

Consent to Deliver In a Birth Center

1. I have voluntarily chosen to deliver my child in _____
Birth Center. I made this decision after being informed that in the course of childbearing, which is a normal human function, medical problems may be unpredictable and suddenly arise which may present a risk to myself and the unborn child. I understand that the birth center is not a hospital and has no facilities to do emergency cesarean sections, has no intensive care units for newborns or adults, and does not provide general anesthesia or epidurals. I am aware that the practice of medicine, midwifery, and nursing are not exact sciences, and I acknowledge that no guarantees or assurances have been made to me concerning the results of the treatments, examinations, and procedures to be performed. I hereby release the birth center and the staff from all liability from complications which may occur during the course of my labor and delivery of my child as a result of my choice to use the birth center.
2. I am also aware of the benefits of natural childbirth relating to avoidance of potential injury resulting from invasive procedures, anesthesia, or surgical intervention.
3. I am aware that the clinical staff who will provide prenatal services and attend me during labor and delivery are: _____
and are duly licensed to practice in the state of Florida.
4. Should any medical problems arise during my labor, I am aware of the medical necessity for and hereby consent to my immediate transfer to the hospital for further care. If this should be necessary, I understand that the rules and regulations of the hospital must be adhered to.
5. Should any medical problems related to the well-being of my newborn infant arise after delivery, I am aware of the necessity for and hereby consent to the immediate transfer of the infant to: _____
for further care.
6. I understand that all hospital and medical expenses incurred as a result of complications shall be my obligation and are not included in the financial arrangements with the birth center.

Signature of Patient

Date

Witness