



Sarah Bay
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Informed Consent for Planned Out of Hospital Birth

After careful considerations of all the options, we have chosen to have an out of hospital birth. The choice was made after careful considerations of the alternatives. We have asked Sarah Bay, CNM to provide prenatal care and to attend our birth.

In choosing to birth out of the hospital we knowingly accept the responsibility for our labor and birth. We realize that no matter how carefully we are assessed or the location for which we plan to deliver, unforeseen events may arise, resulting in poor outcomes. We realize that there are fewer diagnostic and therapeutic measures available out of the hospital to use in the event of an emergency. We recognize the possibility that some emergencies are better managed in a hospital setting.

We are aware that emergencies occurring in the home are handled in a medically supportive fashion until transfer to the hospital is accomplished. We agree to transfer mother and/or infant to physician management and hospital care if the course of pregnancy, birth or the postpartum period becomes medically completed. Whenever possible the decisions regarding such transfers will be made jointly by us, the midwives, and the consulting physicians. We understand, however that a situation may arise where we must accept the judgment of the midwife to transfer care.

We acknowledge that the management of our pregnancy and birth are based in part by the information provided by us. We therefore agree to cooperate fully, and provide the midwives and/or consulting physicians with the most accurate information possible. We agree to consultations and transfer of care if needed based on the health of the mother and the fetus.

We are willing accept the risks associated with birth and choose home birth center as the location of our care. We hereby consent to the care provided by Sarah Bay, CNM and the midwives/physicians who she collaborates with.

Client Name _____ Date _____

Client Signature _____

Spouse Signature _____

Sarah Bay, CNM, APRN _____ Date _____