INFORMED CONSENT FOR
LICENSED MIDWIFERY SERVICES

Client's Name:_____
First Middle Maiden Last

Address:_____
Street City State Zip

Date of Birth: _____/____/____ **Telephone Number:** _____

GRAVIDA _____ **Para** _____/____/____ **EDD** _____/____/____

CONSENT:

I acknowledge that I am contracting for the services of a licensed midwife. I understand that licensed midwives provide care for women who have normal, uncomplicated pregnancies and expect a normal delivery of a healthy child. The educational background, training and experience of Florida licensed midwives varies. The licensed midwife listed below has explained her training and experience to me.

In order to receive care by the midwife, I must do the following:

- Give a complete medical, health and maternity history
- Review risk factors and other requirements with my midwife.
- Maintain a regular schedule for prenatal visits.
- I must make a plan for emergency care, with the assistance of the midwife. This plan will be implemented should unforeseen complications arise during my pregnancy or deliver. Further, the plan shall include any pediatric care necessary for my baby.

Childbearing is a normal human function, however unpredictable medical problems may arise during pregnancy or childbirth. Because some of these problems may place my child or myself at risk, transfer to a physician and/or hospital may be necessary. Delay in treatment may increase the degree of complication(s). Conditions that may be life threatening and/or require transfer to a hospital, are, but not limited to, symptoms of fetal distress, severe tears of the perineal area, excessive blood loss, seizures, abruption of the placenta, prolapsed cord or uterine rupture.

I am also aware of the benefits of natural childbirth relating to avoidance of potential injury resulting from either invasive procedures, anesthesia, or surgical intervention.

I have had an opportunity to review and discuss the information contained in this consent form; including, but not limited to the conditions which require the midwife to refer and/or transfer my care and responsibilities while under the midwife's care.

I hereby affirm that the licensed midwife presented to me the status of the midwife's malpractice insurance, including the amount of insurance, if any. Yes _____ No _____

I hereby attest to the given accuracy of my medical and obstetrical history and agree to adhere to the listed conditions, but not limited to, in this consent form.

I HEREBY AUTHORIZE _____, LICENSED MIDWIFE, TO PERFORM THOSE MATERNITY SERVICES WHICH ARE WITHIN THE SCOPE OF THE MIDWIFERY LIENSE. A COPY OF CHAPTER 467, FLORIDA STATUTES, AND 64B24, FLORIDA ADMINISTRATIVE CODE, OUTLINING THE SCOPE AND QUALIFICAITONS OF THE MIDWIFERY LIENSE ARE AVAILABLE UPON REQUEST.

_____	_____
Signature of Client	Date Accepted Licensed Midwife for Services
_____	_____
Signature of Licensed Midwife	Date Accepted Client for Services
_____	_____
Printed name of Licensed Midwife	License number