

Peaceful Beginnings Midwifery

Informed Care Decisions in Pregnancy

Throughout your care you will be asked to make informed decisions about lab testing options and procedures. There is information available for you to read at your convenience on the "For Clients" page of our website pertaining to the tests and procedures listed below, many of which are seen as the Standard of Care in the obstetrical community. We are also happy to email or provide you with a paper copy of any of that information as well. You are also encouraged to do your own research. We are here to answer any questions you may have to help you make informed decisions.

This document serves as a record of the informed decisions made by _____.

Prenatal Panel Bloodwork

I choose to have a prenatal panel ordered through my midwives. I CONSENT / DECLINE HIV testing to be included in panel.

I have received or will seek out prenatal lab testing – the "prenatal panel" with a physician.
 I will obtain copies or consent to have a copy of the results faxed to my midwives.

I decline standard prenatal panel lab work.

I am declining standard prenatal panel bloodwork, but do consent to the following tests: _____

Signature _____ Date _____

Genetic Screening

I choose to have genetic screen ordered through my midwives

I have received or will seek out Genetic Screening through a physician.
 I will obtain copies or consent to have a copy of the results faxed to my midwives.

I am declining genetic screen

Signature _____ Date: _____

Ultrasound (Anatomy Scan) Ultrasound may be recommended for other reasons such as, dating pregnancy, placental location, amniotic fluid levels, fetal position, suspected multiple gestation. These discussions and consent or decline will be noted in the client chart.

I have received or will seek out an U/S through a physician, CNM, or ultrasound technician. Referrals available.
 I will obtain copies or consent to have a copy of the results faxed to my midwives.

I am declining a routine U/S

Signature _____ Date: _____

Gestational Diabetes Screening

I choose to have Gestational Diabetes testing through my midwives.
 Standard GD testing. Blood drawn from vein 1 hour after ingesting 50 gram glucose drink.
 Alternative Testing. Blood drawn from a vein 1 hour after ingesting 28 jelly beans or a meal.
 Alternative Testing. Capillary blood sugar testing (finger prick). 1 hour or 2 hours after beginning to eat 28 jelly beans or a meal.

I have received or will seek out Gestational Diabetes Screening through a physician.
 I will obtain copies or consent to have a copy of the results faxed to my midwives.

I decline Gestational Diabetes Screening.

Signature _____ Date: _____

Group B Strep (GBS) Testing

I choose to have GBS testing ordered through my midwives

I have received or will seek out GBS testing through a physician.
 I will obtain copies or consent to have a copy of the results faxed to my midwives.

I am declining GBS testing.

Signature _____ Date: _____