



## **Declaration of Consent for care in the midwife-led delivery room**

### **What makes the midwife-led delivery room (HKS) at the Bürgerhospital so special?**

Our HKS is a midwife-led care model at the Bürgerhospital in which healthy women are cared for exclusively by midwives during pregnancy, during and after birth and in the postpartum period. The HKS does not replace the existing delivery room (interdisciplinary delivery room, IKS for short) but represents an extension of the obstetric services offered by the Bürgerhospital.

### **What advantages and possibilities does the HKS offer me?**

The HKS offers individual midwife-led care without sacrificing the infrastructure of the clinic. Pregnant women who experience a complication-free pregnancy and wish to have as natural a birth as possible benefit from the care provided by experienced midwives at HKS. Through two preliminary consultations during pregnancy, the midwife team can focus on your individual wishes and ideas for the birth and provide you with holistic care. In addition to 1:1 care, all non-prescription medication as well as a relaxation tub and TENS unit and nitrous oxide are available to you during the birth. An epidural or opiates can only be used after transfer to the IKS. A transfer means no change of room or staff for you and can take place quickly and easily at any time if you wish or if it is medically necessary.

### **How does the care at HKS work?**

You will have two individual pregnancy consultations with midwives and a check-up by a specialist. During the birth, you will be continuously supported by an experienced midwife and, sometimes a student. In the final phase of the birth, a second midwife will also be there for you. You and your baby will be discharged home 4-6 hours after the birth if the process is physiological. In case you should not wish this or if it is not possible for medical reasons, you will be transferred to the postnatal ward approximately two hours after the birth and will be cared for by our experienced nursing staff until you are discharged. The daily ward round and discharge from the ward will be carried out by a midwife.

### **What are the requirements for care at HKS?**

- Healthy pregnant woman, healthy baby, complication-free pregnancy
- The desire to experience a natural birth
- Spontaneous onset of labor between 37+0 and 41+3 week of pregnancy
- Natural birth process and problem-free postnatal period

We look forward to accompanying the birth of your child together with you.  
Your midwife team

## Birth plan

In order to provide you with the best possible care during the birth of your child, we would like to ask you to answer the following questions in advance.

This will help us to respond better to your feelings and needs and to make the birth process as pleasant as possible for you.

How do you feel about touching? Do you like being touched?

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How do you feel about being naked in front of other people?

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Is there anything your companion is not allowed to see?

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What do you want from us as companions?

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Are there possible triggers we can look out for?

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Would you like to feel for the baby's head when it is born?

yes

no

I don't know

Can your baby come to you for bonding after birth? Or would you like us to clean it first?

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Would you like to see the placenta after birth?

yes

no

I don't know

How informed/prepared do you feel?

good

What I would still like to discuss:

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I hereby confirm that I have been informed by the midwife \_\_\_\_\_ and the senior physician or the specialist physician \_\_\_\_\_ about the following:

- A birth in a midwife-led delivery room is a low-intervention birth without strong painkillers and under the exclusive care of a midwife.
- An outpatient birth is **only** possible if you
  - have a pediatrician for the U2.
  - have a postpartum midwife for the metabolic screening.
- An outpatient birth is **not** possible if
  - a rupture of the membranes occurred more than 24 hours before the birth.
    - In this case, your child will be monitored for at least 24 hours by PAT (pulse-respiration-temperature) to detect signs of sepsis at an early stage.
  - you have developed gestational diabetes controlled by diet (dGDM)
    - outpatient discharge is not recommended from a pediatric point of view
- The procedure for various births was explained to me:
  - Rupture of the membranes
  - Contractions
  - Latency phase
  - Mucus plug discharge
- Hb value according to maternity pass \_\_\_\_\_. If necessary, advice on nutrition and iron supplements if it is close to 10,0.
  - **If the Hb value at birth is below 10.0, the patient will be transferred to the IKS.**
- I was introduced to birth preparation measures:
  - Pre-natal acupuncture
  - Perineal massage
- Procedure in the event of exceeded due date:
  - 2-day CTG checks at the gynecologist or at the Bürgerhospital until Date of delivery+7, then daily.
  - Appointments are made via the antenatal outpatient clinic (Phone: 069 1500 – 853).
  - Introductory recommendations according to the S3 guideline were discussed.

Notes from the midwife/doctor

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**Possible medical reasons for transfer to the interdisciplinary KRS (IKS) may include:**

- Exceeding the due date, which makes induction of labor necessary
- Painkillers are required (opiates, PDA)
- New risks arising during pregnancy
- New risks or pathologies arising during the birth (e.g. pathological CTG, stalled labor, emergency situation for mother and child)
- New risks or pathologies occurring after the birth (e.g. placenta retention, high blood loss, complicated birth injury, adaptation disorder of the child)
- I was informed about possible medical measures carried out by the doctor after transfer to the interdisciplinary KRS.
  - Caesarean section
  - Vaginal operative delivery (suction cup)
  - Microblood examination of the child (MBU)
  - Scraping (Abrasio)
  - Transfusion in case of bleeding

Notes from the midwife/doctor

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The midwives checked the inclusion and exclusion criteria for care in the midwife-led delivery room at the appointments during the pregnancy and at the admission examination. It was determined that I had no reasons that would prevent me from being cared for in a midwife-led delivery room (HKS).

I would like to take advantage of the opportunity to be cared for exclusively by midwives and pediatric nurses from birth to discharge.

If a birth at HKS is not possible for organizational or personnel reasons, my birth will be attended by an interdisciplinary team.

If problems or irregularities occur during the birth, the midwife in charge will consult a senior physician or specialist and refer me to the interdisciplinary delivery room.

<b>Consent</b>	
<p>I am aware that I can revoke this declaration of consent at any time and without giving reasons.</p> <p>All questions that seem important to me have been answered completely and comprehensibly.</p> <p>I have no further questions and feel sufficiently informed. I do not require any further time for consideration and consent to the planned procedure and any medically necessary, even unforeseeable changes, extensions, ancillary and follow-up measures.</p> <p>I will follow the behavioral instructions.</p>	
<p>I have received a copy of the declaration of consent.</p> <p><input type="checkbox"/> has taken place <input type="checkbox"/> rejected</p>	
Place, Date	
Name, First name	Signature of the expectant mother
Name, First name	Signature of the midwife
Name, First name	Signature of medical specialist/senior physician

<b>Only in case of rejection:</b>	
<p>I have been informed about the proposed measures. I do not consent to them being carried out. I have been informed emphatically that a birth in a midwife-led delivery room is not possible due to my refusal.</p>	
Place, Date	
Name, First name	Signature of the expectant mother
Name, First name	Signature of the midwife
Name, First name	Signature of medical specialist/senior physician