

HOLISTIC BIRTHING CENTER & FAMILY SUITE  
AGREEMENT AND INFORMED CONSENT

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Cell \_\_\_\_\_

**Name of Program/Procedure:**

The name of this program is the St. John West Shore Holistic Birthing Center.  
(also referred below to as the Program)

**Name of Practitioner:**

- |   |  |
|---|--|
| <input type="checkbox"/> Maureen Stein-Vavro, CNM | <input type="checkbox"/> Sharon Johnson, CNM   |
| <input type="checkbox"/> Susan Dornan, CNM        | <input type="checkbox"/> Colleen Brezine, CNM  |
| <input type="checkbox"/> Colleen Zelonis, CNM     | <input type="checkbox"/> Jeffrey Christian, MD |
| <input type="checkbox"/> Other _____              |  |

**Description/Purpose of Program/Procedure:**

The Holistic Birthing Center/Program involves a holistic approach to the birth process. This Program is designed to provide a safe and satisfying experience that includes education, participation and follow-up. In most instances, the Holistic Birthing Center/Program involves expectant mothers who have uncomplicated medical and obstetrical history, have a pregnancy that is proceeding normally, and have agreed to assume the added responsibilities that go along with "alternative birth settings." The Program involves mothers who are ready for giving birth when the gestational age of the baby is 37 weeks or older, and there are no other high risk factors present. (i.e. hypertension, previous cesarean section, etc.)

The Program requires:

- Expectant mothers to agree to abide by all of its policies, including the educational components and post partum follow-up.
- Expectant mothers who have agreed to take responsibility for the medical care of the newborn, including arranging for a physical of their baby prior to discharge and arranging for follow-up with the pediatrician or family physician for an examination of the baby following discharge.

The features of the Holistic Birthing Center include the following:

- Participation in the educational components of the program. This can be done by attending classes offered or by self study
- Education/orientation as to the philosophy of the program
- Education of the mother and partner/support person regarding labor and birth
- Education on the care of the newborn after birth
- Involves one-to-one nursing care during labor and birth
- Use of alternative pain management techniques such as hydrotherapy/Waterbirth, aromatherapy, therapeutic use of music and massage therapy
- May include administration of IV antibiotics for mother's that test positive for Beta strep
- Option to utilize Nubain (analgesic) for pain management upon request
- Rooming in/ no separation of mother and baby
- The stay of mother and baby at the center can be for no more than 24 hours, after there may be a transfer to postpartum care.

The Holistic Birthing Center/program DOES NOT include:

- Routine intervention into the process of labor
- General and/or regional (epidural) anesthesia
- Artificial stimulation of labor with pitocin
- Routine use of continuous electronic fetal monitoring

## **RISKS OF PROGRAM/PROCEDURE:**

There are several possible complications and risks arising from childbirth and from participation in the Program/Procedure described in this agreement and consent. Some of these complications are listed below. However, the following explanation of complications is not meant as a list of every possible injury or complication no matter how remote. One major complication that can occur is fetal distress, which is the lack of oxygen for the baby before birth. Another possible complication is neonatal asphyxia which is lack of oxygen for the baby after birth. Both of these conditions can result in injuries, brain damage and/or death. Another possible complication is maternal hemorrhage which is excessive blood loss from the mother. Furthermore, the mother can suffer pre-eclampsia. Eclampsia symptoms include high blood pressure, convulsions and possible death.

During labor, there are complications that can arise in the uterus. One such complication is known as placenta previa, which is when the placenta is placed on or near the cervix. Also, there have been incidences of placenta abruption, which is premature separation of the placenta prior to the delivery from the uterus. Both these conditions can result in injury, and/or death. Another complication involving the uterus can be retained placental tissue, which can cause maternal hemorrhage and infection to the mother and if untreated, could result in her death.

Some of the possible complications which can occur during labor and birth are cephalopelvic disproportion, which is where the baby is too large to pass through the pelvis, or shoulder dystocia, which is a difficult delivery because of the shoulders of the baby. Both these complications can result in permanent injury to the baby or to the mother.

Certain complications have been known to occur involving the baby during labor and birth. These include the prolapse of the umbilical cord, which can result in the deprivation of oxygen and nutrients to the baby, causing permanent injury and/or death to the baby. Another complication that has occurred in the past has been malpresentation of the baby during birth which may require medical intervention and which could result in injury to the mother and baby or death to the baby. Another known complication is stillbirth. There is also the possibility that the baby will not tolerate labor and could suffer permanent injury or death. Another possible risk is the baby's maladaptation to life outside the womb, which could result permanent injury or death to the baby.

## **AGREEMENT OF PATIENT:**

Before participating in Holistic Birthing Center/Program, I understand and agree to the following:

1. I will abide by the terms and conditions contained in the document entitled "HBC Responsibilities," which is attached to this document;
2. I agree that in order to participate in Holistic Birthing Center/Program, I must participate in all education and orientation provided throughout the program, including, but not limited to, education regarding philosophy of The Holistic Birthing Center/Program, education regarding labor and birth, and education regarding care of my newborn after birth; this education may be formal classes, self study or past experience.
3. I agree that I must complete the prenatal course of care in order to participate in the Holistic Birthing Center/Program;
4. I acknowledge and agree that the gestational age of my baby must be at least 37 weeks or greater in order to participate in Holistic Birthing Center/Program, and that no other high risk factors may be present; I agree to inform my practitioner if any risk factor in my pregnancy occurs;
5. I agree to arrange for a physical of my baby prior to discharge from the Holistic Birthing Center/Program and to schedule a follow-up with the pediatrician or family practitioner for examination of the baby following discharge;
6. I agree to abide by any other policies of Holistic Birthing Center/Program;
7. I agree to have my medical record reviewed by the Holistic Birthing Center/Program Quality Assurance Committee.

Consent:

1. I have voluntarily chosen to birth my child in the Holistic Birthing Center/Program. I have made this decision after being fully informed of the nature and purpose of the reasonably known risks regarding the program/procedure. I acknowledge that my decision has been made after being fully informed that in the course of childbearing, which is a normal human function, medical problems may unpredictably and suddenly arise, which may present a hazard to myself and my unborn child. I have also been informed and understand that facilities and equipment for dealing with potential problems that may arise during the course of my labor and the birth of my child are available in labor and delivery at St. John Medical Center.
2. I choose not to have a saline lock IV in place during my labor and/or delivery. I understand that in the event of an emergency, care may be delayed to my baby or myself while IV access is obtained.
3. I choose not to follow the American Society of Anesthesia recommendation not to eat or drink during labor. I understand that in the case of an emergency, should I require anesthesia, I run the risk of aspiration (vomit in the lungs) which can result in decreased oxygenation, pneumonia, or even cause death.
4. Should any medical problems arise during labor, I am aware of the necessity for and hereby consent to my immediate transfer to labor and delivery at St. John Medical Center Birthing Suites or the operating room for further care.
5. Should any medical problems arise related to the well-being of my new born infant after birth, I am aware of the necessity for, and hereby consent to, the immediate transfer of my baby for further care at the appropriate facility at St. John Medical Center or elsewhere. I also understand that additional charges may apply for these services.
6. Should the Holistic Birth Center be occupied at the time of my labor, I am aware of the necessity for, and hereby consent to, admission to labor and delivery at St. John Medical Center for care. If this is necessary, I understand that the rules and regulations of St. John West Shore Hospital must be adhered to and I will accept any further financial responsibilities that arise as a result of my admission to labor and delivery at the hospital.
7. I understand that 24 hours after the delivery I will be discharged from the Holistic Birthing Center. If I choose to stay longer than 24 hours, I will be required to transfer to a room on the Family Suites Unit.

I HAVE READ THE ABOVE MATERIALS AND UNDERSTAND THEM COMPLETELY. I HAVE HAD THE OPPURTUNITY TO ASK QUESTIONS AND ANY ITEM THAT WAS UNCLEAR TO ME HAS BEEN FULLY EXPLAINED TO ME TO MY SATISFACTION. MY SIGNATURE BELOW INDICATES MY ACKNOWLEDGEMENT THAT I HAVE BEEN FULLY PROVIDED WITH A DESCRIPTION OF THE PROGRAM/PROCEDURE AND OF THE PURPOSE OF THE PROGRAM/PROCEDURE, AND THAT I HAVE BEEN INFORMED OF THE KNOWN RISKS OF THE PROGRAM/PROCEDURE. MY SIGNATURE BELOW INDICATES THAT I HEREBY FULLY AND VOLUNTARILY CONSENT TO PARTICIPATE IN THE PROGRAM/PROCEDURE.

Care Provider	_____	Date	_____
Patient	_____	Date	_____
Witness	_____	Date	_____