

BELLINGHAM BIRTH CENTER, INC

2430 CORNWALL AVENUE BELLINGHAM, WA 98225

(360) 752-2229 FAX: 752-2228

INFORMED CONSENT

I have chosen to give birth at Bellingham Birth Center (BBC). BBC is licensed by the Washington State Department of Health and accredited by the Commission for the Accreditation of Birth Centers. I have had my questions answered about the available pregnancy care options in my area. I have received a packet of BBC paperwork which oriented me to BBC, and have been offered a tour of the facility. I understand that additional information about licensed midwifery and birth center birth can be obtained from the WA State Department of Health and the Midwives Association of Washington State (MAWS). For a complete list of indications for transfer of care and a definition of BBC's risk screening criteria, please see the MAWS document: www.washingtonmidwives.org/for-midwives/indications-consultation.html

I understand that BBC is for people experiencing normal, complication-free pregnancies and births, and that if complications develop, my midwife will consult, refer or transfer as needed. I realize that the birth center provides medications for the control of hemorrhage, shock and seizure, oxygen and ventilation equipment for newborn resuscitation, as well as nitrous oxide for pain relief. Additionally, the midwives privileged at BBC offer prophylactic eye ointment, vitamin K administration, metabolic screening, heart defect screening, and hearing screening for newborns, as well as rapid HIV screening as needed, and RhoGAM for Rh negative people. I understand that I can obtain more information about these options from my midwife or from the birth center. I also understand that narcotics, epidural anesthesia, vacuum extraction, forceps, blood transfusions, cesarean sections, and endotracheal intubation are not available at the birth center, and that if I or my baby need any of these things, we would transport to Peace Health Saint Joseph Medical Center.

While pregnancy and birth are normal human functions, it has been explained to me and I understand that there are risks associated with labor and birth whether the birth is taking place in a hospital, a birth center, or at home. I understand that, in rare cases, life-threatening emergencies can arise unpredictably and suddenly. In such rare cases, parent and/or baby may be at greater risk outside a hospital setting. I have made an informed choice regarding the place of birth for my child.

I understand that my licensed midwife is wholly responsible for my care and that BBC is just a facility and cannot be held responsible for the choices that my midwife or I make. The midwives privileged at BBC are in excellent standing in the community, are members of the Midwives Association of Washington State (MAWS) and carry malpractice insurance. The BBC facility fee is \$10,000 and insurance companies reimburse between approximately \$1000 and \$9000. BBC provides a discounted rate of \$2000 for families paying out of pocket if payment is made by 36 weeks gestation. I realize I am responsible for any unpaid deductible/coinsurance of the BBC facility fee and in the event that my insurance does not reimburse BBC as expected, I agree to pay the balance of the amount owed. I also understand that there is a "Financial Hardship Agreement" option for amounts unpaid by my insurance company. By my signature below, I acknowledge receipt of the Notice of Privacy Practices and the Client Bill of Rights, and my understanding of all of the above.

Client Signature

Date Signed

Printed Client Name

Licensed Midwife Signature