

## Prototype of an Informed Consent Form/Medical Consult Plan and HIPAA Form

Midwife /

Practice

Address 1

Address 2

Phone / Email contact Information

### Definitions (per state legislation)

**Midwife** – A person, who shall publicly profess to be a traditional midwife and who, for a fee, shall assist or attend to a woman in pregnancy, childbirth outside a hospital, and postpartum, shall be regarded as practicing traditional midwifery.

**Normal Pregnancy** – A pregnancy that is progressing and proceeding spontaneously without the need for medical intervention or the use of instruments and where spontaneous onset of labor occurs between 37-42 weeks gestation.

### SCOPE OF PRACTICE

The practice of traditional midwifery includes, but is not limited to:

- Initial and ongoing assessment for suitability of traditional midwifery care
- Providing prenatal education and coordinating with a licensed health care provider as necessary to provide comprehensive prenatal care, including the routine monitoring of vital signs, indicators of fetal developments, and laboratory tests, as needed, with attention to the physical, nutritional, and emotional needs of the woman and her family
- Attending and supporting the natural process of labor and birth
- Postpartum care of the mother and an initial assessment of the newborn
- Providing information and referrals to community resources on childbirth preparation, breastfeeding, exercise, nutrition, parenting, and care of the newborn

### LIMITATIONS OF PRACTICE 147D.09

The practice of midwifery does not include the following:

- The use of any surgical instrument or operative / surgical procedures at a childbirth, except as necessary to sever the umbilical cord or to repair first or second-degree perineal lacerations
- The assisting of childbirth by artificial or mechanical means
- The removal of a placenta accrete
- The prescribing, dispensing, or administering of prescription drugs, except vitamin K, postpartum anti-hemorrhagic drugs under emergency situations, local anesthetic, oxygen, and a prophylactic eye agent to the newborn infant

### PRACTICE STANDARDS

#### 147D.05 subdivision 1 (a)

A Licensed Traditional Midwife (LTM) shall provide an initial and ongoing screening to ensure that each client receives safe and appropriate care. An LTM shall only accept and provide care to those women who are expected to have a normal pregnancy, labor, and delivery. As part of the initial screening to determine whether any contraindications are present, the LTM must take a detailed health history that includes the woman's: social, medical, surgical, menstrual, gynecological, contraceptive, obstetrical, family, nutritional, and drug / chemical abuse histories. If an LTM determines at any time during the course of the pregnancy that a woman's condition may preclude attendance by an LTM, the midwife must refer the client to a licensed healthcare provider. As part of the initial and ongoing screening, an LTM must recommend the client receive the following services, if indicated, from an appropriate health care provider:

- Initial laboratory pregnancy screening, including blood group and type, antibody screen, indirect coombs, rubella titer, CBC with differential and syphilis serology
- Gonorrhea and Chlamydia cultures
- Screening for sickle cell
- Screening for hepatitis B and HIV
- Maternal serum alpha-fetoprotein test and ultrasound
- Rh antibody and glucose screening at 28 weeks gestation
- Mandated newborn screening
- Rh screening of the infant (via cord blood) for maternal RhoGAM treatment
- Screening for premature labor

The test results described above must be provided to the practicing LTM, who will document all findings in the client record.

### **MIDWIFE'S RESPONSIBILITY**

It is the responsibility of the midwife to:

- Assess clinical / physical / emotional findings at each prenatal / postnatal visit
- Make and initial assessment of labor
- Make suggestions to facilitate the labor's progress
- Consistently assess the labor's progress
- Make preparations for the birth and immediate postpartum
- Attend during the postpartum period until both Mom and Baby are stable (usually 2-6 hours)
- Perform initial newborn assessment and complete a birth certificate
- Schedule follow up postpartum visits on days one and three, and at one week, two weeks, and six weeks (within a two week visit available as needed)
- Identify her own medical backup for consultations, transfer of care, and/or 911 for an emergency in the event that the client has failed in their responsibility to obtain medical backup of their own

### **CLIENT'S RESPONSIBILITY**

It is the client's responsibility to:

- Arrange for prenatal visits for ongoing assessment of "normal pregnancy" using the schedule as follows: once a month through the 7<sup>th</sup> month, twice in the 8<sup>th</sup> month, and every week in the 9<sup>th</sup> month until the birth of the baby
- Practice self-care including proper nutrition, rest, exercise, and avoidance of environmental hazards
- Fill educational needs including pregnancy, labor, birth, postpartum, breastfeeding, and newborn care
- Obtain any needed lab or diagnostic workups during pregnancy
- Purchase and organize all birth supplies by week 36 of your pregnancy
- Arrange for medical backup

**CLIENT'S STATEMENT**

We understand that \_\_\_\_\_, our midwife, has the following experience/training/education/apprenticeship:

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We understand the fee agreement and method of billing

We understand that our records and any transactions are confidential and require our authorization prior to release

We understand that we may refuse services unless otherwise provided by law

We understand that midwifery apprentices may participate in the provision of our care under supervision

We understand that our midwife does / does not carry malpractice or liability insurance with respect to the practice of Traditional Midwifery

**RISKS ASSOCIATED WITH BIRTH**

Regardless of whether a birth takes place at home or in a hospital, there are risks. It is your responsibility to know the risks related to the place of birth you choose. Each may present a different set of risks.

"We realize that there are risks associated with birth, including the risk of death or disability of either mother or child. We understand that a situation may arise, which requires emergency medical care and that it may not be possible to transport the mother and/or baby to the hospital in time to benefit from such care. We FULLY accept the outcome and consequences of our decision to have a traditional midwife attend us during pregnancy and at our birth. We realize that our traditional midwife is not licensed to practice medicine. We are not seeking a licensed physician or certified nurse midwife as the primary caregiver for this pregnancy, and we understand that our traditional midwife shall inform us of any observed signs or symptoms of disease, which may require evaluation, care or treatment by a medical practitioner. We agree that we are totally responsible for obtaining qualified medical assistance for the care of any disease or pathological condition."

**CHILDBIRTH CHOICES**

In this area, you have several alternatives to traditional midwifery care. You may choose to be attended in a hospital and followed by a Doctor of Osteopathy, a Medical Doctor, Certified Nurse Midwife, or an Obstetrician during pregnancy, birth, and postpartum.

**TO FILE A COMPLAINT**

We understand that any grievance should be discussed with our midwife as close to the time of the incident as possible. If we cannot reach a resolution with our midwife, we may also follow up with our complaint to:

MidwiferyNow!  
9149 130<sup>th</sup> Ave  
Milaca, MN 56353

If more resources are needed, a complaint may be made to:

NARM  
Accountability  
Shannon Anton  
PO Box 128  
Bristol, VT 05443  
802-448-0462 accountability@narm.com

In the case that there is no resolution after the above resources have been utilized, a complaint may be made to:

Board of Medical Practice  
Attn: Secretary of Midwifery Advisory Council  
2829 University Ave. SE  
Minneapolis, MN 55414

**MEDICAL CONSULTATION PLAN (Client Copy)**

We understand that we may be referred, or our care transferred, to another health care provider in the event a situation arises prenatally, during the labor, birth, or postpartum period that requires medical assessment. Our midwife, in determining whether or not to transfer care, will take such assessments into account.

We have been provided with a copy of appendixes B, C, and E from Minnesota midwives' Guild "Standards of Care and Certification Guide" (current edition) that describes situations that may require consultation or transfer of care to a medically licensed health care provider, or transport to a hospital. We have had an opportunity to have our questions answered in regards to the appendixes listed.

Taking the above into account, at our request, our midwife, \_\_\_\_\_, has agreed to attend us at home at the time of our baby's birth, and has agreed to help us prepare by monitoring the condition of both Mom and Baby during this pregnancy, birth, and the six-week postpartum period.

I / We have read the foregoing and understand its content.

Expectant Mother \_\_\_\_\_ Date \_\_\_\_\_  
Father of Baby \_\_\_\_\_ Date \_\_\_\_\_ Midwife \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**MEDICAL CONSULTATION PLAN (Midwife's Copy)**

We understand that we may be referred, or our care transferred, to another health care provider in the event a situation arises prenatally, during the labor, birth, or postpartum period that requires medical assessment. Our midwife, in determining whether or not to transfer care, will take such assessments into account.

We have been provided with a copy of appendixes B, C, and E from Minnesota Midwives' Guild "Standards of Care and Certification Guide" (current edition) that describes situations that may require consultation or transfer to a medically licensed health care provider, or transport to a hospital. We have had an opportunity to have our questions answered in regards to the appendixes listed.

Taking the above into account, at our request, (Our Midwife) has agreed to attend us at home at the time of our baby's birth, and has agreed to help us prepare by monitoring the condition of both Mom and Baby during this pregnancy, birth, and the six-week postpartum period.

I / We have read the foregoing and understand its content.

Expectant Mother \_\_\_\_\_ Date \_\_\_\_\_  
Father of Baby \_\_\_\_\_ Date \_\_\_\_\_ Midwife \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**NOTICE OF PRIVACY PRACTICES CONSENT FORM (HIPAA)**

Our notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by request.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you may consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this consent in writing, except where we have already made disclosures in reliance on your prior consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_