

College of Midwives of British Columbia

# 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 potential 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 specific treatments and procedures that may be used by a midwife assisting with home birth, and the potential benefits and risks associated with each of these,
  - 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 will give my midwife all relevant information about my health status or other circumstances that could potentially affect the health or safety of giving birth at home,
  - b. I agree to transport to hospital during labor or the immediate postpartum should problems arise that cannot be safely managed outside of a hospital,
  - c. I understand that all information about myself and my baby will be kept confidential, except as required by law, and will be subject to the privacy protections of the Freedom of Information and Protection of Privacy Act,
  - d. I understand that planning a home birth will not ensure me a home birth,
  - e. I understand that I can change my plan at any time, and choose to give birth in hospital with the support of my midwife,
  - f. I understand that data on all births in British Columbia is collected by the BC Reproductive Care Program (BCRCP) for a perinatal registry and that cases are sometimes reviewed by BCRCP and/or the College in order to make recommendations about improving maternity care in British Columbia. If the care I receive from my midwife is reviewed, I understand it will be done using a non-identifying case number, and not my name.

Midwife (print) \_\_\_\_\_ CMBC registration number: \_\_\_\_\_

Signed at Vancouver, British Columbia, on \_\_\_\_\_ (date).

Client (signature) \_\_\_\_\_

Witness (print) \_\_\_\_\_

Witness (signature) \_\_\_\_\_