

KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, KY 40222

INFORMED REFUSAL FORM

Most pregnancies are considered low risk and have a low risk of developing complications. Clients whose pregnancies are low risk are good candidates for planning an out of hospital birth.

However, your midwife has determined that your pregnancy may not be low risk, and thus you are not a good candidate to plan an out of hospital birth. Your midwife has discussed the specific reason why you are not considered to have a low-risk pregnancy, including the most important risks to you or your baby. The specific concern, and some of the problems that may result, are checked in the list below:

	Condition	Examples of Potential Complications
<input type="checkbox"/>	Vaginal Birth after Prior Cesarean Section (VBAC)	The scar on the uterus may separate during labor. The baby may go through the separated scar into the abdomen, leading to fetal distress, brain damage or death. Separation of the scar may cause life-threatening bleeding to the client.
<input type="checkbox"/>	Baby not positioned head down (Breech Birth or other Malpresentation)	Only part of the baby may pass through the birth canal, leaving the baby's head trapped inside the uterus, resulting in fetal distress, brain damage, or death.
<input type="checkbox"/>	Pregnancy with more than one baby	Twin babies are often born prematurely and may need special care. The likelihood of fetal distress or other complications during labor is increased.

INFORMED REFUSAL FORM

<input type="checkbox"/>	The baby’s shoulder became stuck during a prior birth (shoulder dystocia)	Shoulder dystocia is a severe birth emergency, and can result in death, brain damage, permanent nerve damage to the baby’s arm, or other serious harm to the baby. While generally rare, shoulder dystocia is much more likely to occur to a pregnant person who has had a shoulder dystocia with a previous pregnancy.
<input type="checkbox"/>	Being pregnant past 42 weeks and 0 days. (Post-term Pregnancy)	The risk of the baby getting an infection or breathing in baby bowel movement with their first breaths (meconium aspiration) increases after 42 weeks. The risk that your baby may die (stillbirth) before it is born increases every day you remain pregnant past 42 weeks.
<input type="checkbox"/>	Other:	

Current medical recommendations for pregnant clients with one of the conditions listed above is to birth in the hospital. You and your baby could have serious complications during or after a birth, regardless of if the birth takes place out of the hospital or in the hospital. Although the likelihood that you will develop a very serious problem is relatively small, there is no way to guarantee a good outcome. When complications do occur, they can result in death, permanent brain damage, or other serious permanent harm to you or your baby. Having a baby in a hospital may reduce the likelihood that you or your baby could experience serious permanent harm if you have one of these conditions.

Kentucky law defines the practice of certified professional midwifery as caring for a client with a low-risk pregnancy. Because these conditions have increased risks associated with them, your midwife is required to recommend collaboration with, or transfer of your care, to a higher-level healthcare provider. However, you have the right to refuse these recommendations, including the recommendation to birth in a hospital. If you refuse to accept the recommendation to plan a hospital birth and wish to continue care with a licensed certified professional midwife for a planned out of hospital birth, then Kentucky law requires you to sign this form.

By signing this form, you acknowledge:

- A. Your midwife has explained to you the specific pregnancy condition that increases your risk of serious complications to include: death, serious permanent harm to you or your baby, or the possible need for emergent treatment that may not be available to you with an out of hospital birth.
- B. You have received enough information to weigh the risks and benefits of having a planned birth outside of the hospital versus a birth in a hospital setting, which has allowed you to make a well-informed decision about your preferred place of birth.
- C. After weighing the risks, benefits and alternatives, you are declining the standard recommendation for birthing in a hospital and choose instead to birth in an out of hospital setting.
- D. You understand that birthing outside of the hospital with one of these conditions increases your risks or your baby's risks and you accept these risks.
- E. You understand that at any time you may change your mind and request to birth in a hospital.
- F. All of your questions have been answered to your satisfaction.

I, the undersigned, have read the above document carefully and affirm that the acknowledgements above are true and accurate. I am making a well-informed decision to choose to have a planned out of hospital birth, against medical advice, and I understand and accept the risks of doing so.

_____	_____	_____
Printed Name	CLIENT	Signature
		Date

_____	_____	_____
Printed Name	WITNESS	Signature
		Date