



INFORMED CONSENT MIDWIFERY SERVICES

CLIENT #

MIDWIFE:	LICENSE #:
PHONE:	EMAIL:

CLIENT:	ADDRESS:	
DOB:	PHONE:	EMAIL:

I, _____ (Client), was provided with the following information from _____, (Midwife), both orally and in writing:

- The midwife’s scope of practice, educational background and credentials;
- The midwife’s experience with vaginal birth after prior cesarean section deliveries, or a delivery of a fetus in a breech presentation, if applicable to client’s condition;
- The potential risks, adverse outcomes, and alternatives to an at-home delivery associated with client’s specific condition, as described in R9-16-108(C)(1)(b), as well as the potential need for emergency transport, surgical intervention, and neonatal or maternal complications, including death;
- The required tests and potential risks to a newborn, and if declined, the need for written documentation of client’s assertion to decline;
- The use of a physician for the provision of emergency consultation or the use of a health care institution for the provision of emergency services;
- The midwife’s facilitation of transfer of care to an emergency medical service provider, to a hospital, or physician;
- The requirements in 9 A.A.C. 16, Article 1, including the necessity to terminate midwifery services if the requirements of the Article are not met; and
- The emergency care plan as required in subsection R9-16-108(E).

I, _____ (Client), was given the opportunity to have questions answered. I understand the information provided to me, and after careful consideration, I choose to continue midwifery services with _____ (Midwife).

Client signature:	Date:
Midwife signature:	Date: