



# BEST START BIRTH CENTER

Phone: 619-299-0840

Fax: 619-299-0892

[www.beststartbirthcenter.com](http://www.beststartbirthcenter.com)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

## Terms of Participation

### **Patient Rights and Responsibilities** (What you can expect from us)

1. To be treated with dignity and respect
2. To have your privacy and confidentiality maintained
3. To review your medical treatment and record with your physician, licensed/certified nurse midwife, or nurse practitioner
4. To be provided explanation about test and clinic procedures
5. To have your questions answered about procedures and about your care
6. To participate in the planning of and decisions about your management during pregnancy, labor and delivery
7. To consent to or refuse the administration of any drug, procedure or treatment
8. To show respect for your sexual orientation, family life, cultural, and spiritual freedoms

### **Patient's Responsibilities** (What we expect from you)

1. To be honest about your medical history and lifestyle because it may affect you and your unborn child's health
2. To ask questions until you understand the information and the directions given
3. To follow advice and instructions given by the physician, licensed/certified nurse midwife or nurse practitioner
4. To report any changes in your health
5. To keep ALL appointments and arrive **on time**. If unable to make an appointment, cancel it 24 hours in advance or as soon as possible
6. To attend group education classes
7. To respect office policies and ask question if they are not understood
8. To notify the office of any change in address or phone number
9. To offer suggestion and compliments or express complaints and concerns

Please initial: ( \_\_\_\_\_ )

Best-Start Birth Center is a freestanding facility that offers an alternative to hospitalization for normal childbearing. It may appeal to and be desired by some people and not others, for this reason we feel you should be fully informed regarding our services.

Recent studies and our own record of good outcomes, demonstrate that out-of-hospital childbirth attended by licensed specialists such as Certified Nurse-Midwives working with physician specialists, is a safe and desirable option for care of normal birth. Centers such as ours also provide the added benefit of non-intervention. Many of these facilities are family centered practices with enhanced infant bonding, successful breastfeeding, and improved infant well being. Birth centers also have a significantly lower Cesarean Section rate than is average in the community.

Our staff is trained and experienced in providing individualized care and our goal is for every patient to have the best childbearing experience possible. While in the majority of cases, pregnancy and birth proceed normally, we cannot guarantee that there will not be a problem requiring transfer to a hospital. Our records show that approximately 14% of our patients will transfer to our physician consultants at some point in their pregnancy. While a transfer can be a disappointment, in these cases we consider the transfer necessary to maintain a good outcome for the mother and baby.

MR# \_\_\_\_\_



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In an effort to fully inform you of our procedures, methods, and services in addition to outlining your responsibilities as a patient we require that you participate in the orientation conducted by our professional staff. This includes (1) your personal inspection of our maternity facility, (2) discussion with the midwife about procedures and methods as well as our mutual expectations, (3) frank discussions of how hospital delivery, home delivery, and delivery at our Center differ, including the potential risks of childbearing to the mother and baby and their management in the Birth Center.

Some physicians and professional organizations have opposed freestanding birth centers because they feel there are certain inherent risks to the mother and baby when delivery does not occur in a hospital setting. However, that has not been our experience. We have taken every reasonable precaution to ensure your safety, comfort, and satisfaction. The Center has the equipment and medication on hand that is deemed necessary for normal childbearing in a home-like setting. However, we are not a hospital. We do not have an operating room or intensive care unit for mother or baby. Nor do we have the highly specialized services and equipment these units may utilize. Blood or blood fractions and general anesthesia are not administered here and the services of an anesthesiologist are not available. These services and equipment, however, are available at the near-by hospitals that serve as our back-up.

At anytime it may be the judgment of the Center's medical staff that care is better provided in another setting. Should this become necessary, your records will be made available to the physician and/or hospital assuming your care. In case of any emergency, you will be transferred to a back-up hospital for the Center according to established protocols and procedures. Although it is customary for one of our staff members to accompany you, hospital policy requires that upon admission, its staff and not our staff will have direct and exclusive responsibility for your care. All hospital expense incurred at such time or any other time shall be your obligation and is not included in our financial arrangement.

We provide all normal post-partum care for patients who deliver at our Center. Included in our services is one early postpartum follow up visit following the birth and two additional visits at the Center for both you and your baby. Prior to delivery, it is your obligation to select and arrange for your baby's routine Well Baby checkups. It is wise to make these arrangements more than one month prior to your due date.

It is the philosophy and policy of BEST START BIRTH CENTER that decisions about our care will be arrived at jointly and in consultation with you. It is imperative that you communicate to us any questions about our Center and its functions as well as anything that concerns you, your baby, or your family. We also highly encourage attendance of childbirth education classes by an approved instructor.

Due to the low risk nature of our Center, participation will be contingent upon your initial examination, history, laboratory results, and prior medical records where applicable.

## Consent Form

Being in the approximate [redacted] month of pregnancy and being [redacted] years of age, I hereby request participation in the BEST START BIRTH CENTER program with the following understandings.

1. Physical Examinations: I engage and authorize any member of the Medical Staff (which includes Certified Nurse-Midwives, Licensed Midwives, and Registered Nurses) to perform physical examinations on my person, to confirm general health and pregnancy status, obtain the usual specimens, and perform the usual diagnostic procedures, including but not limited to the following:

- a. Drawing blood for Rh factor, serology, AIDS screen, random drug screen, and other tests
- b. Performing urinalysis
- c. Measuring blood pressure
- d. Conducting internal examinations, (vaginal and rectal, with and without instruments); and
- e. Obtaining vaginal or cervical specimens including a Pap smear.

Please initial: ( [redacted] )

**\*\*Refusal of any laboratory work can result in disqualification for services at Best Start Birth Center.**

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2. Authority to Treat: I engage and authorize any member of the Medical Staff to treat, administer, and provide, as necessary or available to me and my baby a) health care, including pre-natal education and instruction, b) physical examinations as necessary, c) obtaining blood or other specimens for laboratory tests, d) oral medications, e) intramuscular, subcutaneous and intravenous injections and local anesthesia, f) intravenous infusions, g) delivery of my baby, h) episiotomy and repair, i) post-partum care, j) in-house newborn care, k) follow-up home visits by a visiting nurse, l) such other procedures related to childbearing as may be deemed necessary.

In the case of an emergency, I authorize any member of the Medical Staff to take appropriate measures and when specialized equipment of hospitalization is believed required, to transfer my baby and/or me to a back-up hospital.

The above are to be performed as deemed necessary or advisable by any member of the Medical Staff or the visiting nurse, as the case may be, in the exercise of his or her professional judgment. Please initial: ( )

3. Informed Consent: While the course of childbearing is a normal human function, it has been explained to me that sometimes medical problems may arise during pregnancy and birth. These problems are unpredictable and sudden and may be a hazard of childbearing or of being born or may be aggravated by the stress of childbearing or being born. There is no higher occurrence of these medical problems in a birth center setting than there is in a hospital setting. However, their occurrence could put the mother and fetus or newborn in a higher risk. Conditions affecting the mother that may occur include: a) excessive blood loss, b) infection, c) convulsions, d) coma, e) allergic reaction, f) respiratory distress, g) placenta abruption, h) rupture of circle Willis aneurysm, i) amniotic fluid embolism, j) gestational diabetes mellitus, k) uterine rupture, l) cardiac arrest, m) persistent hypertension, n) anaphylactic shock, o) failure to progress in labor. Other medical problems affecting the fetus and newborn that may occur include: a) prolapse and other problems relating to the umbilical cord, b) meconium stained amniotic fluid, c) congenital anomalies, d) fetal distress, e) malpresentation, f) immaturity and post maturity, g) birth injuries, h) still-birth, i) amnionitis. I understand that certain conditions affecting the newborn such as the effects of hyperbilirubinemia, blood incompatibility, precipitous labor, respiratory distress syndrome, some congenital anomalies, allergies, infections, brain damage with or without mental retardation are difficult to recognize or are unrecognizable within 12 hours of birth (the time at which families will usually be discharged). Please initial: ( )

I have been informed with regard to all of the foregoing and advised that I may have more detailed and complete explanations of each condition described and other even more remote risks, consequences, and conditions.

I am aware that the practice of medicine, nursing, and midwifery are not exact sciences. I acknowledge that no guarantees or assurances have been made to me concerning the results of the treatments, examinations, and procedures to be performed.

4. Patient History and Right to Withdraw: In view of all of the above, I understand that in my selection and treatment at BEST START BIRTH CENTER, you will rely on my medical history and the information that I provide about myself. I affirm that such information is and will be correct and accurate to the best of my knowledge. In addition, I agree to follow all the rules, regulations and policies of the Center with the understanding that I may voluntarily withdraw from participation at any time I wish, upon written notice to you. Please initial: ( )

5. Use of Medical Records: I authorize BEST START BIRTH CENTER and such parties authorized by them to have full access to my records for statistical studies and other research purposes. The only reservation is that my personal privacy will be protected. Please initial: ( )

I hereby consent to the release of information from my records to my consultant physician(s) and the hospital that would assume care in case of transfer. This includes any actual HIV results that may be, with my permission given, including the laboratory page of my clinical record.

I hereby consent to the release of information to BEST START BIRTH CENTER from my prior OB/GYN care providers and the physician and hospital that provides delivery and post-partum care in case of transfer out of the Center.

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**6. Disposition of Specimens:** Please initial the following:

a. I hereby authorize BEST START BIRTH CENTER to dispose of any tissue or fluid specimen that may result in the usual course of my pregnancy and postpartum. Please initial: ( ) **AND**

b. I acknowledge I may take my placenta home and understand I will be fully responsible for making other disposition arrangements for placenta. Failure to remove placenta within 5 days after specimen is obtained, will constitute approval of disposition by BEST START BIRTH CENTER under a.

Please initial: ( )

**7. Grievance Procedure:** In the event that you may have a grievance, you may resolve such grievance by any of the following procedures:

a. Discuss your concern(s) with one of the midwives.

b. Request an evaluation form from the receptionist or one of the midwives. Fill out the form, detailing your particular concern(s) and submit to the practice administrator.

c. Request a formal review by the Board of Directors of BEST START BIRTH CENTER. Submit your request in writing and you will be notified as to the time and place of the meeting. We strongly encourage you to be present at the review. Please initial: ( )

**8. Legal Action/Arbitration:** Any unresolved dispute or controversy between the parties shall be settled exclusively by arbitration, conducted in San Diego California in accordance with the rules of the American Arbitration Association then in effect. The decision of the arbitrator shall be final, binding and unappealable and shall be rendered no later than 120 days after the arbitrator is appointed. Judgment may be entered on the arbitrator's award in any court of competent jurisdiction. The expense of the arbitration proceeding shall be born by the non- prevailing party. The prevailing party shall be entitled to an award of reasonable attorneys' fees and costs. Please initial: ( )

**9. Glossary of Terms:** There is a Glossary of Terms available to all clients for viewing, upon request.

Please initial: ( )

**10. I consent to unannounced, random, drug screening:** Best Start Birth Center is a low risk out-of-hospital birth facility and as such must reserve the right to ascertain that all clients and their newborns are low risk. It is imperative that our clientele cooperate with us in this respect. I understand I have the right to decline announced random drug screening however, refusal of any laboratory work can result in disqualification for services at Best Start Birth Center.

I CONSENT to unannounced random drug screen for myself. Please initial: ( )

**\*\*Refusal of any laboratory work can result in disqualification for services at Best Start Birth Center.**

**Affirmation:** I have inspected BEST START BIRTH CENTER and have attended a consultation conducted by the staff. At leisure this general consent form and the consultation packet have been read and understood.

The undersigned understand the operation of BEST START BIRTH CENTER and its limitations and has had full opportunity to ask questions.

Signature of Mother \_\_\_\_\_

Date \_\_\_\_\_

Print Name (Midwife): \_\_\_\_\_

Signature of Midwife: \_\_\_\_\_

Association Childbearing Center  
Consent Form updated: 1996, 1997  
(1990) Updated in 2006  
Adapted from Maternity Center

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