Client Informed Consent and Medical Consult Plan

Riverside North Maternity Care
9149 – 130th Ave.
Milaca, MN 56353
320-369-4123

Definitions (per state legislation)

Midwife – A person, who shall publicly profess to be a traditional midwife and who, for a fee, shall assist or attend to a woman in pregnancy, childbirth outside a hospital, and postpartum, shall be regarded as practicing traditional midwifery.

Normal Pregnancy – A pregnancy that is progressing and proceeding spontaneously without the need for medical intervention or the use of instruments and where spontaneous onset of labor occurs between 37-42 weeks gestation.

SCOPE OF PRACTICE

The practice of traditional midwifery includes, but is not limited to:

- Initial and ongoing assessment for suitability of traditional midwifery care
- Providing prenatal education and coordinating with a licensed health care provider as necessary to provide comprehensive prenatal care, including the routine monitoring of vital signs, indicators of fetal developments, and laboratory tests, as needed, with attention to the physical, nutritional, and emotional needs of the woman and her family
- Attending and supporting the natural process of labor and birth
- Postpartum care of the mother and an initial assessment of the newborn
- Providing information and referrals to community resources on childbirth preparation, breastfeeding, exercise, nutrition, parenting, and care of the newborn

LIMITATIONS OF PRACTICE 147D.09

The practice of midwifery does not include the following:

- The use of any surgical instrument or operative / surgical procedures at a childbirth, except as necessary to sever the umbilical cord or to repair first or second-degree perineal lacerations
- The assisting of childbirth by artificial or mechanical means
- The removal of a placenta accrete
- The prescribing, dispensing, or administering of prescription drugs, except vitamin K, postpartum anti-hemorrhagic drugs under emergency situations, local anesthetic, oxygen, and a prophylactic eye agent to the newborn infant

PRACTICE STANDARDS

147D.05 subdivision 1 (a)

A Licensed Traditional Midwife (LTM) shall provide an initial and ongoing screening to ensure that each client receives safe and appropriate care. A LTM shall only accept and provide care to those women

who are expected to have a normal pregnancy, labor, and delivery. As part of the initial screening to determine whether any contraindications are present, the LTM must take a detailed health history that includes the woman's: social, medical, surgical, menstrual, gynecological, contraceptive, obstetrical, family, nutritional, and drug / chemical abuse histories. If a LTM determines at any time during the course of the pregnancy that a woman's condition may preclude attendance by a LTM, the midwife must refer the client to a licensed health provider. As part of the initial and ongoing screening, a LTM must recommend the client receive the following services, if indicated, from an appropriate health care provider:

- Initial laboratory pregnancy screening, including blood group and type, antibody screen, indirect coombs, rubella titer, CBC with differential and syphilis serology
- Gonorrhea and Chlamydia cultures
- Screening for sickle cell
- Screening for hepatitis B and HIV
- Maternal serum alpha-fetoprotein test and ultrasound
- Rh antibody and glucose screening at 28 weeks gestation
- Mandated newborn screening
- Rh screening of the infant (via cord blood) for maternal RhoGAM treatment
- Screening for premature labor

The client must make arrangements to have the results of any of the tests described above sent to the LTM providing services to the client. The LTM must include these results in the client's records.

MIDWIFE'S RESPONSIBILITY

It is the midwife's responsibility to:

- Assess clinical / physical / emotional findings at each prenatal / postnatal visit
- Make and initial assessment of labor
- Make suggestions to facilitate the labor's progress
- Consistently assess the labor's progress
- Make preparations for the birth and immediate postpartum
- Remain after the birth until both Mom and Baby are stable (usually 2-6 hours)
- Do initial newborn assessment and fill out a birth certificate
- Schedule follow up postpartum visits on days one and three, and at one week, two weeks, and six weeks (within a two week visit available as needed)
- Identify her own medical backup for consultations, transfer of care, and/or 911 for an emergency in the event that the client has failed their responsibility of obtaining their own medical backup

CLIENT'S RESPONSIBILITY

It is the client's responsibility to:

- Arrange for prenatal visits for ongoing assessment of "normal pregnancy" using the schedule as follows: once a month through the 7th month, twice in the 8th month, and every week in the 9th month until the birth of the baby
- Practice self care including proper nutrition, rest, exercise, and avoidance of environmental hazards
- Fill educational needs including pregnancy, labor, birth, postpartum, breastfeeding, and newborn care
- Obtain any needed lab or diagnostic workups during pregnancy
- Purchase and organize all birth supplies by week 36 of your pregnancy
- Arrange for medical backup

CLIENT'S STATEMENT

1. We understand that Sylvia Kosloski, our midwife, has the following experience/training/education/apprenticeship
   - ✓ Attended births as labor coach/doula prior to apprenticeship
   - ✓ Received "emergency" training as

    - A nurse's assistant
    - Psych tech
    - Airline stewardess
    - Lifeguard certified swimming and hydro-aerobics instructor
    - An exercise instructor for the arthritis foundation
  - ✓ Maintains continuing education requirements
  - ✓ La Leche League training
  - ✓ Founder and leader of M.O.M.S. (Mothers Offering Mothers Support)
  - ✓ Has completed tutorial sessions for SAGE Femm School of Midwifery
  - ✓ Completed Midwifery apprenticeship (1981-1985)
  - ✓ Has attended over 300 women in pregnancy, labor, birth, and postpartum
  - ✓ Has 7 children born between 1976-1993
  - ✓ Adult and Infant CPR/BLS for healthcare providers certification
  - ✓ Neonatal Advanced Life Support certification
2. We understand the fee agreement and method of billing
3. We understand that our records and any transactions are confidential and require our authorization prior to release
4. We understand that we may refuse services unless otherwise provided by law
5. We understand that midwifery apprentices may participate in the provision of our care under supervision
6. We understand that our midwife does not carry malpractice or liability insurance with respect to the practice of Traditional Midwifery

RISKS ASSOCIATED WITH BIRTH

Regardless of whether a birth takes place at home or in a hospital, there are risks. It is your responsibility to know the risks related to the place of birth you choose. Each may present a different set of risks.

"We 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 he 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 traditional midwife attend us during pregnancy and at our birth. We realize that our 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 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."

CHILDBIRTH CHOICES

In this area, you have several alternatives to traditional midwifery care. You may choose to be attended in a hospital and followed by a Doctor of Osteopathy, a Medical Doctor, Certified Nurse Midwife, or an Obstetrician during pregnancy, birth, and postpartum.

TO FILE A COMPLAINT

We understand that any grievance should be discussed with our midwife as close to the time of the incident as possible. If we cannot reach resolve with our midwife, we may also follow up with our complaint to:

Midwifery Now!
2405 Eldridge Ave. E
North St. Paul, MN 55109

If more resources are needed, a complaint may be made to:

NARM
5257 Rosestone Rd.
Lilburn, GA 30047

In the case that there is no resolve after the above resources have been utilized, a complaint may be made to:

Board of Medical Practice
Attn: Secretary of Midwifery Advisory Council
2829 University Ave. SE
Minneapolis, MN 55414

MEDICAL CONSULTATION PLAN (Client Copy)

We understand that we may be referred, or our care transferred, to another health care provider in the event a situation arises prenatally, during the labor, birth, or postpartum period that requires medical assessment. Our midwife, in determining whether or not to transfer care, will take such assessments into account.

We have been provided with a copy of appendixes B, C, and E from Minnesota midwives' Guild "Standards of Care and Certification Guide" (current edition) that describes situations that may require consultation or transfer to a medically licensed health care provider, or transport to a hospital. We have had an opportunity to have our questions answered in regards to the appendixes listed.

Taking the above into account, at our request, Sylvia Kosloski has agreed to attend us at home at the time of our baby's birth, and has agreed to help us prepare by monitoring the condition of both Mom and Baby during this pregnancy, birth, and the six-week postpartum period.

I / We have read the foregoing and understand its content.

Expectant Mother ______________________________ Date ______________

Father of Baby ______________________________ Date ______________

Midwife ______________________________ Date ______________

MEDICAL CONSULTATION PLAN (Midwife's Copy)

We understand that we may be referred, or our care transferred, to another health care provider in the event a situation arises prenatally, during the labor, birth, or postpartum period that requires medical assessment. Our midwife, in determining whether or not to transfer care, will take such assessments into account.

We have been provided with a copy of appendixes B, C, and E from Minnesota midwives' Guild "Standards of Care and Certification Guide" (current edition) that describes situations that

may require consultation or transfer to a medically licensed health care provider, or transport to a hospital. We have had an opportunity to have our questions answered in regards to the appendixes listed.

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I / We have read the foregoing and understand its content.

Expectant Mother ____ Date ________________

Father of Baby ____ Date ________________

Midwife ____ Date ________________

NOTICE OF PRIVACY PRACTICES CONSENT FORM (HIPAA)

Our notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by request.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you may consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this consent in writing, except where we have already made disclosures in reliance on your prior consent.

Signature ____________________________________ Date ___________________________

Appendix B

CONTRAINDICATIONS FOR HOMEBIRTH

Based upon conditions identified during prenatal care

At any point during the prenatal care, conditions may be identified that show a contraindication (reason you cannot have) for homebirth. Except in emergency situations, a midwife should not assume or continue to share responsibility for prenatal care and/or birth attendance for women with the following conditions:

- Rubella during the first trimester
- Primary outbreak of genital herpes
- Serious mental illness or severe psychological problems
- Persistent pregnancy induced hypertension (PIH) which is defined as
    - ✓ Blood pressure (BP) 140/90 or an increase of 30 mmHg systolic, or 15 mmHg diastolic over normal BP (2 consecutive reading 6 hours apart) or a single, reading greater than or equal to 110 mmHg diastolic
    - ✓ Marked edema of face and hands beyond the limits of normal fluid retention
    - ✓ +2 or greater pitting edema
    - ✓ Severe, persistent headaches, epigastric pain or visual disturbances
    - ✓ Persistent Proteinuria of +2 or greater
    - ✓ Hyperflexia
- Convulsions of any kind
- Central placenta previa
- Placental abruption of signs indicative of placental abruption
- Suspected or diagnosed congenital fetal anomaly that may require immediate medical care after birth
- Persistent transverse presentation
- Breech baby on a first time mother
- Indications that the baby has died in utero
- Premature labor (less than 37 weeks)
- Active syphilis, gonorrhea, AIDS, or other sexually transmitted disease at term
- Serious viral/bacterial infection at term (beta-streptococcus, pneumonia, staph)
- Active genital herpes lesions at the onset of labor
- Hemoglobin less than 9 at 36 weeks gestation
- A baby that is small for gestational age (SGA)
- Suspected intrauterine growth retardation
- Multiple gestation with one or more baby presenting other than vertex
- Unresolved fearfulness regarding home birth or midwife care, or otherwise desires transfer of care
- Failure to document adequate prenatal care
    - ✓ Prenatal lab work: Rh antibody screen, rubella titer, VDRL, blood group, hemoglobin, hepatitis
    - ✓ Must have initiated prenatal care by the 28th week of gestation and care with the attending midwife by the 35th week gestation
- Any other condition or situation which may preclude the possibility of a healthy birth, and the midwife's discretion

Appendix C
SITUATIONS / CONDITIONS REQUIRING DOCUMENTED MEDICAL CONSULTATION

During the course of midwifery care, conditions may arise that need special expertise. Conditions which require additional help or consultation include:

- Vaginal or urinary tract infection unresolved by self treatment
- Suspected inappropriate gestational size for more than 2 consecutive prenatals
- Suspected intrauterine growth retardation (IUGR)
- Suspected multiple gestation
- Unresolved anemia (HGB 10 or less)
- Severe, protruding varicose veins of the extremities and vulva
- Suspected Malpresentation or abnormal presentation at 36 weeks gestation or later
- Pre-term labor
- Suspected or know post-pregnancy beyond 42 weeks gestation
- The pregnant woman or midwife wishes such care or consultation
- Fetal heart tones (FHT) not heard with fetascope by 24 weeks or at any later point in the pregnancy
- Abnormal fetal heart tones detected prenatally
- Marked decrease or cessation of fetal movement
- Observed maternal cardiac irregularities
- 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/or suprapubic pain
- Gestational diabetes, shown as persistent glucosuria of +2 or greater and/or indicative history and symptoms
- Abnormal vaginal bleeding before the onset of labor
- Maternal leg pain
- Mother over the age of 45
- History of IV drug use
- History of genetic problems
- Prolonged rupture of membranes (greater than 24 hours without active labor or 72 hours with active labor or six hours with vaginal exams)
- Temperature of 100.8 or greater for 2 consecutive readings in one hour
- Possible dehydration due to diminished or absent fluid intake and/or frequent vomiting and/or diarrhea and/or ketonuria for more than 4 hours
- Second stage greater than 3 hours on first time mother (with no descent) or 2 hours on subsequent births (with no descent)
- Indications of infection in the immediate postpartum
- Obvious newborn anomaly
- Newborn cardiac irregularities
- Signs of prematurity, dysmaturity, or postmaturity
- Birth weight of less than 5 pounds
- 2 Vessel cord
- Jaundice within the first 24 hours
- Failure to urinate or pass meconium within the first 24 hours
- Signs of umbilical infection
- Bleeding in excess of normal lochial flow
- Sub involution

- Failure of laceration / episiotomy site to heal properly with signs of infection or breakdown
- Signs of serious postpartum depression or psychosis

Appendix E

SITUATIONS AND/OR CONDITIONS REQUIRING IMMEDIATE HOSPITAL TRANSPORT

- Cardiac arrest
- Eclampsia / maternal convulsions
- Signs of severe fetal distress:
  - ✓ Has persistent or recurrent FHTs significantly above or below the baseline, or
  - ✓ Late or irregular decelerations which do not disappear permanently with change in maternal position, or
  - ✓ Abnormally slow return to baseline after contractions
  - ✓ FHTs below 100
  - ✓ Absence of FHTs and/or
  - ✓ Movement indicative of the possibility of intrauterine death unless the expected birth time is less / shorter than the projected transport time
- Moderate to heavy meconium staining and deviations in FHTs indicative of possible fetal distress and/or there exists a situation that could contribute to fetal distress such as:
  - ✓ post-dates
  - ✓ prolonged rupture of membranes, or
  - ✓ borderline prematurity, if the expected birth time is greater / longer than the projected transport time
- Cord prolapse
- Infection: shown as a temperature above 100.8, shaking, chills, elevated pulse
- Foul smelling amniotic fluid
- Maternal respiratory distress: shown by
  - ✓ Marked tachycardia
  - ✓ Dyspnea, and
  - ✓ Cyanosis
- Signs and symptoms of pre-eclampsia
- Unforeseen multiple birth, unless the expected birth time is less / shorter than projected transport time
- Unforeseen breech presentation, unless the expected birth time is less / shorter than projected transport time
- Transverse lie
- Excessive painless vaginal bleeding
- Signs and symptoms of placental abruption:
  - ✓ Concealed and/or visible hemorrhaging
  - ✓ persistent uterine pain
  - ✓ passing of placental fragments,
  - ✓ maternal shock
- Uncontrollable hemorrhage or blood loss greater than 750cc with or after the birth of the placenta with signs of impending shock

- Maternal shock:
    - ✓ lowered blood pressure
    - ✓ elevated pulse
    - ✓ Rapid and shallow respirations
    - ✓ Cold and clammy skin, loss of consciousness
    - ✓ Pale
    - ✓ Cyanotic
    - ✓ Weak or dizzy
    - ✓ Feeling of impending doom
- Suspected meconium aspiration
- Birthing woman desires transport for herself and/or her new born
- Does not birth the placenta within 2 hours (if there is no bleeding and the fundus is firm)
- Retained placental fragments
- Mother unable to void within 6 hours after the time of birth
- Apnea
- Apgar score of 7 or less at 5 minutes and not improving
- Irregular respiratory efforts
    - ✓ Persistent grunting
    - ✓ Retractions or
    - ✓ Nasal flaring
- Abnormal color: persistent pale, cyanotic or gray color
- Abnormal cry: weak or high pitched
- Tremors, hyperactivity, or seizures
- Generalized edema
- Obvious or suspected birth injury
- Cannot maintain body temperature
- Lethargy or inability to feed well
- Projectile vomiting
- Temperature of 100.8 or higher
- Persistent uterine atony
- Signs or symptoms of postpartum shock
    - ✓ Significant change in blood pressure
    - ✓ Pulse 20 points above baseline
    - ✓ Pale or cyanotic
    - ✓ Weak or dizzy
- Maternal respiratory distress
- Signs of postpartum pre-eclampsia
- Chest pain or cardiac irregularities
- Uterine prolapse
- Laceration requiring medical attention

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