

**Midwifery Traditions and Associates, P.C.
Kathy Hindle, CNM
PO Box 125
Bedminster PA 18910
215-249-9646**

HOME BIRTH INFORMED CONSENT

All birthplaces carry some risks to mother and baby. Certain hazards exist whether birth occurs in or out of a hospital setting. Current medical literature has not determined that any one setting is preferable for all births.

We have chosen to have a home birth, based on what we believe to be a through examination of the alternatives. We have discussed our prenatal care and birth options between ourselves, and with our midwives. After considering these options, we have asked Midwifery Traditions and Associates, P.C. to provide prenatal care and assist us with our home birth and post-partum care.

In choosing to have a home birth, we knowingly accept responsibility for our labor, birth and post partum care. We realize that no matter how carefully our risk status is assessed, there can arise emergencies or other unforeseen events that can result in poor outcomes and or death. It is impossible at a home birth to provide the same type of care that is available in the hospital setting. For example, in a hospital there are more attendants available, as well as more equipment such as electronic monitoring devices, and surgical apparatus, various medications, blood products, and so forth. We are fully aware that in the event of a complication or emergency there are fewer diagnostic and therapeutic measures available in the home setting than there would be in a hospital, including some that may be life-saving.

Although birth is a natural physiological process, outcomes are not always favorable. Certain medical conditions may necessitate transfer of care from Midwifery Traditions and Associates, P.C. to a physician management and transfer from home to a hospital setting, for mother and/or infant. We understand that some medical conditions may jeopardize the mother & baby's life, health, and freedom from disability. These conditions may be more readily treated, with greater chance of survival without disability, in a hospital setting.

For the mother, these conditions include, but are not limited to: abnormal vaginal bleeding during labor; retained or adherent placenta; active genital herpes; severe allergic reaction to medications commonly used in childbirth.

For baby, these medical conditions include, but are not limited to: labor prior to 37 completed weeks or after 42 completed weeks gestation; fetal distress in labor; particulate meconium stained fluid; prolapsed of the umbilical cord; stillbirth; respiratory distress after birth; undiagnosed cardiac abnormalities; severe jaundice; severe sepsis; multiple gestation; macrosomia; shoulder dystocia; and malpresentation.

_____ (Initials)

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We understand that should a medical emergency occur during our home birth, it will be handled in a medically supportive manner until transfer to the hospital can be accomplished. We further understand that the above list of medical complications is incomplete and does not include other unpredictable complications that could arise while giving birth at home. We agree to transfer mother and/ or infant to physician management and/or hospital care if the course of pregnancy, birth or postpartum period becomes medically complicated. Whenever possible decisions, regarding such transfers of care will be made jointly between us, the midwives, and the consultant physician. However, the situation may arise where we must solely rely on the discretion of the midwife and /or consultant physician, and in these situations we agree to accept this professional judgement with regard to the nature of the treatment or emergency treatment to be rendered.

In the course of our care we understand that we are fully responsible for the accuracy of the information given by us or requested of us by the midwives or physicians. We understand that the management of our care will be based upon this information among other considerations. Therefore we agree to cooperate fully with the midwives and/or consultant physicians in providing information and following directions given us.

We willing accept the risks associated with home birth, and hereby consent to the care to be provided by Midwifery Traditions and Associates, P.C. We hereby release Midwifery Traditions, & Associates, the midwives, and the consultant physicians from all liability arising from acts or omissions on their part while functioning according to their medically approved protocols.

Client

Partner

Midwife

Date

Date