An important part of midwifery care is the partnership between midwife and client. I take responsibility for my health and the health of my baby, with the guidance of my midwife. I have reviewed information on the following tests and treatments available as part of my maternity care, and my questions have been answered to my satisfaction.

I understand that BWC midwives strive to ensure the safety of mothers and babies, and strongly recommend certain tests to assure that I am a candidate for birth outside the hospital. I understand that the following tests are part of the routine prenatal care I will receive:

Blood type and antibody screen
Complete Blood Count
Testing for Sexually Transmitted Infections: Hepatitis B, Syphilis, Gonorrhea, Chlamydia, HIV.
Vitamin D level
Titer for rubella immunity
Glucose Tolerance Test
Group B Strep screening

*Please **initial** appropriate box*

Prenatal testing and procedures (not included in routine care, may incur additional cost):

____I accept ____I decline	Blood test for Hepatitis C. Hepatitis C is a viral illness that may be spread by sexual activity, any form of drug use or activities that involve shared sharp instruments such as unsterile tattoos. The symptoms of Hepatitis C may not appear for years, or until severe damage has been done to the liver. Hepatitis C is curable if properly diagnosed.
____I accept ____I decline	Genetic screening option one: First and second trimester screening including first look ultrasound for nuchal translucency (thickness on the neck) and a blood test at 10-13 weeks, plus a blood test called a Penta screen in the second trimester. This test is screening only, not diagnostic. If the screen is positive, an amniocentesis is recommended for diagnosis. If the decision to seek genetic screening is made after the 10-13 week window, the Penta screen can be performed alone, although it is less reliable this way. We recommend you check with your insurance regarding coverage before this test is performed.
____I accept ____I decline	Genetic screening option two: Cell-free DNA test, which is a single blood test and can be performed any time after 10 weeks of pregnancy and can determine gender in addition to abnormalities. This test is also screening only, not diagnostic, and would require amniocentesis if positive. We recommend you check with your insurance regarding coverage before this test is performed.
____I accept ____I decline	Screening for inherited genetic defects: Cystic Fibrosis, Fragile X syndrome and others. Information is available on additional genetic screenings upon request. These tests are particularly important for individuals with a family history of inherited disorders, but may be performed for any family who requests them. We recommend you check with your insurance regarding coverage before these tests are performed.
____I accept ____I decline	Flu vaccination during pregnancy. We obtain a limited number of vaccine doses each season. If we do not have the vaccine available at the appropriate time for

	you, we recommend you get this from your primary care provider. Flu vaccination is also recommended for family members of infants under six months of age.
____I accept ____I decline	Routine ultrasound for abnormalities and gender if desired. Performed 18-20 weeks. You will be referred to an appropriate ultrasound provider. That provider will bill you or your insurance.
____I accept ____I decline	Vaccination against pertussis during pregnancy. The Tdap vaccine is recommended between 27 and 36 weeks of pregnancy, but may be given at any time. At the time of vaccination, the mother's body produces antibodies that will be passed to the baby, protecting against this dangerous and surprisingly common illness during the newborn period. (An up-to-date Tdap vaccine is also recommended for the father of the baby and anyone else in the household.)

Procedures for the newborn:

____I accept ____I decline	Erythromycin eye ointment for baby to prevent gonorrhea infection (opthalmia neonatorum). This is an antibiotic and is only recommended if you are at risk for sexually transmitted infection. You may be tested at any point in pregnancy if you feel you are at risk or have been exposed to a new sexual partner, and testing at the beginning of pregnancy is recommended.
____I accept ____I decline	Vitamin K injection for baby. This injection is given in the hours after birth and prevents a rare but deadly bleeding disorder. Bleeding may occur up to one month after birth and is not related to birth trauma. Most common sites of spontaneous bleeding are the gut and brain. There are no long term side effects known to receiving the shot, and it is effective in reducing the risk of spontaneous bleeding practically to zero. We recommend this injection for every newborn.
____I accept ____I decline	Metabolic screening. This screening is performed during the initial follow up visit at 24-48 hours. It involves pricking the baby's heel and collecting 5 large drops of blood, which are sent to the state public health lab and tested for 72 metabolic disorders. Many of these disorders are easily treatable but have no symptoms until permanent organ damage has been done. We recommend this screening for every newborn.
____I accept ____I decline	Critical Congenital Heart Disease (CCHD) screening. This non-invasive screening occurs at the initial follow up visit at 24-48 hours. A probe is wrapped around baby's hand and foot and a light sensor measures the amount of oxygen in the blood. If the oxygen level is low, it may be a sign of heart disease and referral would be made to your baby's physician or a cardiologist for further testing. We recommend this screening for every newborn.
____I accept ____I decline	Hearing screening. This is a non-invasive screening performed at the two week follow up visit. If your baby does not pass the screening hearing test, referral is made to an audiologist for diagnostic testing at no cost to parents. We recommend this screening for every newborn.

Typed name of mother:_____ Initials:_____Date: _____