

# *Skaidre Brown, Licensed Midwife, PLLC*

Phone: (360) 421-5140 Fax: 1(888)728-0157 www.skaidrebrownmidwife.com

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## **Informed Consent for Midwifery Care and Place of Birth**

Experiencing pregnancy, labor, and birth is an all-encompassing experience in which the individual has great responsibility. When choosing a healthcare provider, an individual should be fully informed of the qualifications, experience, and practice philosophy of that provider. This document is to give the individual this information so an informed choice can be made. There is a trusting relationship that develops between the midwife and the client that is developed through education, informed consent, and shared decision making to achieve a healthy outcome for both the individual and her baby.

**The Provider:** Skaidre Brown, LM, CPM, is a new midwife that started her practice in September of 2020. She received her education through Midwives College of Utah, and was licensed by the state of Washington in September of 2020. She completed her MCU program requirements in August of 2020 and graduated in December of 2020 after passing the exam and receiving the national Certified Professional Midwife credential. Skaidre has worked with CPMs, LMs, and CNMs throughout her education. Skaidre's experience includes home birth and birth center birth. She provides care for low-risk pregnancies in an out-of-hospital setting. Skaidre attends all appointments and births at the client's home. Her licensure and credentials do not equip her to work with high-risk pregnancy or complicated births. Her certification in Neonatal Resuscitation and Adult/Child/Infant CPR are current.

Skaidre Brown, LM, CPM is a professional member of Washington Alliance for Responsible Midwifery (WARM) and regularly attends peer review for quality assurance, as well as, completing continuing education credits as required.

The attendants for the birth will be Skaidre Brown, LM, CPM and a trained assistant or other LM. The assistant is a trained individual that will be on call for your birth starting at 37 weeks and will attend the birth toward the end of the labor, for the birth, and for help in the immediate postpartum. Two assistants may be present if deemed necessary by the midwife, or in the event of training purposes.

The client has the freedom to have friends, family, children, and/or doula at the birth apart from the birth team.

Skaidre Brown, LM, CPM currently does not have students working with her. Although, Skaidre may ask the client to allow occasional training opportunities for assistants and/or students. Approval is up to the client. She provides care in a solo practice with outside midwife assistant or LM to help for births. If Skaidre is unavailable, i.e., sick, and cannot attend your birth, another local midwife will attend and cover for her. This midwife will be experienced and licensed in Washington state.

**Legal Status & Malpractice:** The Washington Department of Health licenses midwives and licensed midwives practice legally. To qualify for their license, applicants are required to pass an exam given by the state, they must attend at least 3 years of midwifery school with both hands-on experience (100 births and many appointments) and academic work.

Midwives can legally carry medications such as, IV fluids, IV antibiotics for GBS, postpartum hemorrhage medications, oxygen for mother and baby, resuscitation equipment, lidocaine for suturing, vitamin K injection for the newborn, and antibiotic eye ointment for the newborn. Skaidre Brown, LM, CPM cannot provide care in the hospital and does not have a formal back-up arrangement with an obstetric provider, although, she has a specific physician experienced in pregnancy and birth complications that she will consult when need arises.

Skaidre Brown, LM, CPM carries malpractice insurance. However, births involving a prior cesarean delivery are not included in the liability insurance plan and the midwife will only agree to attend such a birth on a case-by-case basis.

**Philosophy of Care:** Childbirth is a natural, physiological process not a medical illness. Women's bodies are designed to give birth and the role of the midwife is to assist the mother in that process. The midwife

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is responsible for guiding and educating the mother in healthy practices to remain low-risk. Nutrition and exercise are important aspects of maintaining health throughout the pregnancy, labor, delivery, and postpartum. Education is crucial in making informed decisions. The midwife will educate the client whenever there is a decision to be made and, together, they will come up with that decision so it is in the best interest of both the mother's and the baby's health and within the midwife's scope of practice and experience. With appropriate monitoring and communication, most abnormal conditions can be identified early and the midwife will seek the appropriate medical care for the client when needed.

**Services Provided:** The midwife provides complete maternity care from 4 weeks gestation (or first appointment made upon discovering pregnancy) until 6 weeks postpartum. The midwife provides newborn care up to 2 weeks after the birth. The midwife can provide lab work, including prenatal bloodwork, non-invasive prenatal testing, genetic testing, RhD, urine testing, blood glucose screening, group B strep testing, newborn blood screening, paps, testing for sexually transmitted infections, and limited vaccine administration. The midwife will refer the client to Skagit Radiology for ultrasounds when needed (or radiologist of client's choice). The midwife will provide the client with information on newborn hearing screening, which you can arrange with your pediatrician. Any more invasive testing will need to be referred to an obstetrician as well.

**Prenatal Care:** There will be an initial visit where medical and obstetric history is discussed and recorded and a physical exam is done. Expect this visit to last 1-2 hours. Following visits will last about one hour or less. Visits are every 4-5 weeks until 28 weeks, every 2-3 weeks from 28 weeks to 36 weeks, then once a week until delivery. Visits include nutritional counseling, lifestyle counseling, weight gain monitoring, blood pressure monitoring, pulse, swelling, emotions, discomforts, sleep, activity, any symptoms felt and possible remedies, fetal surveillance including: growth, heart rate, movement, and position. All visits are done in the client's home at this time.

**Care of note:** Unplanned and/or crisis pregnancy will be cared for delicately with Skaidre Brown, LM, CPM. Referrals for resources and counseling will be provided. However, although legal in Washington state, Skaidre Brown, LM, CPM does not provide termination of pregnancy or referral for termination of pregnancy for any reason. This service is easily found in the community. If desired, Skaidre Brown, LM, CPM will provide support and referral for resources and counseling after a termination of pregnancy to aid in healing, both physical and emotional. Please keep this in mind when deciding on reasons for genetic testing.

**Intrapartum Care:** This is care during the labor. The midwife will assess the client's and the baby's health throughout labor with fetal heart rate checks every 30 minutes, or as indicated, once in active labor, client's blood pressure, pulse, and temperature every 4 hours, or as indicated. Physical and emotional support is provided as well as encouragement to drink frequently, eat as tolerated, and change positions often. After the birth mother and baby will both be monitored for any signs of complications and the midwife will assist the baby with breathing if necessary. If all is normal, the cord will stop pulsing before it is cut and baby will remain skin-to-skin with the mother for at least an hour, this promotes breastfeeding, bonding, maintains newborn temperature and helps with newborn physiological transition. Once the placenta is delivered, breastfeeding is established, the client has had something significant to eat, and everyone is stable, only then will the midwife depart, expect this to take a minimum of 2-4 hours after the birth.

**Postpartum Care:** There are postpartum visits 24-48 hours after the birth, a 3-5-day visit, a 2-3-week visit, and a 6-week visit. Postpartum visits will last 45 minutes to an hour and include: checking on client's bleeding, breastfeeding, sleep, eating, general adjustment, blood pressure, pulse, temperature, uterine size, signs of infection, any pain. Also, checking on baby's heart rate,

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breathing, temperature, weight, peeing and pooping amounts, feeding, and sleep patterns. There will be continuous support and referrals to outside resources as necessary. The 6-week visit includes discussions on family planning, pap (if needed), and healing.

**On-Call/Availability:** The midwife is available to the client by phone, once care is established. Please refer to the handout as to when to call and when it is appropriate to call after hours. If the midwife is unavailable, another midwife will be taking call for her.

**Referrals and Unexpected Situations:** There may come a time in the client's care that the situation is outside of the midwife's scope of practice and medical care from a CNM, obstetrician, or hospital would be more appropriate. The midwife refers to practice guidelines from the Midwives' Association of Washington State at [www.washingtonmidwives.org](http://www.washingtonmidwives.org) when making decisions to consult or transfer care.

## A transfer of care during pregnancy, may occur for reasons such as, but not limited to:

- Ectopic pregnancy
- Molar pregnancy
- Premature pre-labor rupture of membranes (PPROM)
- Documented persistent/unresolved intrauterine growth restriction (IUGR)
- Multiple gestation if not co-managing prenatal care
- Eclampsia, HELLP, pre-eclampsia, or persistent high blood pressure
- Placenta previa at term
- Isoimmunization with an antibody known to cause hemolytic disease of the newborn (Rh- client with positive antibody screen)
- Clinically significant placental abruption
- Deep vein thrombosis
- Cardiac or renal disease
- Gestational diabetes requiring management with medication; consultation in lieu of transfer if co-managing metformin with physician
- Known fetal anomaly or condition that requires physician management during or immediately after delivery
- 43 weeks completed gestation
- Malpresentation at term (i.e. breech, transverse lie, oblique lie, or compound presentation)

## A transfer of care during labor may occur for reasons such as, but not limited to:

- Active labor before 37 completed weeks
- Presentation other than head down undiagnosed in pregnancy including breech, transverse lie, oblique lie, or compound presentation at onset of labor
- Undiagnosed multiple gestation
- Fever ( $\geq 100.4$  F) that persists  $>1$  hour
- Findings that indicate an infection in the uterus including, but not limited to: fast pulse, fetal heart rate too fast, temperature  $>100.4$  F, uterine tenderness, amniotic fluid that smells bad or has pus in it.
- Thick or particulate meconium
- Persistent non-reassuring fetal heart rate pattern
- Exhaustion unresponsive to rest/hydration
- Abnormal bleeding during labor
- Suspected placental abruption
- Suspected uterine rupture
- High blood pressure ( $>140$  systolic or 90 diastolic twice 4 hours apart)
- Suspected pre-eclampsia (high blood pressure and protein in the urine)
- Seizure
- Rupture of membranes  $> 72$  hours
- Rupture of membranes  $> 18$  hours with GBS status unknown and no prophylactic antibiotics, or GBS+ and no prophylactic antibiotics
- Prolapsed cord or cord presentation
- Significant allergic response

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- Active genital herpes in vaginal, perineal or vulvar area in labor or after ROM
- Client's stated desire for transfer to hospital-based care

## After the baby is born some reasons to transfer care are as follows, but are not limited to:

- Significant postpartum hemorrhage unresponsive to treatment, with or without sustained vital sign instability or shock
- Retained placenta (>1 hour or active bleeding and manual removal unsuccessful)
- Lacerations beyond midwife's ability to repair
- Unusual or unexplained significant pain or difficult or labored breathing
- Significant, enlarging hematoma
- Uterine infection
- Seizure
- Allergic reaction
- Persistent uterine prolapse or inversion
- Fever ( $\geq 100.4$  F) that persists > 1 hour within the first 72 hours postpartum
- Persistent high blood pressure in the first 72 hours postpartum ( $\geq 140$  systolic or 90 diastolic twice 1 hour apart)
- Postpartum psychosis

## Indications to transfer the newborn in the immediate postpartum such as, but not limited to:

- Seizure
- Jaundice in the first 24 hours
- Persistent respiratory distress
- Persistent central cyanosis or pallor
- Persistent temperature instability
- Persistent low blood sugar
- Significant bruising, petechiae or purpura
- Apgar score 6 or less at ten minutes of age
- Major congenital anomalies affecting well-being
- Birth injury requiring medical attention

Any transfer that occurs during labor or the immediate postpartum can occur by private car or ambulance, the midwife will meet you at the hospital in the event of a transfer if appropriate.

**Equipment and Medications:** The following medications and safety equipment are carried with the midwife for a homebirth:

- Doppler for listening to the baby's heart beat during labor
- Oxygen for mother and baby as well as the bag and mask to resuscitate the baby
- DeLee suctioning catheter
- Urinary catheter
- IV supplies and fluids
- Pitocin, misoprostol, and methergine for significant bleeding postpartum
- Delivery instruments: episiotomy scissors, clamps, umbilical scissors, amnihook
- Suturing instruments and material
- Lidocaine for suturing
- Vitamin K injection for newborn
- Erythromycin ointment for newborn's eyes
- Rh immunoglobulin for Rh-
- Antibiotics for GBS+
- Herbal remedies

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The midwife does not carry pain medication for labor such as: narcotics, epidural, nitrous gas. Nor does she carry medications for augmentation of labor, blood transfusions, electronic or continuous fetal monitoring equipment, forceps, vacuum extractor, or surgical equipment beyond what is needed for suturing. Skaidre Brown, LM only attends homebirths at this time.

	Home	
	Natural	Medical
<b>Why people choose to birth at home</b>	<ul style="list-style-type: none"> <li>-Comfort of own home</li> <li>-You can have whoever you want with you</li> <li>-Water birth possible</li> <li>-Freedom of positions</li> <li>-Herbal remedies and aromatherapy available</li> </ul>	<ul style="list-style-type: none"> <li>-Analgesics for perineal repair</li> <li>-oxygen available if needed</li> <li>-resuscitation equipment available if needed</li> <li>-intermittent monitoring of baby</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>-Need to transfer to the hospital if medical intervention is necessary.</li> <li>-Need to transfer to the hospital if pain medication is desired.</li> <li>-Insurance may not cover homebirth.</li> <li>-Client assumes greater responsibility for their own health.</li> </ul>	
<b>Advantages</b>	<ul style="list-style-type: none"> <li>-Safe for low-risk clients</li> <li>-Client participates in shared decision making and informed consent.</li> <li>-No need to travel while in active labor.</li> <li>-In the comfort of your surroundings.</li> <li>-Freedom to get in any position for labor and birth.</li> <li>-Waterbirth available</li> <li>-Reduced chance of infection.</li> <li>-Reduced chance of medical interventions.</li> <li>-Reduced chance of C-section.</li> <li>-Privacy</li> <li>-Less expensive than hospital birth.</li> <li>-No limitations on support persons</li> </ul>	

**Questions to ask yourself:**

How do I feel about homebirth? \_\_\_\_\_

How do I feel about birth center birth? \_\_\_\_\_

How do I feel about hospital birth? \_\_\_\_\_

How do I feel about the safety of birth in general? \_\_\_\_\_

How do I feel about medical interventions? \_\_\_\_\_

Do you see birth as a natural physiological process? \_\_\_\_\_

Do I feel confident that I will get the care that I, or my baby, needs in the event of an emergency? \_\_\_\_\_

What further information do I need to make an informed decision? \_\_\_\_\_

**Suggested reading**

*Ina May's Guide to Childbirth* by Ina May Gaskin

*Born in the USA* by Marsden Wagner, M.D., M.S.

*The Thinking Woman's Guide to a Better Birth* by Henci Goer

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No matter where you choose to give birth, the responsibility of having a safe, healthy experience first lies with the client. Although the midwife cannot guarantee that you will birth where you planned or any type of outcome, she will be with you every step of the way helping with those informed decisions that will lead to the safest birth possible for the individual client.

**Appointments and Contact Information:** Appointments are scheduled individually and occur in the client's home on days and times agreed upon between the client and the midwife on a case by case basis.

The midwife will schedule herself vacation times each year, will make those dates known to the client as soon as possible and will not accept clients with due dates during those two weeks. If there is an emergency for clients during that time, the midwife will provide the client with contact information for a local midwife with appropriate credentials to cover those calls.

The midwife will be available by phone during the day or by appointment from the time care is established until after the 6-week postpartum visit. Please refer to the When to Call Your Midwife handout to determine when it is appropriate to call after hours. The client can reach the midwife via phone/text/voice: 360-421-5140 or email: skaidrebrwn@gmail.com.

## Agreement:

Client (print name): \_\_\_\_\_

Partner (print name): \_\_\_\_\_  
(if applicable)

*We have read and understand the Informed Consent for Midwifery Care and Place of Birth with Skaidre Brown, LM, and have had the opportunity to have our questions answered and our concerns discussed. We understand that Skaidre Brown, LM provides midwifery care for physiological pregnancy and birth and is licensed in the state of Washington.*

Client (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Partner (signature): \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

## Accepted:

Midwife (signature): \_\_\_\_\_ Date: \_\_\_\_\_

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