassuring fetal heart rate

18. Significant abnormal ultrasound finding
19. Documented placental abnormalities or placenta previa
20. Postdates pregnancy > 42 completed weeks
21. Positive HIV antibody test
22. Primary herpes past the first trimester
23. Significant infections, the treatment of which is beyond the midwife's scope of practice
24. Parent(s) ill-prepared for out-of-hospital birth at 37 weeks
25. Inability of client and midwife to come to an agreement regarding plan of care
26. Development of any of the conditions listed previously
27. Other significant deviations from normal as assessed by the midwife

III. Intrapartum conditions

1. Non-cephalic fetal presentation
2. Sustained maternal fever (greater or equal to 100.4 F or 38 C) or evidence of maternal infection
3. Hypertension, with or without additional signs or symptoms of pre-eclampsia
4. Moderate or thick meconium-stained amniotic fluid with delivery not imminent
5. Persistent non-reassuring fetal heart rate pattern
6. Maternal exhaustion unresponsive to rest and hydration
7. Abnormal bleeding
8. Maternal seizure
9. Rupture of membranes > 72 hours
10. Rupture of membranes > 18 hours with GBS + status and no prophylactic antibiotics
11. Prolapsed cord or cord presentation
12. Significant allergic response
13. Active genital herpes in labor or after ROM
14. Adhered placenta or retained with or without bleeding
15. Client's clear desire for pain medication, consultation, or referral
16. Other significant deviations from normal as assessed by the midwife

IV. Postpartum conditions

1. Seizure
2. Anaphylaxis
3. Significant hemorrhage not responsive to treatment
4. Sustained maternal vital sign instability or shock
5. Significant uterine prolapse or inversion
6. Significant uterine subinvolution
7. Signs of uterine infection or maternal sepsis
8. Lacerations, repair of which is beyond the midwife's level of expertise
9. Development of any of the conditions listed previously
10. Other significant deviations from normal as assessed by the midwife

V. Neonatal conditions

1. Seizure
2. Abnormal tone, posture or behavior
3. Persistent respiratory distress
4. Persistent cardiac irregularities
5. Persistent central cyanosis or pallor
6. Persistent temperature instability
7. Persistent hypoglycemia
8. Apgar score less than 7 at five minutes of age and not improving
9. Pattern of progressive worsening of symptoms
10. Birth weight < 2500 grams (5.5 pounds)
11. Significant clinical evidence of prematurity
12. Significant jaundice or jaundice in the first 24 hours after birth
13. Loss of greater than 10% of birth weight and/or failure to thrive

14. Major apparent congenital anomalies
15. Birth injury requiring medical attention
16. Other significant deviations from normal as assessed by the midwife

SCOPE OF CARE AND SERVICES PROVIDED

As a client of Moonrise Health and Birth you will receive the following care at the minimum:

- An initial visit to get acquainted and establish care
- A complete physical exam including obtaining laboratory specimens and full medical history
- Prenatal visits once a month for the first seven months, twice a month during the eighth month and weekly thereafter until delivery
- Attendance at your labor and birth by a qualified midwife
- Postpartum visits on day one and/or day three, and one week
- A three-week postpartum visit to assess baby's growth and mother's well-being
- A six-week postpartum visit for the mother
- Newborn screening test available at 24-48 hours and again at one week
- 24-hour availability via pager

At your birth will be all of the equipment and supplies necessary for a safe birth. This includes medication to control hemorrhage, oxygen for baby and mother, suture supplies in case of tears or episiotomy, and electronic Doppler for monitoring the fetal heart rate during labor. For the newborn, Vitamin K and antibiotic eye ointment will be available.

Every provider at Moonrise Health and Birth is certified in Neonatal Resuscitation and has current adult CPR certification.

Alternatives to midwifery care are to birth in a hospital or hospital-affiliated birth center with a Certified Nurse Midwife or an Obstetrician.

The midwife performs a general newborn physical examination on the baby at delivery. This exam is not a substitute for an exam performed by a physician that should be done in the first week of life. The midwife is not the infant's caregiver after s/he is born and that s/he becomes a patient of a pediatrician or other chosen care provider. I agree to take responsibility for making sure my baby is seen by my private physician sometime in the first week after birth or sooner if the midwife advises or if the doctor's policy is to see the baby immediately.

RESPONSIBILITY OF CLIENT

I understand that in the selection and treatment of women, the midwife will rely on my 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. In addition, I understand that development of any of the following conditions could be life-threatening for myself and/or my baby. I agree to call immediately if any of the following occur:

- Bleeding from the vagina
- Appearance of unusual genital rash or sores
- Severe or continuous vomiting
- Unusual or sudden swelling or puffiness
- Blurring of vision or spots before the eyes
- A marked decrease in urine output
- Pain or burning with 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 movement of the baby

TERMINATION OF CARE

The client or the midwife may terminate the client/midwife relationship at any time and for any reason. Records will be sent upon written request to another provider or given to the client. If at any time symptoms

arise which indicate that pregnancy is deviating from normal, or your choices compromise a safe out of hospital birth, Brandy Ross, L.M. reserves the right to terminate the contract. She will assist you in finding a new caregiver. If an unresolvable grievance arises between a client and the midwife, the client may contact the Midwifery Association of Washington State and ask for assistance. It is the intent of the practice to assist clients in every way possible to have a safe and satisfying birth experience, to the extent of the midwife's expertise and within her scope of practice.

INFORMED CONSENT

We (*parent 1*) _____ and (*parent 2*) _____ realize that there are risks associated with birth, including the risk of death or disability of either mother or child. We understand that a situation may arise, which requires emergency medical care and that it may not be possible to transport the mother and/or baby to the hospital in time to benefit from such care. We fully accept the outcome and consequences of our decision to have a licensed traditional midwife attend us during pregnancy and at our birth. We realize that our licensed traditional midwife is not licensed to practice medicine. We are not seeking a licensed physician or certified nurse midwife as the primary caregiver for this pregnancy, and we understand that our licensed traditional midwife shall inform us of any observed signs or symptoms of disease, which may require evaluation, care, or treatment by a medical practitioner. We agree that we are totally responsible for obtaining qualified medical assistance for the care of any disease or pathological condition.

ACKNOWLEDGMENT

I acknowledge that I have read all sections above and that I understand and agree with their contents.

Signature of Parent 1 _____ Date _____

Signature of Parent 2 _____ Date _____