Holy Family
BIRTH CENTER
Birth as it was intended

OUT OF HOSPITAL CONSENT

Patient Name: **Date of Birth:**

GENERAL CONSENT

Part I: Background

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 which must be scheduled through FMCC.
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 BirthMatters™.
6. If distance/schedule is an issue, you may discuss online class alternatives with the midwife.
7. All patients must have a consultative visit with one of the Nurse-Midwives of the Fertility and Midwifery Care Center (FMCC).
8. All patients must meet with (in person or by phone) a financial coordinator and agree to the financial terms of HFBC.
9. The Estimated facility fee must be paid by 36 weeks of pregnancy.

The Nurse-Midwives and 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 ensure 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 close proximity to HFBC.

In the event you should need to be transferred to a hospital for emergent or non-emergent reasons, you will be transferred to Dupont Hospital according to established procedures, or on the case of an infant with Signature Care insurance, they may be transferred to Parkview Regional Medical Center. The providers of FMCC, both physicians and Nurse-Midwives, will continue caring for you if you are transferred to Dupont Hospital.

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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. Inhaled analgesia
6. Delivery of my baby
7. Episiotomy and repair as needed
8. Postpartum care
9. Routine newborn screening and care
10. 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 in-compatibility, 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 certified birth assistant or RN 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

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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.

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Patient Name: **Date of Birth:**

General Consent

agreement to these terms is required for delivery at Holy Family Birth Center

- ☐ 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 my questions have been answered satisfactorily, and I therefore consent to receiving care at the facility

- ☐ **I agree to include in my prenatal care**
  - Routine lab work: Blood typing with Rh factor and CBC
  - Anatomy ultrasound completed ideally around the 20th week of pregnancy
  - Screening for Gestational Diabetes through the 1 hour GTT or blood glucose monitoring

American Association of Birth Centers' Perinatal Data Registry

Choose one

- ☐ I agree to allow my anonymous birth statistics 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

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Patient Name: **Date of Birth:**

WATER IMMERSION AND WATER BIRTH

The therapeutic properties of warm water immersion have been known for many years. Baths, showers and whirlpools have been used extensively for comfort during labor, and more recently, emersion in water for the actual birth has become increasingly popular.

Benefits of water immersion for labor and birth.

- Increased sense of relaxation
- Reduced sense of pain
- Possible decrease in length of labor
- Decreased need for episiotomy
- Can reduce perineal tearing

Possible risks associated with water immersion for labor and birth.

- Possible undetected fetal heart rate abnormalities during labor
- Possible increase in the amount of bleeding after delivery of the placenta
- Possible maternal dehydration
- Possible elevated maternal temperature
- Remote possibility of maternal or fetal infection.
- Increase in cord separation from the placenta

The providers of the Holy Family Birth Center (HFBC) are of the opinion that labor and birth with the aid of water, including immersion for birth is appropriate and should be available to women with low risk pregnancies if they desire it. We therefore offer it at HFBC and our providers and labor assistants have participated in additional training in the safe use of water in the birth process. For those interested in additional water birth information we recommend www.waterbirth.org

We invite you to read the article from Evidence Based Birth regarding waterbirth
https://evidencebasedbirth.com/waterbirth/

Water Immersion and Water Birth Consent

☐ I have discussed the benefits and risks of water immersion and birth with my provider and my questions were answered satisfactorily. I understand that various conditions could develop during my pregnancy and labor that would prevent me from using the labor/birth tubs at HFBC. I further understand that it could become necessary to exit the labor/birth tub for my safety and/or that of my baby, and I agree to do so if/when asked by my provider.

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Patient Name: **Date of Birth:**

GROUP B STREP (GBS)

Group B streptococcus (GBS) is a type of bacteria that is found in 10-30% of pregnant women. A woman with GBS in the vagina can pass it to her baby during labor and birth. Most babies who acquire GBS from their mothers do not have problems. A small number, however, will become ill; some will become seriously ill and can die from sepsis, meningitis, and/or pneumonia.

It is recommended by the American College of Obstetricians and Gynecologists (ACOG) that all pregnant women be screened (cultured) for the presence of GBS at 35-37 weeks of pregnancy. If you have any of the following, it is recommended that you receive treatment in labor:

- A previous baby with GBS infection- HFBC requires treatment in this case
- A positive GBS culture during current pregnancy
- Presence of GBS in the urine during current pregnancy
- Unknown GBS status and you develop a fever in labor or other signs of infection
- Water broken for greater than 18 hours and GBS unknown

We invite you to read the article from Evidence Based Birth regarding Group B Strep
https://evidencebasedbirth.com/groupbstrep/

Group B Strep Consent

I have discussed the risks, benefits, and alternatives regarding GBS screening with my healthcare provider. I understand the recommendations and my questions have been answered satisfactorily:
Choose one

- ☐ I consent to GBS screening at 36-37 weeks of pregnancy
- ☐ I DO NOT consent to GBS screening in pregnancy

I have discussed the risks, benefits, and alternatives regarding GBS treatment with my healthcare provider. I understand the recommendations and my questions have been answered satisfactorily:
Choose one

- ☐ I consent to antibiotic treatment in labor if my GBS culture is positive or unknown
- ☐ I consent to antibiotic treatment if I develop one of the risk factors listed previously if my GBS culture is positive or unknown
- ☐ I decline all antibiotic therapy, regardless of culture results or risk factors that may develop. I have read and understand the risks associated with GBS infection of the newborn. I take full responsibility for my health and the health of my baby. In addition, I will ensure that if my newborn shows signs of GBS infection I will immediately have him/her evaluated by a health care provider with pediatric expertise.

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VITAMIN K INJECTION

Giving a breastfed infant a **vitamin K shot virtually eliminates the chance of life-threatening vitamin K deficiency related bleeding**. The only known adverse effects of the shot are pain, bleeding, and bruising at the site of the injection. Out of many millions of injections, there has been only one report of an allergic reaction in recent history.

The single oral dose and the 3-dose regimen of 1 mg oral Vitamin K1 are less effective than the shot at preventing late vitamin k deficiency bleeding.

Recently, there has been considerable misinformation on the internet and social media platforms about vitamin K and infants. It is important that parents examine the facts, so their consent or refusal is well informed. In addition, this treatment is recommended for all babies, not just boys being circumcised. Be aware that many practitioners will refuse to circumcise an infant without a history of a vitamin K injection.

We invite you to read the article below from Evidence Based Birth regarding Vitamin K injections for newborns.
https://evidencebasedbirth.com/evidence-for-the-vitamin-k-shot-in-newborns/

Vitamin K Injection Consent

Holy Family Birth Center recommends all infants receive the vitamin K injection.

- ☐ I understand that Holy Family Birth Center will provide a preservative-free vitamin K injection for a fee of $50 (cost may vary depending on availability)

I have read and understand the information related to Vitamin K and have had an opportunity to ask questions. I am aware of the risks of administering and not administering vitamin K, and choose to take the following action:

- ☐ I have chosen to have vitamin K administered
- ☐ I decline vitamin K administration

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ERYTHROMYCIN OPHTHALMIC OINTMENT

Untreated Gonorrhea or Chlamydia in pregnancy may cause ophthalmia neonatorum (ON) following birth, an eye infection that may result in permanent blindness. Women at high risk for these diseases include those with new and/or multiple sexual partners; or if your partner has multiple sexual partners. Erythromycin is an antibiotic eye ointment routinely given to newborns in the hospital to prevent development of ON. For mothers at high risk, treatment with erythromycin is recommended. Parents who are certain they are not infected often decline routine treatment.

We invite you to read the article below from Evidence Based Birth regarding the use of erythromycin eye ointment
https://evidencebasedbirth.com/is-erythromycin-eye-ointment-always-necessary-for-newborns/

Erythromycin Eye Ointment

I understand the purpose of erythromycin eye ointment for newborns is to prevent a severe eye infection called ophthalmia neonatorum caused by an untreated sexually transmitted infection. With this knowledge, I choose to take the following action:

- ☐ I want my baby to receive antibiotic eye ointment within two hours of birth
- ☐ I decline routine eye antibiotics and will notify my pediatric care provider of any unusual eye discharge

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Patient Name: **Date of Birth:**

INHALED NITROUS OXIDE ANALGESIA

HFBC offers nitrous oxide analgesia as a tool to help manage the discomforts of labor and birth. Nitrous oxide has been and is currently used extensively world-wide as a form of analgesia for labor and birth. Nitrous oxide is safe for both mother and baby.

Indications:
Women in labor who desire analgesia.
Women undergoing perineal repair where local anesthesia may not meet analgesic needs.
Women requiring immediate post-partum procedures such as manual removal of placenta.

Contraindications:
Patients who cannot hold the delivery device (mask).
Patients who have significant B12 deficiency should discuss options with their midwife.

Side effects:
dizziness, fatigue, and rarely nausea & vomiting.

Instructions for use:
Nitrous oxide is self-administered. Seal mask around mouth/nose and inhale deeply approximately 30 seconds prior to the start of the contraction. It requires approximately 30 to 60 seconds to become most effective. The patient must hold the mask herself, patient may move freely during use.

Termination of Treatment:
Use of nitrous oxide is discontinued when patient desires or when need for analgesia is no longer present. The effects are eliminated within seconds of breathing room air.

We invite you to read the information below from Evidence Based Birth regarding nitrous oxide use during labor:
https://evidencebasedbirth.com/nitrous-oxide-during-labor/

Nitrous Oxide Consent

- ☐ I have read the above consent for use of nitrous oxide in labor and understand that I will have the **option** to self- administer according to the instructions above
- ☐ **I understand that I will not incur a fee unless I use nitrous in labor or postpartum**

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I,_____, acknowledge and agree that for the safety and well-being of myself and my child, **agreement with the delivery protocols and procedures** set forth by Holy Family Birth Center is required for me to receive care and deliver at this facility.

By signing below, I confirm that I have reviewed, understood, and consent to adhere to the birth center's policies, including but not limited to the established guidelines for:

- **Admission criteria and eligibility for care within and out-of-hospital birth setting**
- **Emergency transfer procedures to a local hospital, should the need arise**
- **Staffing models and the scope of practice of the attending midwives and support staff**
- **The requirement for timely and accurate communication of my health status during prenatal care and labor**

I understand that failure to agree with or adhere to these protocols may result in a denial of care or transfer of care to an alternative healthcare facility, as determined by the clinical judgement of the attending provider.

By signing below, I acknowledge and confirm my full understanding of this consent form in its entirety. I have received satisfactory answers to my questions and my decisions were made with full informed consent.

Patient Signature: _____ **Date: _____**

CNM Signature: _____ **Date: _____**