

Ahmavine Midwifery Prenatal Informed Consent and Waiver

I acknowledge each parent's right and responsibility to be fully informed regarding the potential laboratory tests and screenings that are commonly done in pregnancy. This consent/waiver form is intended to provide you the basic layout and information to assist you in making the final decision regarding these tests. To ensure optimal midwifery care, you, the client, must feel informed and have made efforts to self educate regarding the following issues. At this point you should have received handouts and or had discussions with the midwife regarding the following issues. A thorough discussion of why, how, when, where, how much, and risk/benefit ratio are all appropriate questions before consenting to particular screens. Once you and your partner have discussed and decided what is right for you, you will be asked to document your choice regarding your decision. Please be aware that Ahmavine Midwifery does not carry malpractice insurance. I, _____, have been informed either by written handouts or verbally regarding the different screens and tests. I have been informed or informed myself of the risks and benefits of the following tests and screens. I accept the responsibility of any potential complications that may arise regardless of my decision. I fully release Ahmavine Midwifery or its midwives or assistants from any responsibility. I realize that in the future if I choose to have a test or screen that I declined, I can reverse my decision and this form will be initialed by me in the appropriate spot.

Physician Exam Referral

I understand that my midwife recommends me to see a physician for an initial exam to further ensure my low risk category for the safest possible homebirth experience.

DECLINE ACCEPT

Client sign _____ Date _____ Witness initials _____
Physician seen _____ Date of appointment _____

Disease Screening included in Initial Prenatal Profile Including Blood Type and Factor with an Antibody Screen, Immunity to Rubella, Hepatitis B, Syphilis, and HIV

I understand what these diseases are and the risks they would pose if untreated. I understand the importance of knowing my blood type and factor.

DECLINE ACCEPT

Client sign _____ Date _____ Witness initials _____

AFP Triple Screen Genetic Test

I understand what this test screens for and the pros and cons associated with the screen. I also understand that the most accurate time for this screen is between 16-18 weeks.

DECLINE ACCEPT

Client sign _____ Date _____ Witness initials _____

Ultrasound Exam

I understand that Ahmavine Midwifery does not provide ultrasound services but can recommend and or facilitate an ultrasound with another facility when appropriate. I understand that Ahmavine Midwifery does not do routine ultrasound screening and that choice is up to you whether or not you feel this an appropriate technology for you to utilize.

DECLINE ACCEPT

Client sign _____ Date _____ Witness initials _____

Gonorrhea Culture

I understand the risks and potentially fatal effects associated with an undiagnosed/untreated case of Gonorrhea.

DECLINE ACCEPT

Client sign _____ Date _____ Witness initials _____

Chlamydia Culture

I understand the risks associated with an undiagnosed/untreated case of Chlamydia.

DECLINE ACCEPT

Client sign _____ Date _____ Witness initials _____

Pap Smear

I understand the purpose of screening for cervical cancer. I understand the pros and con's of testing prenatally.

DECLINE ACCEPT

Client sign _____ Date _____ Witness initials _____

Diabetes Screening

I understand the risks associated with diabetes. I understand the pros and cons of diabetes screening.

DECLINE ACCEPT

Client sign _____ Date _____ Witness initials _____

Group B Strep Testing

I understand the risks of an undiagnosed infection of GBS. I understand the pros and con's of GBS testing.

DECLINE ACCEPT

Client sign _____ Date _____ Witness initials _____

Hospital Transport or Physician Referral

I understand and accept that my midwife may decide that it is appropriate to consult and or transfer care to a physician to best care/treat any complication or emergency that may arise. I further understand that costs accrued by any other care provider are completely above and beyond my fees due to Ahmavine Midwifery and are my sole responsibility.

Client sign _____ Date _____ Witness initials _____