

Informed Consent for Spontaneous Labor and Normal Vaginal Birth in a domiciliary or out-of-hospital setting:

While the course of childbearing is a normal biological function, medical problems may arise unpredictably and suddenly as an unavoidable hazard of childbearing.

Certain risks are universal to childbearing regardless of location, such as failure-to-progress, malposition of the fetus, cord accidents, respiratory distress, genetic defects, cerebral palsy and rare catastrophic complications of childbirth. Research has consistently shown that continuous electronic fetal monitoring and liberal use of cesarean *does not improve outcomes* for low & moderate risk pregnancies with healthy term infants. Despite the ubiquitous use of continuous EFM, the rate of cerebral palsy has remained the same for the last 30 years – approximately 2 per 1,000 live births.

A specific subset of risks are greater in a medical setting, such as unwanted interventions, immobilization in bed by medical equipment, high rates of induction, anesthesia & operative delivery and the long-term consequences of medicalizing normal childbirth such as incontinence. A different subset of risks are more prevalent in a domiciliary setting - no immediate access to diagnostic ultrasound, blood transfusions, obstetrical interventions such as forceps or cesarean surgery, perinatology services for the newborn, other treatments/technologies for time-critical emergencies.

In general, these two subsets of risk (hospital & home) cancel each other out statistically. Birth outcomes are the same for low & moderate risk pregnancies with spontaneous birth of term infants regardless of whether the babies were born in homes, hospitals or birth centers – studies show a consistent perinatal mortality rate of 2 per 1,000 births.

While hospitalization for normal childbirth does *not* prevent or reduce many common maternal-infant complications, immediate access to hospital-based intervention and medical treatment is statistically associated with improved outcome for some types of complications -- in particular, acute fetal distress, severe neonatal respiratory distress and rare undiagnosed cardiac anomalies in the newborn.



____/____ I (we) understand that risk is always present in life, including childbearing, regardless of the location for labor and birth, due to unforeseeable complication and/or human error.

____/____ The potential for complications in childbirth of unknown severity has been explained to me and I acknowledge that such complications could result in permanent disability or even death for myself and/or my unborn or newborn baby.

____/____ I (we) have been advised that we may have a more detailed explanation of the possible problems and complications referred to above.

____/____ I (we) understand that high-tech equipment for dealing with potential or actual complications of normal childbearing is most readily available in the labor and delivery complex of an acute-care hospital and that additional emergency transport time between home and hospital can, in some cases, negatively effect outcome.

____/____ I (we) acknowledge that no guarantees can be made concerning the results of midwifery care provided to me, my unborn or newborn baby. In contrast to hospital-based obstetrical care, we understand the limitations of community-based midwifery care in a domiciliary setting as provided by Faith Gibson, LM and associates.

____/____ I (we) hereby state that I am (we are) aware of the nature and magnitude of the risks voluntarily assumed by choosing domiciliary birth services with a professional midwife, and that we are satisfied with our decision and willing to assume all subsequent consequences.

_____ Signature of Client	_____ date
_____ Signature of Partner	_____ date
_____ Signature of midwife	_____ date

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