

OKLAHOMA MIDWIFE INFORMED CONSENT FORM

Instructions: Per OAC 310:395-5-5(a)-(b). Informed consent, Licensed Midwife shall provide the Client with an informed consent process prior to all standard tests and treatments. Copies of this consent form may be downloaded by visiting the OSDH Midwives Program webpage or requesting a copy by contacting the OSDH Consumer Health Service at CHSLicensing@health.ok.gov.

CLIENT INFORMATION

Client Name: _____

Last

First

Middle

CLIENT ACKNOWLEDGEMENTS

Initials *Client must read each item and initial each in the space provided.*

() 1. I voluntarily consent for out-of-hospital birth with a: *(Select one option below.)*

- Certified Professional Midwife:** The CPM is the only midwifery credential that requires knowledge about and experience in out-of-hospital settings. Their education and clinical training focus on providing midwifery model care in homes and freestanding birth centers. In some states, CPMs may also practice in clinics and physician offices providing well-woman and maternity care. They have either completed an apprenticeship with a minimum of 2 years or a MEAC approved degree program.
- Certified Midwife:** The CM have or receive a background in a field other than nursing, then graduate from a masters level midwifery education program. They have similar training to CNMs, conform to the same standards as CNMs, but are not required to have the nursing component
- Certified Nurse-Midwife:** The CNM is trained in both nursing and midwifery. Their training can be done in a variety of settings, and the vast majority of CNMs practice in clinics and hospitals. Although their training occurs in medical settings, The CNM scope of practice allows them to provide care in any birth setting) They have their bachelors in nursing and masters in nurse midwifery. They are the only midwives required to have a nursing background.
- Unlicensed Midwife:** Midwives who - for religious, personal, and philosophical reasons - choose not to become certified or licensed. Typically, they are called traditional midwives. No formal education is required.

() 2. I have been provided with information regarding other available childbirth options.

() 3. I have been provided with the risks and benefits of out-of-hospital births.

Risks to Birthing at home:

- Increased distance to surgical interventions, NICU, and pediatric services may increase risk of infant and maternal death
- Home birth is associated with a more than twofold increased risk of perinatal death (1–2 in 1,000) and a threefold increased risk of neonatal seizures or serious neurologic dysfunction (0.4–0.6 in 1,000).
- In a planned home birth, approximately 23-37% of first time moms and 4-9% of multiparous (not first baby) are transferred to the hospital during labor.
- Transportation time to the hospital may decrease the ability of the hospital to provide good outcomes. For example, if the baby is in distress and a cesarean section is delayed, this could lead to permanent morbidity and mortality. If the mother is hemorrhaging, this could lead to increased need for transfusion, hysterectomy, and severe morbidity.

Benefits to Birthing at home:

- Low rates of cesarean birth (5.2% at home vs a national average of 31% for term infants)
- Low rates of birth assisted by forceps or vacuum (1.2% at home vs. a national average of 3.5%)
- Low rates of episiotomy (1.4% at home vs a national average of about 25%)
- Less need for oxytocin to speed labor (4.5% at home vs national average of 24% for labor induction and 16% augmentation in term pregnancies)
- Less use of epidural analgesia (4% vs a 67% national epidural rate)
- Decreased chance of being born prematurely, or too small
- Decreased chance of having a low 5 minute Apgar or requiring a transfer to a hospital after being born at home
- Increased rates of breastfeeding.

(continues on the other side)

OKLAHOMA MIDWIFE INFORMED CONSENT FORM *(Continued)*

- () 4. I understand that if I refuse recommended treatment or procedures, the prognosis (predicted future medical condition) is possible increased risk to both myself and my infant. I understand that the midwife, physician, medical personnel and other assistants will rely on statements about me, my medical history, and other information in determining whether to perform the testing or procedure or recommending a course of treatment.
- () 5. I understand that during the course of care, it may be necessary or appropriate to perform additional testing and procedures outside the standard of care, for which informed consent will be offered at that time.
- () 6. I have the right of refusal for any action, procedure, test, or screening recommended by the Licensed Midwife.

List refused item(s):

- () 7. I consent to and authorize my Midwife to make decisions concerning standard testing and procedures. I also consent to and authorize the performance of such additional procedures as the Licensed Midwife deems necessary or appropriate.
- () 8. I agree to allow my Midwife to disclose my Protected Health Information and to use my records in order to discuss my medical condition, medical consultation, to include referrals, or transfer of care, lab or ultrasound orders, and insurance claims on my behalf with those who are involved in my care.
- () 9. I voluntarily consent to allow any physician or midwife designated or selected by my Midwife and all medical personnel under the direct supervision and control of such physician or midwife and all other personnel who may otherwise be involved in performing such procedures to perform the procedures described or otherwise referred to herein. Unless rescinded, this consent will remain in effect until delivery or transfer of care.

REFERENCES

1. "Planned Home Birth" Committee Opinion Number 697. April 2017. ACOG
2. Cheyney M, Bovbjerg M, Everson C, Gordon W, Hannibal D, & Vedam S. (2014). Outcomes of Care for 16,984 Planned Home births in the United States: The Midwives Alliance of North America Statistics Project, 2004-2009. *Journal of Midwifery & Women's Health*
3. CDC/National Center for Health Statistics. (2010). National vital statistics system. Data available at <http://www.cdc.gov/nchs/VitalStats.htm>

READ CAREFULLY *By signing this form, I acknowledge that I have read or had this form read and/or explained to me, and that I fully understand its contents, and that I have been given ample opportunity to ask questions and that any questions have been answered satisfactorily. All blanks or statements requiring completion were filled in and all statements I do not approve of were stricken before I signed this form. I also have received additional information including but not limited to the materials listed below relating to the procedure described herein, including but not limited to proof of the Midwife's credentials.*

Client's acceptance of consent:

Mother/Client: _____

Print Name

Signature

Date