

Kona Birth & Midwifery Services

Informed Consent Home Birth

The choice to give birth at home requires that the parents accept a great deal of **personal responsibility**. It is important to recognize that no one can guarantee pregnancy or childbirth to be free of complications. Conscientious prenatal care helps reduce many risks, but complications may arise during the course of pregnancy, birth, and postpartum.

General Criteria for Home Birth

- Good physical and mental health
- Good nutritional habits
- Adequate social support during and after birth
- Responsible and self-reliant attitude towards prenatal care and labor
- Good family dynamics
- Willingness to become knowledgeable about labor, birth, and breastfeeding
- Preparation of support people who will attend birth
- Understanding that aside from natural measures, pain medications are not available for labor
- Agreement to accept anti-hemorrhagic drugs postpartum, if needed
- Agreement to transfer to a hospital if deemed necessary by the midwife
- Help must be available in home 24 hours a day for a minimum of 1 week postpartum
- Agreement to have a birth team of 2 or more midwives/attendants at the birth

Contraindications for Home Birth

Chronic hypertension, heart disease, renal disease, insulin dependent, HIV+, malnutrition, poor weight gain, severe anemia, BMI over 35, cigarette smoking, drug or alcohol abuse, refusal for laboratory testing and H/H.

Conditions That May Necessitate Transfer or Transport

For Mother: Labor prior to 37 weeks or after 42 completed weeks gestation, abnormal vaginal bleeding during labor, placenta previa or abruption, postpartum hemorrhage, retained or adherent placenta, active genital herpes, severe allergic reaction to medications, maternal exhaustion, prolonged rupture of membranes without labor, pre-eclampsia, or a perineal tear >3

For Newborn: Breech, fetal distress in labor, heavy meconium stained fluid, prolapsed umbilical cord, malpresentation, respiratory distress, sepsis, severe jaundice, or anomalies

With knowledge of the risks and advantages of the childbirth options in my locale, it is my choice to plan a home birth. I realize that the outcome of pregnancy and labor cannot be guaranteed, and that there are risks associated with birth. I understand that for my safety I may be referred to a hospital before or after birth. I have discussed this with my care provider and hereby authorize her to make such a referral.

Client's Signature _____ Date _____
Partner's Signature _____ Date _____
Midwife's Signature _____ Date _____
Secondary Attendant's Signature _____ Date _____

NOTE: This document must be signed by both client and spouse before initiation of services. If client is unmarried only the client's signature is required.