



# INFORMED CONSENT FOR MIDWIFERY SERVICES

## MIDWIFE INFORMATION

|                         |                               |
|-------------------------|-------------------------------|
| Name: _____             | Arizona License Number: _____ |
| Telephone Number: _____ | E-mail Address: _____         |

## CLIENT INFORMATION

|                         |                       |
|-------------------------|-----------------------|
| Name: _____             | DOB: _____            |
| Address: _____          |                       |
| Telephone Number: _____ | E-mail Address: _____ |

I, \_\_\_\_\_, (PRINT CLIENT NAME), was provided with the following information from \_\_\_\_\_, (PRINT MIDWIFE NAME), both orally and in writing:

- The midwife's scope of practice, educational background and credentials;
- The midwife's experience with vaginal birth after prior cesarean section deliveries, or a delivery of a fetus in a breech presentation, if applicable to client's condition;
- The potential risks, adverse outcomes, and alternatives to an at-home delivery associated with client's specific condition, as described in R9-16-108(C)(1)(b), as well as the potential need for emergency transport, surgical intervention, and neonatal or maternal complications, including death;
- The required tests and potential risks to a newborn, and if declined, the need for written documentation of client's decline;
- The use of a physician for the provision of an emergency consultation or the use of a health care institution for the provision of emergency services;
- The midwife's facilitation of transfer of care to an emergency medical service provider, to a hospital or physician;



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- Inform the client of the requirements in this 9 A.C.C. 16, Article 1, including the necessity to terminate midwifery services if the requirements of the Article are not met;
- The emergency care plan as required in subsection R9-16-108(E).

## CLIENT ATTESTATION

I, \_\_\_\_\_, (PRINT CLIENT NAME) was given the opportunity to have questions answered. I understand the information provided to me, and after consideration, I choose to continue midwifery services with \_\_\_\_\_, (PRINT MIDWIFE NAME).

|                            |                      |
|----------------------------|----------------------|
| _____<br>Client Signature  | _____<br>Date Signed |
| _____<br>Midwife Signature | _____<br>Date Signed |