

INFORMED CONSENT FORM

Ala.Code 34-19-14(a)(4)

I understand that a licensed midwife is not necessarily a licensed physician or nurse, and I am not seeking the services of either a doctor or a nurse for my home birth.

The risks associated with midwifery care and home birth have been explained to me and I understand those risks.

I acknowledge that birth can include a risk of disability and/or death for mother and/or child.

I, the undersigned, consent to receive licensed midwifery care for myself and my baby. I consent to licensed midwifery care for antepartum, intrapartum, postpartum, and for my newborn in an out-of-hospital setting.

I understand that after birth occurs, the licensed midwife will assess, monitor, and support the mother and newborn during the immediate postpartum period until they are in stable condition, and during the six-week postpartum period.

I understand it is recommended that every newborn see a pediatrician.

I understand that a transfer may be required to protect the safety of myself or my newborn if signs or symptoms are observed by the licensed midwife that necessitate such transfer.

Client Signature: _____ *Date:* _____

Midwife Signature: _____ *Date:* _____