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Consent To Obstetrical Treatment

The goal of obstetrics is that every pregnancy be wanted and culminate in a healthy mother and healthy baby. Advances in medicine have reduced some of the risks of injury and death, but in obstetrics there is no guarantee of a successful outcome. Your baby may suffer serious problems at birth because of natural processes and complications that are beyond your control and the control of your midwife/physician and the control of the hospital where you plan to deliver your baby.

During your pregnancy, we may recommend limitations on your activities, referral to other providers, hospitalization or other medical treatment. Unexpected complications can occur during your pregnancy or labor that may require prompt delivery of your baby. There are medicines available to stimulate labor, instruments called forceps or a vacuum extractor may be used and delivery by cesarean section may be recommended. Each of these procedures involves substantial and significant risk.

You should discuss with your provider any proposed treatment and other alternatives available to you and make sure your questions are answered. It is your right and responsibility to share in all decisions about the care you will receive.

Should an emergency arise, the availability of hospital anesthesia and surgery personnel may affect how quickly your baby can be delivered. At the hospital, the anesthesiologist is present at all hours. The hospital has demonstrated the capability of an emergency delivery in most cases within 30 minutes or less after notification of personnel. This is always the goal but may not always be possible to do so.

By signing this document you acknowledge that there are substantial and significant risks, however low, to both mother and baby in the childbirth process, and that there can be no guarantee of a successful outcome. Julie Jones will do everything possible to help you have a positive and successful outcome.

Dated this _____ day of _____, 20____

_____/_____/_____
Patient Signature Date of Birth

Provider Signature Witness Signature