

EXAMPLE INFORMED CONSENT FORM

Name of Test or Procedure:

Newborn Metabolic Screening

Why This Test is Done

This test checks your baby for rare health problems that may not be seen at birth. Finding these problems early can help your baby get the right treatment and stay healthy.

What Will Happen

Your midwife will poke your baby's heel and a few drops of blood will be put onto a piece of filter paper, usually between 1 and 2 days after birth and again around 1-2 weeks. The blood is sent to a special lab to check for different conditions. If anything unusual is found, you will be contacted. Most babies have normal results.

Why It's Helpful

If your baby has one of these rare problems, finding it early can prevent serious illness, brain damage, or even death. Early treatment can make a big difference.

Possible Side Effects

The heel poke may cause a little pain and sometimes a small bruise. These go away quickly. You can hold or feed your baby while we do it. There are no serious risks with this test.

Other Options

You could choose to only do one test instead of two. This might miss something, or not catch it before it makes the baby very sick.

You can choose not to have the test. But if your baby has one of these rare problems and we don't find it early, your baby could get very sick or even die.

What Happens If I Say No?

If you say no, we will write that in your baby's medical record. You may be asked to sign another form that says you understand the risks of saying no.

Questions and Understanding

Please check each box:

- _____ I had a chance to ask questions.
- _____ I understand what the test is for and what could happen.
- _____ I know I can say no or change my mind later.

My Choice

☐ I agree to have my baby get the newborn metabolic screening described above.

Midwife's Practice Name, Logo, Contact Info

- ☐ I do not want my baby to get the newborn metabolic screening described above.
- ☐ I only want to have one test done.

Name (printed): _____

Signature: _____ Date: _____

Midwife or Provider Name: _____

Signature: _____ Date: _____

Sharing Results (if needed)

I agree to share this information with:

- ☐ My main doctor
- ☐ My baby's doctor
- ☐ Other: _____

Disclaimer: This is an example form. The Washington State Joint Underwriting Association (JUA) does not give legal or medical advice. Midwives and birth centers should make sure their forms follow the law and match their own policies and practices.