



Informed Choice for Homebirth with Karen Webster, CPM LM

In choosing home birth, I, _____, understand that I am taking primary responsibility for all decisions, procedures and outcomes regarding my prenatal, birth and postpartum care. I acknowledge that I am contracting for the services of Karen Webster, CPM.

I understand that my midwife provides care for women who have normal, uncomplicated pregnancies and expect a normal delivery of a healthy child. I understand it is the policy of my midwife to attend home births between 37 and 42 weeks of pregnancy. Births occurring within this gestation period are normally considered low-risk.

I understand that even with the most attentive care during the prenatal period, unpredictable medical problems may arise during pregnancy or childbirth. Because some of these problems may place myself or my child at risk, transfer to a physician and/or hospital may be necessary. The following situations are considered high risk. If they occur during my pregnancy I will need to reconsider my decision to have a home birth. They include but are not limited to the following:

- * diabetes
- * twins
- * preeclampsia
- * hypertension (high blood pressure)
- * breech presentation
- * Rh negative mom with a positive antibody screen
- * preterm labor
- * active genital herpes
- * Preterm premature rupture of membranes

The following complications may occur during the labor and birth process. They include but are not limited to:

- * fetal distress
- * stillbirth
- * placental abruption
- * congenital anomalies
- * retained placenta
- * prolapsed cord
- * excessive blood loss
- * placenta previa
- * uterine rupture
- * severe lacerations

I understand that any of these situations could lead to permanent injury and/or death to myself or my child.

I understand that Karen Webster, CPM, carries the following equipment, supplies, and medication with her during a homebirth:

- * Oxygen
- * IV Therapy Equipment
- * Fetoscope and hand-held Doppler
- * Vitamin K for newborn blood clotting
- * Suturing Supplies (suture and lidocaine)
- * DeLee catheter for deep suction of the newborn if necessary as in the case with passage of meconium
- * Bag and Mask for Neonatal Resuscitation
- * Basic Anti-Hemorrhagic Medication
- * Urinary Catheters
- * Erythromycin ointment for newborn infection prophylaxis

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INFORMED CHOICE

I understand that Karen Webster, CPM does NOT have the following equipment, supplies and medication with her at a homebirth:

- * Pain Medication including epidurals or narcotics
- * Surgical equipment beyond that needed for basic suturing
- * Forceps or Vacuum
- * Continuous Fetal Monitoring Equipment
- * Blood for transfusions

I understand that Karen Webster, CPM is licensed in the states of MD/ DE and **does not** carry medical malpractice insurance.

I understand that Karen Webster, CPM does NOT have formal physician back up and that it is my responsibility to make specific arrangements for back up medical care and/or consultation in the case of complications arising during my pregnancy, labor, or in the postpartum period.

Karen Webster, CPM will discuss the range of options for making these arrangements, and assist me if I request it in developing my plan, but I understand that it is my responsibility to establish a care relationship within the medical system by the 30th week of pregnancy. These arrangements will be documented in my chart.

I consider myself healthy and to be a good candidate for a home birth and agree to inform the midwife of any changes in my health status over the course of my pregnancy.

I agree to choose a health care provider for my baby (e.g. family practice doc, pediatrician, nurse practitioner, naturopath) by the 36th week of pregnancy.

I hereby release Karen Webster, CPM and her assistants from all liability for complications which may arise during the course of my pregnancy, birth, or postpartum as a result of my decisions and my choice to birth my child at home.

I acknowledge that I have thoroughly read and understood this document. I further acknowledge that I have had an opportunity to have any questions answered regarding the benefits and risks specific to homebirth.

I HAVE READ AND UNDERSTAND THE ABOVE STATED MATERIAL.

Client name: _____ Signature: _____ Date: _____

Partner name: _____ Signature: _____ Date: _____