



## Informed Consent Form

I, \_\_\_\_\_, have chosen to become a client of the Ottawa Birth and Wellness Centre (hereafter called the Centre), and to deliver my baby there. My midwife has provided me with information on a birth centre birth and has answered all my questions regarding a birth at the Centre. Based on this information, I acknowledge that I hereby understand and agree to the following:

### Before Admission

- Since only a midwife registered with the College of Midwives of Ontario may provide services at the Centre, I am satisfied that my midwife is so registered.
- Since only a midwife appointed to the Centre may provide services there, I am satisfied that my midwife is so appointed.
- I will keep my midwife fully informed about my health status, and any other circumstances that could prevent my giving birth at the Centre, or that could affect the health or safety of myself or my infant while at the Centre.
- I understand that I can change my plan to labour and deliver at the Birth Centre at any time, and will inform my midwife of the reason for the change.
- I am fully aware of all the benefits and risks associated with giving birth at the Centre.
- I understand the fact that it is impossible to accurately predict how labour and delivery will progress, in any setting.
- I am aware of the eligibility criteria for giving birth at the Centre, and the fact that I must continue to meet these criteria in order for me to be admitted.
- I understand that birthing suites are available on a first-come, first-served basis and it is not certain that a suite will be available for me at the Centre once my labour begins; I agree to have alternative plans in place, for either a home birth or a hospital birth, if the Centre is unable to admit me.

### At the Centre

- I am aware of the standard procedures and emergency measures that my midwife may use during my labour and delivery at the Centre.
- I understand that the Centre is not a hospital and has no facilities to provide narcotic medications, epidurals, electronic fetal monitoring, or general anesthesia, or to perform a Caesarean section.
- I understand that the Centre has neither emergency personnel nor intensive care units for either myself or my newborn on site. I agree that in the event of an emergency during or after labour, I or my baby may be transported by Emergency Medical Services (paramedics) from the Centre to a hospital, and that care may be transferred from a midwife to a physician.
- I agree that during the course of the care that I receive at the Centre, cord blood gases may be taken and the placenta sent for analysis if required.
- I recognize that the Centre is a teaching facility, and that student midwives or other health care professionals may be involved in my care. I understand that my midwife will confirm my consent to have students observe and/or participate in my delivery.

### Privacy Policies

- I understand that the Centre will keep confidential all personal information about myself and my infant, except as required by law. The Centre follows the provisions of the *Freedom of Information and Protection of Privacy Act*, and the *Personal Health Information Protection Act*.
- I agree that in the event of a medical emergency, my own and my infant's health information may be shared with other health-care professionals.



- I understand that some of the information I provide will be submitted to the provincial Better Outcomes Registry and Network (BORN), which collects and analyzes data about pregnancy, birth, and childhood in Ontario in order to improve maternal, fetal and newborn care.
- I authorize the OBWC to release to the Ottawa Public Health, Healthy Baby Healthy Children Program, personal information for myself and my baby and relevant information regarding the birth. A Public Health Nurse may contact me to offer support and teaching related to infant and maternal health.
- I agree that some of my personal health information may be used by the Centre for research, understanding that any information used will not identify any individuals.
- I understand that if I have questions about the collection, use, or disclosure of my personal information, I can contact the Centre’s Privacy Officer at [privacy@ottawabirthcentre.ca](mailto:privacy@ottawabirthcentre.ca).

### Client Survey Consent

The Ottawa Birth and Wellness Centre conducts a short survey to learn more about the experiences of women being cared for at the Birth Centre. The survey is emailed to all consenting clients within three weeks of their admission to the Centre. Clients can either complete the survey online, or request that a hard copy be mailed to their home. The survey takes no more than 20 minutes to complete, and provides the Centre with valuable information that helps to improve its services.

### SURVEY CONSENT

I understand that I am being asked to participate in a study about client experiences at the Ottawa Birth and Wellness Centre. If I agree to participate, I will be contacted by email within three weeks of my delivery.

- I would like to participate in the study.

Email Address: \_\_\_\_\_

*(if you do not have an email address, we will mail the survey to your home)*

- I do not want to participate in the study.

Reason: \_\_\_\_\_

By my signature, I acknowledge that my health care provider has gone over the information in this document with me and I that understand and agree to the policies and procedures of the Ottawa Birth and Wellness Centre as outlined above.

_____ Name of Client (please print)	_____ Signature of Client	_____ Date
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_____ Midwifery Practice Group	_____ Expected Due Date
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_____ Name of Health Care Provider (please print)	_____ Signature of Health Care Provider	_____ Date
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**PLEASE FAX THIS FORM TO THE BCA OFFICE: 613-667-9871**