Fruit of the Womb, LLC

Caitlin “Nets” Manela, CPM, LDEM

Informed Consent and Disclosure for Birth with a Direct-Entry Midwife **Midwifery Model of Care:**

The Midwives Model of Care is a fundamentally different approach to pregnancy and childbirth from contemporary obstetrics. The care provided by midwives throughout the childbearing year is uniquely nurturing, individualized, and hands-on. Midwives are healthcare professionals specializing in natural childbirth who develop a trusting relationship with their clients, resulting in a confident, supported labor and birth. Midwives are trained to provide comprehensive prenatal care and education, guidance during labor and birth, evaluate and respond appropriately to complications, as well as assess and care for newborns. The Midwives Model of Care is based on the fact that pregnancy and birth are normal life events.

The International Confederation of Midwives (ICM) Statement, developed through: ICM’s Philosophy and Model of Midwifery Care; the ICM Definition; and the Scope of Practice of a midwife.

Midwifery Competencies promote:

• the autonomy of midwives to practice within the full scope of midwifery practice and in all settings

• the role of the midwife to support physiology and promote normal birth

• the role of the midwife to uphold human rights and informed consent and decision making for women/birthing people • the role of the midwife to promote evidence-based practice, including reducing unnecessary interventions

• the role of the midwife to assess, diagnose, act, intervene, consult and refer as necessary, including providing emergency interventions.

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Purpose of this document: Midwives value honest and clear communications. Maryland Law requires LDEMs to provide this Informed Consent information to clients. Please read and ask any questions.

Midwives honor, respect, and affirm the client's right to choose and/or decline any medical and/or midwifery service. Having discussed the benefits and risks of any proposed intervention with their midwife, the client understands that they have the right to decline any labs, tests, or procedures-mandatory or otherwise.

Initialing this document indicates that you, the client, understands. **Signing** at the end indicates your consent for midwifery care.

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Part 1: Information

_____ **Certification Requirements:** Maryland Licensed Direct-Entry Midwives (LDEMs) hold the national Certified Professional Midwife certification. The competencies required to become certified by the North American Registry of Midwives (NARM), the nationally recognized certifying organization for Certified Professional Midwives, can be found at www.NARM.org or by contacting NARM at PO Box 420, Summertown, TN 38483 or by phone at: 888-842-4784.

_____ **Training and Experience:** I understand that the training and experience of Caitlin "Nets" Manela is as follows: Certification as a Certified Professional Midwife and Licensed Direct Entry Midwife according to the standards and requirements set for by the North American Registry of Midwives (NARM), via the Portfolio Evaluation Process (PEP) and the NARM Midwifery Bridge Certificate Program. My education includes a B.A. in Chinese Language and Culture from Middlebury College, training and certification as a Biodynamic Craniosacral Therapist, completion of The Matrona's program in Holistic Midwifery and Homeopathy, Birth Emergency Skills Training, apprenticeship under five practicing midwives over the course of 18 years, and many courses and workshops enumerated on my resume, which can be found on my website, www.baltimorebirth.net.

_____**Use of Medical Records:** The client gives the midwife, and those entities authorized by the midwife, permission to access their medical records. The use of this information may include: consultations, insurances, certifications, state and professional required statistical data collection, as well as professional review and education needs. A client's privacy and confidentiality are protected and maintained according to HIPAA privacy rules.

_____ **General Outline of Care:** Prenatal care generally begins at 12 weeks, includes monthly visits until 36 weeks, weekly visits thereafter, blood and urine testing as indicated, guidance to promote health and well-being of mother and baby throughout pregnancy via nutrition, supplements, herbal and homeopathic medicines, exercise, bodywork, relaxation, education, and referral to medical and other other care providers as required or recommended. Monitoring, holistic support, clinical care, and emergency treatment during labor, birth and the immediate postpartum are provided for clients birthing between 37 and 42 weeks with referrals made for those requiring medical care or attention. Three postpartum visits including standard/required treatments, procedures, and assessments are offered, at 24-48 hours, 1 week, and 6 weeks postpartum.

_____**Routine Testing**: Various tests may be recommended or offered for the wellbeing of the client and baby. These tests may include the following: complete blood count (CBC), blood type & Rh, rubella, hepatitis B and C, sexually transmitted infections, comprehensive metabolic panel, urinalysis, urine

culture, tuberculosis (TB), glucose screen, group B strep (GBS), genetic testing, Vit. B 12, Vit. D, hepatic panel, non-stress tests, ultrasound. Due to the significant prevalence and serious consequences of the two following treatable illnesses, Maryland mandates that pregnant clients be tested for HIV and Syphilis. Additional tests may be offered as deemed necessary for care.

_____ **Client Commitments**: My midwife asks for the following commitments from me:

-Take excellent care of yourself by eating and drinking as well as possible, exercising regularly, taking time to relax, breathe deeply, and de-stress, and making changes as needed to adapt to your changing body and life-stage.

-Educate yourself to prepare for unmedicated birth as well as the possibility of transfer to a hospital. Childbirth classes are highly recommended, and required for first-time parents.

-Acquire and gather birth supplies by 36 weeks.

-Communicate openly and honestly with me and my team regarding your needs, desires, and relevant physical and emotional concerns.

-Adhere to our payment contract.

_____ **Potential Benefits of Birth at Home**: The potential benefits seen for clients who give birth at home include: high likelihood of a natural, vaginal birth; low rates of unnecessary medical interventions and their complications; low rates of unnecessary cesarean births. Benefits seen for babies include higher rates of good APGAR scores; breastfeeding success; and low rates of death. The midwife's expertise is in working in harmony with client and infant, and in the client's own environment. This, combined with the midwife's experience, skill, and training help create these beneficial outcomes. All of this notwithstanding, there is no guarantee that any particular client and/or baby will achieve a desired result. Birth is a natural process, and nature gives various outcomes, both desired and not desired.

_____ **Potential Risks of Out-of-Hospital Birth:** During pregnancy and birth, an unexpected event or emergency could arise, no matter where the birth takes place: home or hospital. The risks of normal birth include problems with the placenta, extra bleeding, unexpected and unusual position of the baby, umbilical cord problems, lack of oxygen to the baby, infection, birth defects, genetic disorders and death. These risks exist regardless of birth setting. However, there could be a delay in treatment due to travel from home to hospital. In rare cases of a true emergency, a delay may lead to increased chance of injury or death.

For my baby, I realize that the potential risks include problems with breathing or inability to breathe, low blood sugar, a delay in treatment for infection, lack of oxygen during birth leading to brain damage, permanent injury and death. In addition, failure to follow up with a pediatric care provider within 72 hours, and to arrange for the newborn screenings for potentially treatable illnesses or physical defects, can miss complications that can result in permanent damage to my baby or even death.

In choosing to have an out-of-hospital birth, I am aware of possible risks involved and knowingly accept any and all risks and responsibilities.

_____**Emergency Treatment**: In case of an emergency, the midwife will perform any needed actions to treat and/or stabilize the client/baby within the midwife's scope of practice. This includes: managing

bleeding, administering IV fluids and/or medications, episiotomy (rare), suture, resuscitation, and/or other procedures as deemed necessary.

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_____ **Maryland Law** requires an LDEM to transfer the care of the client/baby to another provider under certain conditions. Some of these conditions include: twins, breech presentation, preeclampsia, diabetes, hypertension, and other conditions listed in Appendix A, below.

_____ **Hospital Transfer:** There are two types of transfers: A) non-medically indicated and B) medically indicated.

A) Occasionally a client may request a change in venue and decide to transfer to a hospital for labor or birth. The client may transfer to a hospital venue at any time. (This is a non-medically indicated decision.)
B) If the midwife recommends that the client or baby transfer to a hospital and the client refuses, the midwife is required by law to call 911 and transfer.

_____ **Follow Up Care for Newborn**: The midwife will perform a newborn exam at birth. It is advisable for the newborn baby to be seen by a medical provider and have newborn screening tests for metabolic and congenital conditions.

_____ **Liability Insurance**: I understand that the midwife, Caitlin “Nets” Manela, DOES NOT maintain professional liability insurance (malpractice insurance).

_____ **Termination of Service**: The client can terminate the services of the midwife at any time. In the same way, the midwife can terminate their agreement to provide services. If the midwife terminates services, the midwife will refer the client to a different provider.

_____ **Midwife Regulations:** The laws and regulations for LDEMs in Maryland can be found in the Annotated Code of Maryland, Health Occupations Article, Title 8, Subtitle 6C, which can be accessed online on the General Assembly of Maryland website, www.mlis.state.me.us under the “Statutes” tab on the home page. The regulations can also be found on the Maryland Board of Nursing’s website under the subheading “Direct-Entry Midwives.”

_____ **Filing a Complaint**: I understand that I can file a complaint with the Board of Nursing by accessing the complaint form on its website: https://mbon.maryland.gov/Pages/complaint-procedures.aspx.

Part II: Agreement

Authorization for Services provided by Caitlin “Nets” Manela, CPM, LDEM

This form has been read and understood by me.

I have been given the chance to ask questions and have received satisfactory answers.

Ongoing discussions about my current status and recommended steps will be a part of my care.

I can, and am encouraged to, request more information about any aspect of my wellbeing throughout my care.

I am aware that risks and complications may occur.

I understand certain conditions may arise that require interventions.

In the case of an emergency, I authorize the midwives to take appropriate measures to safeguard myself and my baby. No guarantees have been made to me about the outcomes of this pregnancy.

I know that student midwives and/or assistants may help my midwife.

I retain the right to refuse any specific treatment.

I consent to midwifery care by Caitlin “Nets” Manela, CPM

Midwife signature: _____Date_____

Client name (print): _____

Client signature: _____Date: _____
Spouse/partner name (print): _____ (Optional)
Spouse/partner signature: _____Date_____ (Optional)

Appendix A:

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The following health conditions are regulated by the state of Maryland, under Maryland Code, Health Occupations § 8-6C-03, as follows:

Conditions That Require Transfer . . . During Pregnancy:

Diabetes mellitus, including uncontrolled gestational diabetes; Hyperthyroidism treated with medication;

Uncontrolled hypothyroidism;

Epilepsy with seizures or antiepileptic drug use during the previous 12 months;

Coagulation disorders;

Chronic pulmonary disease;

Heart disease except in the opinion of a physician, nurse– midwife, or a nurse practitioner that midwifery care may proceed; Hypertension, including pregnancy–induced hypertension (PIH); Renal disease;

Except as otherwise provided in § 8–6C–04(a) of this subtitle, Rh sensitization with positive antibody titer;

Previous uterine surgery, including a cesarean section or myomectomy;

Indications that the fetus has died in utero;

Premature labor (gestation less than 37 weeks);

Multiple gestation;

Noncephalic presentation at or after 38 weeks;

Placenta previa or abruption

Preeclampsia;

Severe anemia, defined as hemoglobin less than 10 g/dl;

Addison's disease, Cushing's disease, systemic lupus erythematosus, antiphospholipid syndrome, scleroderma, rheumatoid arthritis, periarteritis nodosa, Marfan's syndrome, and other systemic disease

AIDS/HIV;

Hepatitis a through g and non–a through g;

Acute toxoplasmosis infection, if the patient is symptomatic;

Acute rubella infection during pregnancy;

Acute cytomegalovirus infection, if the patient is symptomatic; Acute parvovirus infection, if the patient is symptomatic;

Alcohol abuse, substance abuse, or prescription abuse during pregnancy;

Continued daily tobacco use into the second trimester; Thrombosis;

Inflammatory bowel disease that is not in remission;

Primary herpes simplex virus during pregnancy, or active genital lesions at delivery;

Significant fetal congenital anomaly;

Ectopic pregnancy;

Gestational age greater than 42 0/7 weeks

Conditions That Require Consultation. . . During Pregnancy: Midwife may consult directly or refer you to see another care provider for consultation:

depression, bipolar disorder, schizophrenia, and other conditions that impair the ability of the client to participate effectively in self- care or that require the use of psychotropic drugs.

Second or third trimester bleeding;

Intermittent use of alcohol into the second trimester;

Asthma;

History of genetic problems, intrauterine death after 20 weeks' gestation, or stillbirth;

Abnormal PAP smear;

Possible ectopic pregnancy;

Tuberculosis;

Rh sensitization with positive antibody titer;

Breech presentation between 36 and 38 weeks;

Transverse lie or other abnormal presentation between 36 and 38 weeks;

Premature rupture of membranes at 37 weeks or less;

Small for gestational age or large for gestational age fetus; Polyhydramnios or oligohydramnios;

Previous LEEP procedure or cone biopsy;

Previous obstetrical problems, including uterine abnormalities, placental abruption, placenta accreta, obstetric hemorrhage, incompetent cervix, or preterm delivery for any reason; Inflammatory bowel disease, in remission; or '

Primary herpes simplex virus during pregnancy or active infection at time of delivery

Conditions That Require Transfer . . . in Labor and the immediate postpartum:

If immediate transfer is not possible because the birth is too close, the midwife will consult with another health care provider about when transfer should occur, if necessary:

The patient requests transfer;

Unforeseen non-cephalic presentation;

Unforeseen multiple gestation;

Non-reassuring fetal heart rate or pattern, including tachycardia, bradycardia, significant change in baseline, and persistent late or severe variable decelerations;

Prolapsed cord;

Unresolved maternal hemorrhage;

Retained placenta;

Signs of fetal or maternal infection;

Patient with a third or fourth degree laceration or a laceration beyond the licensed direct–entry midwife's ability to repair;

Apgar of less than seven at 5 minutes;

Obvious congenital anomalies;

Need for chest compressions during neonatal resuscitation; Newborn with persistent central cyanosis;

Newborn with persistent grunting or retractions;

Newborn with abnormal vital signs;

Gross or thick meconium staining, when discovered;

Newborn with excessive dehydration due to inability to feed

Conditions Requiring Transfer . . . Postpartum:

In these situations, the midwife continues to give postpartum care, while a medical provider would provide specialist care: Uncontrolled postpartum hemorrhage;

Preeclampsia;

Thrombo–embolism;

An infection;

A postpartum mental health disorder