

Home Birth Informed Consent

I, _____ (the client), am aware that only a midwife registered with the College of Midwives of British Columbia may provide midwifery services, including conducting home birth, and I am satisfied that my midwife is so registered.

1. My midwife has discussed with me the following information:
 - a. the benefits of home birth,
 - b. the risks associated with home birth,
 - c. the alternatives to home birth, including the option of giving birth in hospital with a registered midwife in attendance,
 - d. the standard procedures and emergency measures that may be used by a midwife assisting with home birth,
 - e. the standard procedures and emergency measures available in the hospital that will not be available at a home birth, without transport to hospital,
 - f. the criteria when transport from home to hospital is indicated,
 - g. the situations when transfer of care from a midwife to a physician would be appropriate and the procedures for carrying out a transfer with the midwife remaining in a supportive role, and
 - h. the inability to predict birth outcome in any setting.
2. I have received and had the opportunity to read and discuss with my midwife the Home Birth Handbook for Midwifery Clients.
3. My midwife has answered all of my questions concerning home birth to my satisfaction.
4. I understand the information given to me and wish to plan a home birth.
5. As a client planning a home birth:
 - a) I agree to transport to hospital during labour or the immediate postpartum should problems arise that cannot be safely managed outside of a hospital.
 - b) I understand that planning a home birth will not ensure me a home birth,
 - c) I understand that I can change my plan at any time, and choose to give birth in hospital with the support of my midwife.
 - d) I will provide my midwife with all relevant information about my health status or other circumstances that could potentially affect the health or safety of giving birth at home,
 - e) I understand that all information about myself and my baby will be kept confidential, except as required by law, and will be afforded the privacy protections of the BC Personal Information Protection Act,
 - f) I understand that some of the information I provide will be submitted to the BC Perinatal Health Program (BCPHP), a program of the Provincial Health Services Authority, for inclusion in a provincial perinatal registry.
 - i. The data submitted will be kept confidential, except as required by law, and will be afforded the privacy protections of the BC Freedom of Information and Protection of Privacy Act.
 - ii. The data submitted will be used to evaluate perinatal outcomes, care processes and resources, ultimately improving maternal, fetal, and newborn care in British Columbia.
 - iii. I understand that if I have any questions regarding the collection, use and disclosure of my personal information, I can contact the Registrar at the BC College of Midwives at registr@cmbc.bc.ca or (604) 742-2234.

Signed at _____, British Columbia, on _____
(City/Town) (Date)

(Signature of Client)

(Signature of Witness)

Midwife: _____

(Print name of Witness)

Reg. #: _____