



Lynden Birth Center, LLC
Licensed Birth Center
200 3rd Street, Lynden, WA 98264
360-510-0188
FAX: 844-411-7474

Informed Consent: **For clients giving birth at Lynden Birth Center**

I have chosen to give birth at the Lynden Birth Center (LBC). I have had my questions answered about the available maternity care options in my area. I understand that additional information about licensed midwifery and birth center delivery can be obtained from the Washington State Department of Health, the Midwives Association of Washington State, and from my midwife.

Lynden Birth Center (hereafter known as LBC) is a free-standing birth center, not associated with any hospital. As such, LBC offers care only to low-risk clients as defined by the State of Washington and in accordance with the Midwives Association of Washington State Practice Guidelines, during labor, birth and the immediate postpartum (recovery) period. Clients at LBC are attended by midwives licensed under the State of Washington.

Licensed Midwives are trained to care for low-risk women having normal pregnancies, labors, recoveries, and healthy, term newborns. According to the WAC 246-329-010 (18) (a-e), in the State of Washington, a “Low-Risk Maternal Client” during course of pregnancy is defined as an individual who:

- Is at term gestation (between 37 and 42 weeks), in general good health with uncomplicated prenatal course and participating in ongoing prenatal care, and prospects for a normal uncomplicated birth as defined by reasonable and generally accepted criteria of maternal and fetal health;
- Has no previous uterine wall surgery, cesarean section, or obstetrical complications likely to recur;
- Has no significant signs or symptoms of anemia, active herpes genitalia, placenta previa, known non-cephalic presentation during active labor (including breech presentation), pregnancy induced hypertension, persistent polyhydramnios or persistent oligohydramnios, abrupt placenta, chorioamnionitis, known multiple gestation (twins, etc), intrauterine growth restriction, or substance abuse;
- Is in progressive labor (at the time of admission); and,
- Is appropriate for a setting where methods of anesthesia are limited.

Licensed Midwives attend births at free-standing birth centers and at homes, but not in the hospital. Maternal/fetal services provided in the hospital setting are attended by Certified Nurse Midwives, Family Practice Doctors, and OBGYNs. All of these are available in Whatcom County.

Services Provided by LBC

I understand that LBC is for women experiencing normal, complication-free pregnancies and births, and that if complications develop, my midwife will consult, refer or transfer as needed. Midwives suture, are trained to recognize and resolve many labor occurrences. They assess mother’s vitals and baby’s heartbeat, and are trained to identify normal variations. The birth center provides a comfortable environment, freedom of movement, medications for the control of mild to moderate hemorrhage, shock and seizure, as well as oxygen for resuscitation. Licensed Midwives are trained providers for neonatal resuscitation (NRP) and cardiopulmonary resuscitation (CPR).

For Rh negative clients (screening for Rh type is offered at initial prenatal visit): RhoGAM (to prevent Rh sensitization) is recommended to be received at 28weeks of pregnancy and within 72 hours of delivery and other times, eg., for spotting in pregnancy, as indicated.

Services offered to the newborn include Prophylactic eye ointment (to prevent newborn blindness in cases of maternal infection), Vitamin K administration (to prevent Newborn Vitamin K Deficiency Bleeding), Newborn Metabolic Screening (formerly called “the PKU Test,” this prevents a variety of serious problems if metabolic disorders go undetected), Newborn Hearing Screening, Congenital Heart Defect Screening using pulse oximetry, and of course, weight and jaundice checks, breastfeeding assistance and encouragement, emotional guidance, and referrals as necessary if lip and/or tongue tie is discovered, for postpartum mood disorders, etc.

If Complications Arise

An essential component of safe out-of-hospital maternity care is access to a higher level facility when indicated. Per the Midwives of WA State *Planned Out-of-Hospital Transport Guideline*: “If, during the course of labor, birth, or recovery, a client and/or her baby develops signs or symptoms indicating she/they are no longer low-risk and no longer eligible for continued care with a midwife in an out-of-hospital setting, it is the duty of a midwife to consult with a physician whenever there are significant deviations from normal in either the mother or infant (RCW 18.50).” As indicated, the midwife will: Discuss/explain/answer questions of the findings/situation with client, consult with OB Hospitalist, and arrange for transport (emergent or non-emergent, as appropriate) to PeaceHealth St. Joseph Hospital in Bellingham, WA.

LBC does not offer pain medication, narcotics, epidural anesthesia, vacuum extraction, forceps, complicated suturing, retained placenta removal, blood transfusions, severe hemorrhage, pre-eclampsia, medically advanced care of mother and/or baby, or cesarean sections. If these, or other concerns including fetal intolerance of labor, concerns of the mother or baby, maternal exhaustion, prolonged rupture of membranes, hyperemesis, HIV or Hepatitis B positive mother, etc., then the midwife shall consult with an OB/GYN at PeaceHealth St. Joseph Hospital in Bellingham, WA. A referral and transfer of care may be necessary, and transport to hospital would be initiated, which is approximately 15-20 minutes from the Lynden Birth Center. Depending on the situation, transport may happen by private vehicle or by ambulance. The midwife will call 9-1-1 to summon emergency transport when necessary. Lynden Fire Department is located 1 block from LBC.

It is important to remember that the vast majority of midwife-led transports are still “normal” OB cases, resulting in vaginal delivery, and the most common reasons for transport include a combination of prolonged labor, request for pain relief, and maternal exhaustion.

Immunizations NOT offered at LBC

- Hepatitis B and HBIG: Clients are screened for Hepatitis B during pregnancy. Clients who are positive for Hepatitis B are ineligible for delivery at LBC and would be referred to hospital for delivery and encouraged to receive Hepatitis immune globulin (HBIG) for themselves and Hepatitis B immunization for their newborns. Neither of these are currently available at LBC, and she would be counseled and referred to their primary care physician for these immunizations.
- Measles/Mumps/Rubella (MMR): Clients are screened during pregnancy for immunity to Rubella. Immunizations for women who are non-immune to Rubella are not currently available at LBC, and she would be counseled and referred to her primary care physician for rubella booster between pregnancies.
- *I understand I can obtain more information about these options from my midwife or from the LBC.*

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While pregnancy and birth are normal human functions, it has been explained to me and I understand that there are risks associated with labor and birth. Risks exist whether the birth is taking place in a hospital, in a birth center, or at home. I understand that, in rare cases, life-threatening emergencies can arise quickly and unpredictably. In such rare cases, mother and/or baby may be at greater risk outside of a hospital setting. I have made an informed choice regarding the place of birth for myself and my child.

I understand that my licensed midwife is responsible for my care and that the LBC is just a facility and, as such, cannot be held responsible for the choices that my midwife or I make. In the event that my insurance does not reimburse LBC as expected, I agree to pay the balance of the amount owed. By my signature below, I agree to the above and acknowledge that I have received, signed and returned the *Notice of Privacy Practices* and the *Client Bill of Rights*.

Printed Client Name

Client Signature

Date

Licensed Midwife Signature

Date