## MONTANA BOARD OF ALTERNATIVE HEALTH CARE **301 SOUTH PARK, 4th FLOOR** PO BOX 200513 **HELENA MONTANA 59620-0513** (406) 841-2394 FAX (406) 841-2305

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## BOARD-APPROVED INFORMED CONSENT FORM – DIRECT ENTRY MIDWIFERY

Licensed Direct-Entry Midwives (LDEM) in the State of Montana follow Montana regulations in Title 37, Chapter 27 of the Montana Code Annotated. Prior to accepting a woman into care, a Licensed Direct-Entry Midwife shall first obtain written informed consent per MCA 37-27-311.

The practice of Licensed Direct-Entry Midwifery (LDEM) does not constitute the practice of Medicine, certified nursemidwifery, or emergency medical care to the extent that a licensed direct-entry midwife advises, attends, or assists a woman during pregnancy, labor, natural childbirth, or the postpartum periods when the pregnancy is not a high risk. pregnancy.

Except as otherwise provided by law, parents have a right to give birth where and with whom they choose in the state of Montana.

Licensed Direct-Entry Midwives (LDEM) are required to file Birth Certificates and follow recommended Blood screening tests for Mother and Newborn baby.

Licensed Direct-Entry Midwives are not required by law to carry Malpractice insurance.

The complete rules and regulations can be found on the Board website at www.althealth.mt.gov.

Enclosed you will find, in the LDEM's own words, Informed Consent for Midwifery Care. Please initial each of the following sections as you have read and understood the following:

\* the LDEM's educational background, the nature and scope of the care to be given including the possibility of and procedure for transport of the patient to a hospital.

\* the available alternatives to LDEM's care.

\* a description of the risks of home birth, primarily those conditions that may arise during delivery.

\* the fact that you, the patient, have been advised to consult with a physician at least twice during your pregnancy.

\* whether midwifery services to be provided are located more than 50 miles from the nearest hospital.

\* that a health care provider's liability in rendering care or assistance in good faith to a patient of a LDEM in an emergency situation is limited to damages caused by gross negligence or by willful or wanton acts or omissions.

Additional information may be attached/included.

Patient/Client Signature

Date

Date \_\_\_\_

LDEM Signature

License #:\_\_\_\_\_