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OUT-OF HOSPITAL BIRTH CONSENT FORM

I accept the responsibility of an out-of-hospital birth. I have been informed that there are risks and benefits associated with both hospital and out-of-hospital births. It is my intention to keep myself as risk free and healthy as I can. I understand that there are no guarantees for a "perfect" or uncomplicated pregnancy and birth.

I agree to be an active, informed participant in the birth of my child and will do everything I can to optimize the conditions under which he/she will be born. I intend to prepare myself for my pregnancy and birth by exercising, maintaining proper nutrition and abstaining from alcohol and/or drug use. I will take supplements as recommended by my midwife and will have all medications approved by my midwife (including over-the-counter). I will also attend childbirth classes and/or pursue other sources of birth education.

I will arrange for a physical examination by an MD or ARNP as a prerequisite for an out-of-hospital birth if requested by my midwife, and I agree to request complete records from other health care providers if needed.

I will ensure that I have a primary support person whose role is to assist me in pregnancy, labor, birth and the postpartum period, either of my choice or established here at the Birth Cottage of Milford, LLC from the available competent staff.

I will arrange for an adult other than the primary support person to be responsible for any small children who will be present at the time of labor and/or birth. I will have all supplies ready for the birth by 36 weeks of pregnancy.

I understand that the midwives who care for me in pregnancy will also deliver my baby. There may be another midwife or birth assistant attending my prenatal visits or during delivery. I accept that under certain circumstances another midwife may attend the delivery if my own midwife cannot attend for an unforeseeable reason.

I understand that it is the intent of my midwife to treat my birthing rights with respect. I do understand, however, that my midwife will make decisions based on the particular circumstances of labor which relate to the welfare of my baby and myself. These decisions will be discussed with me unless in an emergency situation. I understand that besides carrying supplies to manage a normal birth, my midwife carries emergency obstetric medications and equipment.

I understand that I may be transferred to the care of an obstetric in pregnancy or transferred to a hospital during labor if it is in the midwife's judgment to be in my best interest.

I understand it is my responsibility to secure newborn health care. This care can be given by a pediatric nurse practitioner, family practice physician or pediatrician. I understand that my baby should be examined within the first two weeks postpartum, or earlier if recommended by my midwife.

I have read and understand all of the above.

Signature of Client

Date

Signature of Co-parent

Date

Midwife Signature