

## Informed Consent Signature sheet

Brenda Parrish, CPM, Traditional Birth Services

Your signature on this sheet signifies you have read the informed consent documents (located in the Birth Notebook provided) concerned with each topic and understand the risk factors, both for and against, each decision.

### Initials

\_\_\_\_\_ 1) I have read the provided information about Group Beta Strep. I understand that this is a screening test only, that no method of screening and/or prophylactic treatment is 100% effective in preventing GBS. I also understand that screening and prophylactic treatment can reduce the incidence of GBS disease. I have had my questions answered and can make an informed decision regarding GBS testing.

Consent

Do not consent to GBS testing at this time.

\_\_\_\_\_ 2) I have read the information concerning ultrasound and I

Consent

Do not consent to having an ultrasound during pregnancy.

\_\_\_\_\_ 3) I have read the information concerning Vitamin K administration for my infant after birth and have chosen:

Consent to oral Vitamin K administration (Client is responsible to order)

Consent to the administration of the injectable form of Vitamin K at birth

Do not consent to either form of Vitamin K administration

\_\_\_\_\_ 4) I have read the information concerning the administration of an antibiotic ointment in my infant's eyes following birth and have chosen:

Consent

Do not consent

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\_\_\_\_\_ 5) I have read and understand that the state of Georgia requires the metabolic screen on newborns and that I am responsible for arranging to have the test done at my physician's office, health department or local hospital lab (doctor's order required).

\_\_\_\_\_ 6) I have read and understand the information concerning the administration of Rhogam to Rh negative mothers. I choose:

Consent to a Rhogam given at 28 weeks prenatally

Do not consent

Consent to a Rhogam given within 72 hours postpartum if I give birth to a child with a positive blood type.

Do not consent to a postpartum Rhogam

\_\_\_\_\_ 7) I have reviewed all of the information about vaginal birth after cesarean, and have had the opportunity to have my questions answered. After considering all of the above information, I believe that the benefits of VBAC at home outweigh the risks in my situation, and I choose to seek the assistance of Traditional Birth Services and pursue a VBAC at home rather than in the hospital. I understand that I am making this decision of my own free will and against standard medical advice, and I do not hold Brenda Parrish of Traditional Birth Services or subcontractors of Brenda Parrish of Traditional Birth Services responsible for the outcome of my birth.

Consent

Do not consent

\_\_\_\_\_ 8) I have read and reviewed the information provided concerning delivery of a breech presentation. After considering the information, I believe the benefits of delivering a breech at home outweigh the risks in my situation and I choose to seek the assistance of Brenda Parrish of Traditional Birth Services and pursue a vaginal breech delivery at home rather than at the hospital. I am making this decision of my own free will and I do not hold Traditional Birth Services or Brenda Parrish, CPM responsible for the outcome of my birth.

Consent

Do not consent

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)