



Informed Disclosure & Consent for Midwifery Care & Out of Hospital Birth

Midwife

I, Terah Lara, practice as a midwife. I am licensed by the Department of Health with the State of Washington and have passed both federal and state licensing examinations. Obtaining this license involved graduating from an accredited midwifery program, completing an apprenticeship with licensed midwives, performing prenatal exams and observing births, as well as labor and birth managements. Additionally, I successfully completed two rigorous written exams that totaled 11-hours. I am also certified in Neonatal Resuscitation and CPR as well as have past certifications as a Medical Assistant.

My belief is that every woman has the right to choose where and with whom she has her baby. However, as a Licensed Midwife, I must abide by state regulations, which restrict my practice in a number of ways. Should your pregnancy fall outside of my realm of practice at any point, I will do my best to help you make alternative plans for the remainder of your pregnancy and birth.

I, Terah Lara, am a solo practitioner. In rare circumstances, another midwife may need to act as a substitute on my behalf for prenatal visits and/or for labor and/or for birth. Every intention will be made to match a midwife with what I feel is a good fit for the client should circumstances lead to the incapability of my attendance.

Testing

There will be thorough discussions of tests that are available to you and it is at your discretion which tests you elect to have. As a healthcare provider and per Washington guidelines, I agree to test women for Hepatitis B and syphilis during the first trimester of pregnancy or at the beginning of established care, whichever occurs first.

Risk

All births, regardless of the setting (hospital, birth center or home), carry a certain degree of risk. Even with low risk pregnancies and births, complications can arise. Generally, when complications do arise there is ample time to transport to the hospital. Occasionally, complications must be dealt with at home. Some complications that I have personally experienced include, but are not limited to, prolonged labor, dehydration, retained placenta, postpartum hemorrhage, shoulder dystocia, the presence of meconium, birth defects, fetal distress, and respiratory arrest.

Transport in Labor

While I will do my best to help plan a strategy for back up care for mother and baby and for transport care to medical facilities in case of emergency, the vast majority of health practitioners do not support out of hospital birth. The Emergency Medical Treatment and Labor Act (EMTALA) mandates that hospitals may not refuse emergency treatment to pregnant women or women in labor. Should a transport occur, you will not know which physician will care for you or your baby. I cannot guarantee what type of reception you will receive from the hospital staff or physicians.

In the event of either a complication or at my own discretion, if I determine that the well-being of mother or baby is at risk, I will recommend transport to the hospital that I feel will best be able to meet your needs. Please be advised that I expect the cooperation of both mother and father if transport becomes necessary. If transport is refused, I may be forced to call an ambulance to stabilize mother and/or baby. Upon arrival of the ambulance, I will turn care of mother and baby over to the paramedics.

My main goal is a safe birth for you and your baby.

Client(s):

- I have chosen to have an out of hospital birth based on what I believe to be a thorough examination of the alternatives. I have read the informed disclosure above, and all of my questions regarding Terah Lara's background and experience have been answered to my satisfaction. As a result I have asked Terah Lara to provide care and assist me in an out of hospital birth. In requesting the services of a midwife, I freely exercise my right to seek the type of maternity services I feel are best for myself and my baby.
- 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 for this out of hospital birth and the health of myself and my baby. I realize that no matter how carefully my risk status is assessed, emergencies or other unforeseen events can arise resulting in poor outcome. Obstetric emergencies and complications include, but are not limited to, labor prior to 37 weeks or after 42 weeks, abnormal vaginal bleeding, placenta previa or abruption, postpartum hemorrhage, retained or adherent placenta, pregnancy induced hypertension, prolonged rupture of membranes, fetal distress, prolapse of umbilical cord, stillbirth, respiratory distress, sepsis and shoulder dystocia. I understand that this list is incomplete. I agree to transfer mother and/or infant to physician management and care if this is deemed necessary by our midwife. I am fully aware that in the event of a complication or emergency, there are fewer diagnostic and therapeutic measures available at an out of hospital birth than there would be in a hospital setting, including some that may be lifesaving. I understand that this is the case and that some medical conditions may be more readily treated, with better outcome, in a hospital setting. I understand that our reception at a hospital in a transport situation may be less than pleasant.
- I understand that if I refuse transport when it is recommended, the midwife and/or her assistants reserve the right to call an ambulance to stabilize mother and/or baby.
- I understand that I may terminate my midwife's services at any time.
- I agree to be active, informed participants in the birth of my child and will do everything I can to optimize the conditions under which he/she will be born. I intend to prepare myself for my pregnancy and birth by exercising, maintaining proper nutrition and abstaining from drug use. I will have all medications approved by my midwife (including over-the-counter). I will also attend childbirth classes and/or pursue other sources of birth education. I will arrange for an adult other than the primary support person to be responsible for any small children who will be present at the time of labor and/or birth. I will have all supplies ready for the birth by 36 weeks of pregnancy.
- I understand that the midwife who cares for me in pregnancy will also deliver my baby. There may be another midwife or birth assistant attending my prenatal visits or during delivery. I accept that under certain circumstances another midwife may attend the delivery if my own midwife cannot attend for an unforeseeable reason.
- I understand that it is the intent of my midwife to treat my birthing rights with respect. I do understand, however, that my midwife will make decisions based on the particular circumstances of labor which relate to the welfare of my baby and myself. These decisions will be discussed with me unless in an emergency situation.
- I understand that besides carrying supplies to manage a normal birth, my midwife carries emergency obstetric medications and equipment. I understand that I may be transferred to the care of an obstetrician in pregnancy or transferred to a hospital during labor if it is in the midwife's judgment to be in my best interest.
- I understand it is my responsibility to secure newborn health care. This care can be given by a pediatric nurse practitioner, family practice physician or pediatrician. I understand that my baby should be examined 2-3 weeks postpartum, or earlier if recommended by my midwife.
- I understand that my midwife must practice within the parameters of Washington law.
- I hereby release Terah Lara, her assistants, and consulting physicians for all liability arising from acts or omissions on their part while functioning according to their protocols.

Client's Signature

Client's Printed Name

Date

Partner's Signature

Midwife's Signature

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