



# INFORMED CONSENT FOR MIDWIFERY SERVICES

## MIDWIFE INFORMATION

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

## CLIENT INFORMATION

Name: _____	Date of Birth: _____
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 assertion to decline;
- The use of a physician for the provision of emergency consultation or the use of a health care institution for the provision of emergency services;



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- The midwife's facilitation of transfer of care to an emergency medical service provider, to a hospital, or physician;
- Inform the client of the requirements in this 9 A.A.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).

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
MIDWIFE SIGNATURE

\_\_\_\_\_  
DATE SIGNED