

New Client Disclosure and Informed Consent
South Georgia Birth Services
Brenda Parrish, DEM

Please read and initial each section:

____ **1. I am aware** that the practices of medicine, nursing and midwifery have some similarity but are distinctly different, that no healthcare or medical discipline is an exact science and I acknowledge that no guarantees can be made to me concerning the results of midwifery care provided to me, my unborn or newborn baby.

____ **2. General & Specific Permissions for Hands-on Care & Physical Exams:** I authorize Brenda Parrish, DEM and her assistants to perform, according to their training and expertise, physical exams on me to confirm general health and pregnancy status, obtain laboratory specimens and assess the condition of my fetus via palpation of my uterus and listening to fetal heart tones. Furthermore, I understand that I may decline standard midwifery care or withdraw my consent for routine treatment at any time. Invasive procedures, including routine vaginal exams, are to be done only with my express permission, given at the time that care is being rendered.

____ **3. Additional Informed Consent Conversations & Documentation** will be provided to me relative to medical interface and emergency plans, GBS protocols, labor and birth at home, neonatal Vitamin K & eye prophylaxis and/or any decline of standard midwifery care, medical referral, medical advice or other special circumstance waiver of care.

____ **4. Right of Client to withdraw from care/Right of midwife to terminate care:** I understand that I may withdraw from midwifery care at any point and that my midwife may terminate her caregiver relationship with me by providing 14 days written notice so that I may make alternative arrangements.

____ **5. Assistants and Associates:** I understand that other people besides Brenda Parrish, DEM, may be involved in my care, including but not limited to an assistant or midwifery student, consulting physicians/midwives, birth assistants of your choice and other midwifery colleagues (such as a 2nd call midwife).

____ **6. I have been informed** that Brenda Parrish, DEM does not carry malpractice insurance.

____ **7. I understand** that in conversations with medical personnel in the event of dual prenatal care or hospital transfer of care, I need to hold the name and nature of our relationship in confidence. Since unassisted homebirth is completely lawful in the state of Georgia, but assisted homebirth with a direct

entry midwife is not, protecting your own right to an assisted birth and the rights of other families to have this experience is vital.

____ **8. Client Agreement:** I have read the *Disclosure and Informed Consent for New Clients*. My questions have been satisfactorily answered. I understand and accept the conditions for my care as presented in this document and in conversation with my midwife.

_____ Signature of Client	_____ Date
_____ Signature of Spouse/Partner	_____ Date
_____ Signature of midwife	_____ Date

South Georgia Birth Services
Brenda Parrish, DEM
Thomasville, GA
(229) 227-9194 home
(229) 221-3375 cell