



Informed Consent for Homebirth with Motherland Midwifery

In choosing home birth, I, _____, understand that I am taking primary responsibility for all decisions, procedures and outcomes regarding my prenatal, birth and postpartum care. I acknowledge that I am contracting for the services of Motherland Midwifery.

I understand that they provide care for women who have normal, uncomplicated pregnancies and expect a normal delivery of a healthy child. I understand it is the policy of my midwives to attend home births between 37 and 42 weeks of pregnancy. Births occurring within this gestation period are normally considered low-risk.

I understand that even with the most attentive care during the prenatal period, unpredictable medical problems may arise during pregnancy or childbirth. Because some of these problems may place me or my child at risk, transfer to a physician and/or hospital may be necessary. The following situations are considered high risk. If they occur during my pregnancy I will need to reconsider my decision to have a home birth. They include but are not limited to the following:

- diabetes
- hypertension (high blood pressure)
- Rh negative mom with a positive antibody screen
- Preterm premature rupture of membranes
- twins
- breech presentation
- active genital herpes
- preeclampsia
- preterm labor

The following complications may occur or present during the labor and birth process. They include but are not limited to:

- fetal distress
- retained placenta
- placenta previa
- stillbirth
- prolapsed cord
- uterine rupture
- placental abruption
- excessive blood loss
- severe lacerations
- congenital anomalies

I understand that any of these rare situations could lead to permanent injury and/or death to myself or my child.

I understand that my midwives carry the following equipment, supplies, and medication with her during a homebirth:

- Oxygen
- Bag and Mask for Neonatal Resuscitation
- IV Therapy Equipment
- Basic Anti-Hemorrhagic Medication
- Suturing Supplies (suture and lidocaine)
- Fetoscope and hand-held Doppler
- DeLee catheter for deep suction of the newborn if necessary as in the case with passage of meconium
- Urinary Catheters
- Vitamin K (IM/PO) for newborn blood clotting
- Erythromycin ointment for newborn infection prophylaxis

I understand that my midwives DO NOT have the following equipment, supplies and medication with them at a homebirth:

- Pain Medication including epidurals or narcotics
- Surgical equipment beyond that needed for basic suturing, episiotomy and cord cutting
- Forceps or Vacuum
- Continuous Fetal Monitoring Equipment
- Blood for transfusions



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I understand that Christy Santoro, CPM and Meredith Klein, CPM are licensed in the state of NJ. Neither are licensed in the states of PA, MD, or DE. Christy Santoro, CPM and Meredith Klein, CPM **DO NOT** carry medical malpractice insurance.

I understand that my midwives **DO NOT** have formal physician back up and that it is my responsibility to make specific arrangements for medical care and/or consultation in the case of complications arising during my pregnancy, labor, or in the postpartum period. My midwives will discuss the range of options for making these arrangements, and assist me if I request it in developing my plan, *but I understand that it is my responsibility to establish a care relationship within the medical system by the 32nd week of pregnancy.* These arrangements will be documented in my chart.

I consider myself healthy and to be a good candidate for a home birth and agree to inform my midwives of any changes in my health status over the course of my pregnancy.

I agree to choose a health care provider for my baby (e.g. family practice doc, pediatrician, nurse practitioner, naturopath) by the 36th week of pregnancy.

I hereby release _____ and her assistants from all liability for complications which may arise during the course of my pregnancy, birth, or postpartum as a result of my decisions and my choice to birth my child at home.

I acknowledge that I have thoroughly read and understood this document. I further acknowledge that I have had an opportunity to have any questions answered regarding the benefits and risks specific to homebirth.

I HAVE READ AND UNDERSTAND THE ABOVE STATED MATERIAL.

Client name _____ Signature _____ Date _____

Partner name _____ Signature _____ Date _____