

Spokane Midwives, PLLC

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Spokane, WA 99207
509-326-4366

CLIENT-MIDWIFE AGREEMENT

Spokane Midwives, represented by the midwives listed above and the prospective clients, represented by _____ agree to the following terms and conditions for the provision of services by Spokane Midwives.

1. Introduction. Spokane Midwives is a midwifery service offering prenatal, intrapartum and postpartum care to pregnant women and their newborns. We are midwives licensed by Washington State and practice pursuant to state law. As such, we are trained and able to follow the essentially normal woman through the childbearing cycle. Whenever significant deviations from normal arise, physician consultation, and possibly referral for care, will be made. It is the philosophy of our practice that the childbearing cycle is, for the majority of women, a healthy and normal function, best completed with minimal intervention and maximum education and support. We believe that optimum health and safety are best achieved during pregnancy, childbirth and the postpartum period when the midwives and you work closely together and share responsibility. We believe in informed consent of decisions regarding your health care and encourage you to be in charge of those decisions. Also, it is our belief that each family is unique and must be treated individually, with respect and flexibility. Please do not hesitate to ask questions about our services as well as anything that concerns you, your baby or your family. We have on hand at your birth the supplies and equipment necessary for normal childbirth in an out-of-hospital setting. There are however, equipment and services available only at some hospital units and/or in the hands of specially trained practitioners. Therefore, some medical professionals oppose out-of-hospital birth because they believe the risks inherent in childbirth warrant that these services be available at every birth. However, there is no scientific evidence to support that for the majority of healthy women, giving birth in the hospital is safer than giving birth outside the hospital with the assistance of a well-trained and equipped attendant. The specialized equipment and services the hospital provides, and in some cases is needed, isn't difficult to access with four hospitals in town. While a birth assistant is required at a birth center delivery, homebirths may only have the midwife in attendance.

2. Initial Consultation. We offer a consultation session to all prospective clients. This visit includes but is not limited to a discussion of the philosophy of care of the practice, training and experience of the midwives, risks and benefits of childbirth in different sites, the management of complications in an out-of-hospital setting, relationships with medical backup for consultations and/or referral, and ample opportunity to ask questions.

3. Services Provided. Spokane Midwives will provide to you all of the usual prenatal, labor and delivery care and postpartum care including but not limited to:

- initial history and physical assessment;
- lab work;
- prenatal checkups at the clinic following the customary schedule with variations for your needs;
 Monthly until 28 weeks Bi-monthly until 36 weeks Weekly from 36 weeks until delivery;
- attendance at labor and birth;

- a one-day home visit postpartum with a 3/4 day home visit; 2 week visit at the office;
- a physical exam and family planning visit between 4-6 weeks postpartum;

- use of the clinic lending library;
- 24 hour on call availability of a midwife for emergencies and labor and delivery.

4. Screening of Clients. Midwives care for normal women during the normal childbearing cycle. As part of this we are trained to recognize and screen for potential problems. There may be at any time during your care, complications that contraindicate a safe out-of-hospital birth. We request that you review the handout "Consultation, Referral, Transfer of Care, Emergency Transfer and Transport Policy", and "Definition of Low-Risk Client". We encourage your questions and will gladly explain the reasoning behind the guidelines that we follow.

5. Client History. We will rely on your medical history and the information you provide. You must agree that this information will be complete and as accurate to the best of your knowledge.

6. Physician Backup and Hospital Care. If significant deviations from normal should develop at any time while under our care, consultation will be obtained. If physician care or transfer to a hospital is indicated, the midwife will facilitate this transfer. During labor and delivery, if you require emergent medical care, you will be transported to the nearest appropriate hospital facility. The midwife will accompany you to the hospital, as your advocate, but you or your baby will be under the care of the hospital staff. There is no doctor willing (different paradigm or birth) or able (liability insurance won't allow them) to provide "backup" care. You will have to accept the OB on-call at which ever hospital is deemed closest or best for your/your baby's transport. All four hospitals have an OB on-call 24/7. There is no legal relationship between the midwife and physicians or the midwife and the hospital.

7. Newborn Care. The midwives are trained to perform a physical assessment on your newborn and to counsel you regarding care of your baby. We also perform newborn metabolic screening tests. However, there are conditions that could arise in the first hours or days after birth that we are not qualified to handle. You must agree to arrange for ongoing health care for the baby, preferably before the birth.

8. Student Midwives. Student midwives may be involved in your care and function as an integral part of the midwifery team. Student participation occurs under the supervision of a licensed midwife. Your comfort with the student's participation is of utmost importance and, as with any other aspect of your care, we welcome feedback. Is it OK for a student to be involved in your care? _____YES _____NO (initial one)

9. Use of Medical Records. The client authorizes Spokane Midwives to full access to her medical records for research and statistical purposes, provided that their personal privacy is protected and guaranteed. Is it OK for your data to be used for research? _____YES _____NO (initial one)

10. Discontinuation of Care. We reserve the right to discontinue care if we feel the choices that you are making are harmful to yourself or to the baby.

AUTHORITY TO TREAT

I authorize the Spokane Midwives midwifery staff to provide my baby and me with health care, prenatal education, physical examinations to mother and baby, obtain blood or laboratory specimens, monitor labor and assist delivery, postpartum care, and other procedures related to childbearing which may be necessary or advisable. The administration or performance of this care may be at the clinic or elsewhere, including my home. In case of emergency, I authorize the midwifery staff to take appropriate measures and when specialized equipment or hospitalization is believed to be required, to transfer my baby or me to a hospital.

INFORMED ASSUMPTION OF RISKS

While childbearing is a normal human function, it has been explained to me and I understand that, though the likelihood is small in “low risk” women, in any particular case, complications can arise suddenly and unpredictably. In such cases, mother and/or baby may be at greater risk because of being outside a hospital setting. I understand that there are certain risks associated with any labor and birth in or out of the hospital setting and have made an informed choice regarding the place of birth of my child. I understand that the midwives carry certain emergency equipment but that they cannot duplicate services available at the hospital including - surgery, forceps, vacuum extraction, blood, chemical pain relief, repair of a 3rd or 4th degree laceration. Also for the baby we cannot provide airway intubation or tracheal suctioning, prolonged observation, medications, or X-ray. I understand that the midwives do not use continuous electronic fetal monitoring.

I have had the opportunity to inform myself or be informed of complications that could arise. I have received and read a copy of “*Clients Rights and Responsibilities*”. I agree to assume the risks associated with childbirth, particularly those unique to out-of-hospital birth specifically delayed surgery, blood, NICU services which could result in morbidity or mortality to me or my baby.

I understand that medicine, nursing and midwifery are not exact sciences and I acknowledge that no guarantees or assurances can be made to me concerning results of treatments, exams or procedures to be performed. I have the assurance of the midwifery staff that all information regarding my care, while a client, will be shared with me. The midwifery staff’s primary role is one of education, support and advocacy, as well as intervention in emergency situations that require immediate response.

The undersigned having read and understood this contract, have received all the supporting documents mentioned in this contract and having had full opportunity to ask questions, understand the services provided by Spokane Midwives, its limitations and risks.

This contract is entered on _____, _____

Signature of client

Signature of spouse or partner

Print name

Print name