Information sheet and consent form for home birth

1. General:

Name of pregnant woman: ……

Name of the husband/partner/companion present at the delivery: .....

Calculated delivery date: ..... Beginning of on-call status: .....

Name of attending midwife:.....Tel. no.....

It is planned to call in a second midwife at the delivery. O Yes O No

Name of second midwife:.....Tel. no.....

Basically, birth is a natural process that does not require special medical assistance. Nevertheless, there are sometimes situations during, or after delivery, in which transfer to a hospital is necessary for the woman and/or the infant. In 92.3%* of these cases this transfer takes place calmly and preventively, very rarely hurriedly. More than 83.6%* of deliveries take place at the planned location. 91.7% of all births that start outside a hospital conclude spontaneously. The rate of caesarean sections is 5.6%*.
(*Source: Außerklinische Geburtshilfe in Deutschland, Qualitätsbericht 2015, www.quag.de).

Availability: From the start of on-call duty (37th - 42nd WOP) the midwife is available 24 hours/day; the parents are given the beeper/mobile number well in advance.

The baby's heart is monitored by listening to the heart sounds using a doptone or stethoscope, depending on the delivery situation.

2. Preparation of the pregnant woman/expectant parents:

- At the beginning of the on-call period, collect all the materials on the list that you have received and keep them easily accessible for the midwife.
- Keep your own vehicle fuelled (and in winter, covered) for a possible transfer.
- Memorize the route to the nearest hospital and the one that you prefer.
- Organize dependable care for siblings.
- Inform the midwife promptly about the beginning of the birth (start of labour and rupture of membranes).
- Attach a list of important phone numbers (112, ambulance and nearest hospital) visibly to the phone; this should also include your own name and full address).
- Keep hallways, driveways, etc. clear for emergency services.

3. Transfer to a hospital:

Possible reasons for transfer to a hospital before delivery might include:
- Exhaustion of the mother, excessive labour pain
- Necessity for strong painkillers/PDA (epidural anaesthesia)
- Premature rupture of membranes with the risk of ascendant infection
- Contraction disorders (too strong/too weak contractions)
- Standstill in contractions for an extended period
- Significant change in the baby's heart rate
- Need for Caesarean section, vacuum extraction or forceps delivery

Possible reasons for transfer to a hospital after delivery might include:
- Deep perineal lacerations 3rd-4th degree (other perineal injuries are sutured by the midwife)
- Severe adjustment disorders of the new-born
- Necessity for paediatric surveillance
- Failure of the placenta to detach, incomplete placenta
- Excessive bleeding due to insufficient contraction of the uterus

The hospital is informed immediately by the midwife of the impending transfer and the medical reasons for this, so that adequate preparations can be made.
A necessary precautionary transfer is done, if possible, using the patient's own vehicle to the chosen hospital.

Chosen hospital: ..... average driving time: ..... minutes

Depending on the time of transfer and the condition of the mother and/or infant, rapid transfer by emergency services with or without an emergency physician may be necessary. The time span until care in the hospital depends upon the driving time of the rescue service and the driving time to the nearest hospital (depending on distance, time of day, weather).

Subject to a different decision by the emergency services manager, there may be rapid transfer to the nearest hospital:

.....; average driving time: ..... minutes.

4. Medical measures that the midwife may take:

In the mother:
- Insertion of venous access (risk: swelling, infection, nerve injury)
- Administration of contraction-inhibiting drugs for during the relocation (risk: Pain, hypersensitivity reaction, allergic reaction)
- Execution of an episiotomy (risk: Pain, haemorrhage, infection, nerve injury)
- Administration of medication to stop bleeding after birth (risks: Hypersensitivity reaction, allergic reaction)

In the infant:
- Mouth-to-mouth/nasal resuscitation
- Cardiac massage
- Aspiration of mucus from the respiratory tract with the single-use suction device
- Administration of oxygen to facilitate spontaneous breathing.

The midwife may not carry out the following medical measures:
- Medical induction of labour
- Caesarean section
- Intensive care monitoring of mother and child
- Anaesthesia and administration of opiates, epidural anaesthesia (PDA)
- Blood transfusion

In an emergency situation, the midwife is required to provide initial assistance, to call in medical help and, if needed, organise transfer of the patient. If indicated the midwife will take suitable treatment measures (e.g. episiotomy, manual delivery assistance, administration of medications).

5. Risks:

In rare emergency situations, birth outside the hospital poses a greater risk to the extent that driving to a hospital can result in a loss of time and medical measures can be delayed, resulting in very rare cases in harm to the mother and/or infant.

6. Confirmation and consent

We confirm that the abovementioned points and the associated risks of a home birth were explained to us in a detailed interview with the midwife on..... We understood all points and had ample time to ask questions.

We consent that in an emergency situation the midwife may provide initial assistance, call in medical support and, if necessary, organise a transfer.

We wish to have a home birth. We always have the opportunity to reconsider our decision.

7. Additional agreements/details discussed:

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Place, date: ……

Signature of the pregnant woman: .....

Signature of the husband/partner/companion at delivery: .....

Stamp and signature of the midwife providing information: .....

Supplement for delivery in a midwife-led facility (HGE):

Basically, the information to explain a home delivery applies, with the following additions/changes.

1. Medical measures:

A midwife-led facility (HGE) is not a hospital, so that

- Special laboratory tests
- Medical induction of labour
- Caesarean section
- Measurement of the pH of the blood of the unborn or new-born from the umbilical cord
- Intensive care monitoring of mother and child
- Anaesthesia
- Administration of prescription drugs, blood and blood products

cannot be carried out and medical help is not always available.

In an emergency situation, the midwife of the facility is required to provide initial assistance, call in medical help and, if necessary, organise transfer of the patient. If indicated the midwife will take suitable treatment measures (e.g. episiotomy, manual delivery assistance, administration of medications).

2. Transfer:

In the event that any of these measures should be necessary, there will be a transfer to the hospital. In the midwife-led facility, only the equipment necessary for initial assistance in an emergency is available.

Necessary transfer without haste takes place, if possible, in the patient's own vehicle to the chosen hospital.

Chosen hospital: ..... average driving time: ..... minutes

A rapid transfer to the .....Hospital at ..... km from the midwife-led facility; average driving time .....minutes

3. Risks:

In rare emergency situations, birth outside the hospital poses a greater risk to the extent that driving to a hospital can result in a loss of time and medical measures can be delayed, resulting in very rare cases in harm to the mother and/or infant.

4. Confirmation and consent:

We confirm that the abovementioned points and the associated risks of birth in a midwife-led facility as well as the possibility of necessary transfer to a hospital have been explained to us in a detailed interview with the midwife on.....
We understood all points and had ample time to ask questions.

We consent that in an emergency situation the midwife may provide initial assistance, call in medical support and, if necessary, organise a transfer.

5. Additional agreements/details discussed:

……

……

……

Place, date: .....

Signature of the pregnant woman: .....

Signature of the husband/partner/companion at delivery: .....

Stamp and signature of the midwife providing information: .....

Stamp of midwife-led facility: