



AABC Perinatal Data Registry™

(Originally known as the AABC Uniform Data Set)

Information & Consent Form

1. **Title of Data Collection Form:** *American Association of Birth Centers' Perinatal Data Registry™*
2. **Administrator:** Kate Bauer, MBA and Susan Stapleton, DNP, CNM
3. **Purpose:** The purpose of this data set is to:
 - a. Help improve and maintain quality of care of childbearing families;
 - b. Provide for ongoing and systematic collection of data on normal birth; and
 - c. Facilitate research on maternity care practices that support optimal birth.
4. **Procedures:** Participation in this data collection involves allowing information from your medical record regarding your pregnancy to be entered into a secure online data registry. The care that you receive during your pregnancy, labor, birth and postpartum, and the care that your newborn receives, will not be altered in any way as a result of your participation in this data registry. Your health record from your pregnancy may also be reviewed by one of the project administrators during a site visit to the practice in which you are receiving maternity care in order to confirm that the data entered in the data registry is accurate.
5. **Risks:** The risks involved with participation in this project are no more than one would experience in regular daily activities.
6. **Benefits:** Potential benefits of participation in this project include the satisfaction of knowing that you have helped to support the development of midwives, birth centers and the midwifery model of care, thus contributing to making this model of maternity care more widely available to families.
7. **Data Collection & Storage:** All information about you and your pregnancy will be kept confidential and secure, and only the people working with the project will see your data. No one except your care provider will be able to connect the data collected with you specifically. As required by the federal Privacy Rule (HIPAA), no identifying information will be seen by those conducting the project except your date of birth and your 5-digit zip code. Your data will be kept on file, and may be used later by other researchers who are studying specific parts of birth center or midwifery care. Your information will be completely de-identified prior to being used by any researcher, and all information, including your date of birth and zip code, will be removed.
8. **Contact Information:** For related problems or questions regarding your rights, or other questions about the data registry, you may contact the American Association of Birth Centers at 866-54-BIRTH or (215) 234-8068.
9. **Consent Statement:** I have read or had read to me the proceeding information describing the project. All of my questions have been answered to my satisfaction. I am 18 years of age or older, or am considered an "emancipated minor" because I am pregnant. I freely consent to participate, and also give permission for data about my newborn to be used. I understand that I am free to withdraw from the project at any time without penalty. I understand that my care during pregnancy will not be affected in any way by whether or not I participate in this project. I have received a copy of this consent form.

Signature of Client _____ Date _____

Signature of Provider _____ Date _____