



Sarah Bay, APRN, CNM
109 Grove St, #c, Peterborough, NH 03458
18 Constitution Dr, Bedford, NH
☎ 603-801-9485

Fax: 603-924-4554 www.heartsandhandsnh.com

Consent for Care

I hereby request enrollment with Hearts and Hands Women's Care to receive maternity care for my current pregnancy with the following understandings:

Authority to provide care: I authorize Sarah and her staff to perform, administer and provide care as necessary to me and my baby. This is to include:

- a. Perform physical exams on my person to confirm general health and pregnancy status.
 - b. Discussing treatment plans and education related to my care.
 - c. Obtaining of blood or other specimens for laboratory tests
 - d. Administration of medications as permitted by law such as IV infusions, intramuscular injections, local anesthetics, topical ointments/creams.
 - e. "Delivery" of my baby
 - f. Episiotomy and repair of lacerations related to birth if medically necessary
 - g. Postpartum care for mom and baby
 - h. Newborn care up to the first 30 days of life for my infant.
2. Emergency Treatment and Transfer of Care: I authorize H&HWC and their backup staff to provide first aid as necessary in an emergency. When the midwife deems specialized medical care or hospitalization may be necessary, I shall agree to transfer care to the appropriate facility and provider.
3. Student Teaching: I understand that midwifery and other students may be part of my maternity care. I authorize /I refuse to allow students to participate in my care.
4. Client's right to withdraw care: I understand that I may choose to withdraw care at any point from H&HWC. I shall provide a written request to terminate care and transfer records.
5. Understanding of a midwives right to terminate care: I understand that H&HMC may terminate my maternity care if there are indications that may not be a good candidate for a safe midwifery lead birth, if I fail to attend appointments regularly, if I fail to meet the financial agreement, or for other reasons at the discretion of the H&HWC staff. I understand that I will notified in writing of the care withdrawal and referred to another care provider or service to complete my care.

Client Name