



MERCY FAMILY BIRTHING CENTER

CONSENT

I recognize and agree to the following:

1. Mercy Family Birthing Center is a smoke-free out-of-hospital birthing facility owned by Mercy Medical Center, designed to serve healthy, well-prepared mothers. There are no laboratory, radiology, respiratory therapy, or epidural services available at the Birthing Center. Hospital care or services, in case of need, are available at Mercy Medical Center.
2. A physician who has delivery privileges at MFBC will provide prenatal care for MFBC patients. In case of late transfer of care, evidence of adequate prenatal care by a qualified practitioner must be supplied.
3. MFBC physicians and the nursing staff under their supervision will have complete and final say as to who may deliver at MFBC.
4. A standard fee is charged for all routine mother/baby care at MFBC. A discount is given if the fee is pre-paid paid before the baby is born. I agree to fulfill my financial obligations. In case I am transferred to the hospital for completion of care, charges will be adjusted accordingly unless my stay at MFBC has been greater than 10 hours.
5. Additional charges may be incurred for services, medications or equipment, such as: pre-admission exams or treatments; IV antibiotics; injections of medications (Rhogam, Rubella, or Hemabate); use of vacuum extractor or neonatal resuscitation bag; laboratory tests. Such additional charges will be billed to me (and my insurance company, if applicable) after the birth, and will be my financial responsibility.
6. I may become disqualified to give birth at MFBC if medical or psychological problems arise; or any situation that would pose a health or safety problem to me, my unborn child, or to MFBC staff, patients or visitors.
7. I understand that I must call MFBC (463-5940) before I come in for labor care. If I arrive at MFBC before my nurse arrives and I require immediate assistance, I agree to go to the Emergency Department at Mercy Medical Center for care.
8. I recognize that complications or emergencies may occur unexpectedly during or after labor to threaten my health or that of my baby. Pediatric services are limited at MFBC. If hospital care is needed, my family and I will cooperate with MFBC medical staff to expedite such transfer to Mercy Medical Center by whatever means is most appropriate (family car or ambulance).
9. I understand that my children are welcome at the Birthing Center. My family will maintain responsibility for their care and safety.
10. I understand that my baby and I must stay at MFBC for a minimum of 3 hours after birth for care and education; and that the maximum stay is 8 hours after birth.
11. I consent to the administration of these medications to my baby:
 - Vitamin K injection to prevent bleeding problems
 - Erythromycin eye ointment to prevent eye infections(Medications may be declined upon signature of waiver.)
12. I agree to contact my baby's doctor to arrange for the initial exam within 24 hours after birth. Failure to do so would result in my being responsible for any and all infant problems. Circumcision, if desired, will be done by the baby's doctor.
13. Medical intervention during labor/delivery/recovery may include oral, injectable, or intravenous medications; IV fluids; use of vacuum extractor or low forceps; episiotomy; suturing, curettage. I understand that these will be used only if there is a medical need and with my permission.

14. I understand that my body will need time for rest and recovery after giving birth, and I agree to have extra household help for at least 48 hours.
15. Follow-up care includes telephone contact and a 3-day visit with my nurse. I agree to return to MFBC for a mother-baby assessment by my nurse when my baby is about 3-days old. I consent to the metabolic screening (PKU) test for my baby at this time, and I release MFBC and MMC from all responsibility related to the newborn metabolic screening if I fail to return for the test. My baby's hearing screen may be done at this time also.
16. If an emergency arises after my discharge, I will seek immediate medical care. I understand that my physician will be able to care for me only if I go to Mercy Medical Center.
17. If my Group B strep test is positive, I agree to consult with my baby's doctor before birth, in order to make appropriate plans for my baby's care.

I HAVE READ AND AGREED TO THE ABOVE.

Patient Signature

Witness

Today's Date _____