



Sarah Bay

Certified Nurse Midwife

Advance Practicing Registered Nurse

www.sarahbaymidwife.com

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Consent for Care

I hereby request enrollment with Sarah Bay to receive maternity care for my current pregnancy with the following understandings:

1. Authority to provide care: I authorize Sarah and her staff to perform, administer and provide care as necessary to me and my baby. This is to include:
 - a. Perform physical exams on my person to confirm general health and pregnancy status.
 - b. Discussing treatment plans and education related to my care.
 - c. Obtaining of blood or other specimens for laboratory tests
 - d. Administration of medications as permitted by law such as IV infusions, intramuscular injections, local anesthetics, topical ointments/creams.
 - e. "Delivery" of my baby
 - f. Episiotomy and repair of lacerations related to birth if medically necessary
 - g. Postpartum care for mom and baby
 - h. Newborn care up to the first 30 days of life for my infant.
2. Emergency Treatment and Transfer of Care: I authorize Sarah and her backup staff to provide first aid as necessary in an emergency. When the midwife deems specialized medical care or hospitalization may be necessary, I shall agree to transfer care to the appropriate facility and provider.
3. Student Teaching: I understand that midwifery and other students may be part of my maternity care. I authorize /I refuse to allow students to participate in my care.
4. Client's right to withdraw care: I understand that I may choose to withdraw care at any point from Sarah Bay. I shall provide a written request to terminate care and transfer records.
5. Understanding of a midwives right to terminate care: I understand that Sarah may terminate my maternity care if there are indications that may not be a good candidate for a safe midwifery birth, if I fail to attend appointments regularly, if I fail to meet the financial agreement, or for other reasons at the discretion of Sarah. I understand that I will notified in writing of the care wietrawal and referred to another care provider or service to complete my care.
6. Disclosure of Personal Health Information: I authorize Sarah to disclose personal information for the purpose of billing, lab work, ultrasounds and medical consultations and referrals as appropriate for my care.
- 7.

Client Signature: _____ Date _____