



Holy Family BIRTH CENTER

Birth as it was intended

Part I: Background

Name: _____

DOB: _____

Holy Family Birth Center (HFBC) is a free-standing birth center that offers an out-of-hospital approach to normal childbearing; an alternative to the more traditional in-hospital birth experience. It may appeal to and be desired by some people and not others. For this reason, we think it is important that you become fully informed about our services as part of your consenting to give birth to your child at HFBC.

We require that you participate in a series of activities before you give birth at HFBC:

1. All patients must attend the “All Things Birth Center” seminar.
2. All patients must attend the Birth Center Preparation class offered through BirthMatters™.
3. If it is your first birth you must attend the three (3) class series offered through BirthMatters™.
4. If it is your first unmedicated birth, you must attend the Childbirth Preparation class and the Birth Center Preparation Class, both offered through BirthMatters™.
5. If you have had a prior unmedicated birth you must attend the Birth Center Preparation Class offered through Birth Matters™.
6. All patients must have a consultative visit with one of the Nurse-Midwives of the Fertility and Midwifery Care Center (FMCC).
7. All patients must meet with (in person or by phone) a financial coordinator and agree to the financial terms of HFBC.
8. The Estimated facility fee must be paid by 36 weeks of pregnancy.

The Nurse-Midwives and RN birth-assistants who will care for you and your baby while at HFBC are employed by the Fertility and Midwifery Care Center (FMCC). They will continue caring for you following the birth of your baby, seeing both of you within forty-eight (48) hours of birth for a checkup and to perform required screening tests on the baby. It is your obligation to select and arrange for pediatric care for your baby to commence anytime upon completion of your forty-eight (48) hour visit.

We have taken every reasonable precaution to insure your safety, comfort and satisfaction, while reducing the overall risks associated with out-of-hospital birth to the greatest extent possible. We have on hand all the equipment and medication that we think is necessary for normal childbearing in a homelike setting and are in complete compliance with the licensure standards of the State of Indiana. Blood and blood products, epidural anesthesia, and the option to perform an emergency cesarean section are not available at HFBC. All of these are available at Dupont Hospital and Parkview Regional Medical Center, both of which are in sight of HFBC.

In the event you should need to be transferred to a hospital for emergent or non-emergent reasons, you will be transferred to one of these hospitals according to established procedures. The providers of FMCC, both physicians and Nurse-Midwives, will continue caring for you if you are transferred to a hospital.

Part II: General Consent

Authorization/Consent to Treat: I engage and authorize any provider associated with HFBC and FMCC to treat, administer and provide as necessary to me and my baby the following:

1. Healthcare including prenatal education and instruction
2. Physical examinations
3. Oral medications
4. Intramuscular, subcutaneous and intravenous injections and local anesthesia
5. Delivery of my baby
6. Episiotomy and repair as needed
7. Postpartum care
8. Routine newborn screening and care
9. Such other procedures related to childbearing as may be deemed necessary

In the unlikely event of an emergency, I authorize the providers to take appropriate measures, and if necessary, to transfer me or my baby to a local hospital for continued care.

Acknowledgement of Potential Problems: While the course of childbearing is a normal human function, it has been explained to me and I 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 excessive blood loss, infection, convulsions, coma, allergic reaction, and respiratory distress. The following are some other medical problems affecting the mother that could occur: placental abruption, rupture of an undiagnosed aneurysm, amniotic embolism, uterine rupture, cardiac arrest, anaphylactic shock, and death. Medical problems affecting the fetus and newborn that could occur including: umbilical cord prolapse and related problems, congenital anomalies, fetal distress, malpresentation, immaturity and post maturity, birth injuries, stillbirth, and chorioamnionitis. I understand and accept that giving birth in an out-of-hospital facility could cause delay in receiving emergent care for the above and other conditions because of the need to transport me or my baby to a hospital.

I understand that certain conditions affecting the newborn, such as the effects of jaundice, blood incompatibility, precipitate labor and respiratory distress syndrome, some congenital anomalies, allergies, infections, and brain damage with or without mental retardation are difficult to recognize or are unrecognizable within 4 to 12 hours of birth by which time families will usually have been discharged.

I have been informed with regard to all of the foregoing and advised that I may have more detailed and complete explanations of each condition described and/or other even more remote risks, consequences and conditions.

I am aware that advanced practice nursing and midwifery, like the practice of medicine, are not exact sciences, and I acknowledge that no guarantees or assurances have been made to me concerning the results of the treatments, examinations and procedures to be performed.

I realize that it is the routine practice at HFBC that each birth is attended by at least one obstetrical nurse and at least one certified nurse midwife and that the presence of specific, individual members of the staff cannot be guaranteed. I also understand that HFBC is a site for the education of students of

various healthcare programs (i.e., student nurse midwives, doulas, childbirth educators, nursing students, medical students) and that I might be asked to include a student in the process of my receiving care at HFBC.

Patient History and Right to Withdraw: In view of all of the above, I understand that in the selection and treatment of mothers at HFBC, you will rely on my medical history and the information about myself which I provide. I affirm that such information is and will be correct and accurate to the best of my knowledge. In addition, I agree to follow all the rules, regulations and policies of HFBC and I understand that I may voluntarily withdraw from enrollment at any time I wish.

Use of Medical Records: I authorize HFBC and such parties authorized by them to have full access to all my records for statistical studies and other research purposes. The only reservation is that my personal privacy be protected from the general public.

Financial Obligations: The facility fee for HFBC has been explained to me in detail and I have been given the opportunity to ask questions as needed. I understand the facility fee will not be billed to my insurance company, but I may seek reimbursement from my company if I wish. I understand HFBC will not participate in discussions with my insurance company beyond providing a copy of the bill for the facility fee. Further, I understand that the facility fee must be paid in full by the 36th week of pregnancy unless other, specific arrangements have been made. I understand that should I transfer out of the birth center before labor begins, during labor, or following labor, a portion of my pre-paid facility fee will be refunded to me as outlined in the financial policy elsewhere. I further understand, that should ambulance transport become necessary from the birth center to a local hospital I am responsible for the fees involved with that transport.

Students: At times a Nurse Midwife Student participates directly in patient care at Holy Family Birth Center. These Nurse Midwife Students are Registered Nurses, completing a Master's of Nursing program to become Certified Nurse Midwives. They are selected by the providers of Holy Family Birth Center. These students are always under direct supervision of one of the Certified Nurse Midwives of Holy Family Birth Center. The purpose of their involvement is to further the Midwifery practice by creating well rounded, strong, competent and compassionate Nurse Midwives to further and better midwifery care.

PDR: Holy Family Birth Center participates in the American Association of Birth Centers' Perinatal Data Registry. The purpose of gathering this data set is to: a. Help improve and maintain quality of care of childbearing families; b. Provide for ongoing and systematic collection of data on normal birth; and c. Facilitate research on maternity care practices that support optimal birth. Taking part in this registry is voluntary. Participation in this data collection involves allowing your medical information from pregnancy, labor, birth, and newborn care to be inserted into a secure online data registry. All information about you and your pregnancy will be kept confidential and secure, and only the people from the American Association of Birth Centers working with the project will see your data. No one except your care provider will be able to connect the data collected with you specifically. As required by the federal Privacy Rule (HIPAA), no identifying information will be seen by those conducting the project except your infant's date of birth and your 5-digit zip code. The gathering of this data helps support the

development of midwives, birth centers and the midwifery model of care, thus contributing to making this model of maternity care more widely available to families.

- I agree to allow my birth information to be used in the American Association of Birth Centers' Perinatal Data Registry
- I decline participation in the American Association of Birth Centers' Perinatal Data Registry

I agree to include in my prenatal care:

20 week anatomy ultrasound

Testing for Gestational Diabetes either through the 1 hour GTT or a minimum of 2 weeks of 4 times a day glucose testing and tracking.

By signing below, I indicate that I understand the material that has been presented to me related to birth at Holy Family Birth Center, I have been given ample opportunity to ask questions, all of my questions have been answered satisfactorily, and I therefore consent to receiving care at the facility. By signing below, I indicate that I understand the material that has been presented to me related to birth at Holy Family Birth Center, I have been given ample opportunity to ask questions, all of my questions have been answered satisfactorily, and I therefore consent to receiving care at the facility.

Patient Signature: _____ Date/Time: _____

CNM Signature: _____ Date/Time: _____