

INFORMED CONSENT FORM

Name of Test or Procedure:

Insert the name of the test or procedure here.

Example: Group B Strep Screening

Purpose of the Test or Procedure

Briefly explain why the test or procedure is recommended. Include the clinical condition or context in which it is typically used.

Example: This test is used to screen for Group B Streptococcus (GBS), a common bacterium that may be passed to the baby during birth. Identifying GBS status can help determine whether antibiotic treatment is recommended during labor.

Description of the Test or Procedure

Describe what the client can expect. Be specific about what will happen, where, how, and whether it requires samples, medications, or physical procedures.

Example: A vaginal-rectal swab will be collected between 35 and 37 weeks of pregnancy. The sample will be sent to a lab for culture. Results are usually available within a few days.

Benefits

Outline the potential benefits of the procedure for the client and/or the baby.

Example: Knowing your GBS status helps guide decisions about intrapartum antibiotics, which can significantly reduce the risk of early-onset GBS disease in newborns.

Risks and Possible Complications

Describe known risks or side effects, including any rare but serious complications.

Example: There are no significant risks associated with this screening test. Minor discomfort may occur during the swab collection.

Midwife's Practice Name, Logo, Contact Info

Alternatives

Explain other available options, including the choice to decline. Include both clinical and non-clinical alternatives if appropriate.

Example: You may choose to decline GBS screening. If you decline, you and/or your baby may be treated as GBS-positive by default. Antibiotics may be offered or recommended in labor based on risk factors. If transport to a hospital becomes necessary in labor or postpartum, your baby may be admitted for observation for up to 48 hours, depending upon hospital policies regarding GBS-unknown status.

What Happens If I Decline?

State what will or will not happen if the client chooses not to have the test or procedure.

Example: If you decline GBS screening, we will discuss how this affects your care plan, including options for prophylactic treatment during labor.

Questions and Understanding

Please initial:

_____ I have had the opportunity to ask questions and discuss this test/procedure.

_____ I understand the purpose, benefits, risks, and alternatives.

_____ I understand that I may decline or withdraw my consent at any time.

My Choice

☐ I voluntarily consent to the test/procedure described above.

☐ I voluntarily decline the test/procedure described above.

Client Name (printed): _____

Client Signature: _____ Date: _____

Midwife/Provider Name (printed): _____

Midwife/Provider Signature: _____ Date: _____

Optional: Consent for Sharing Results (if applicable)

I consent to the results of this test/procedure being shared with:

☐ My primary care provider

☐ My consulting or collaborating provider

Midwife's Practice Name, Logo, Contact Info

☐ My pediatric care provider

☐ Other: _____

Disclaimer: This sample informed consent form is provided for informational purposes only. The Washington State Joint Underwriting Association (JUA) does not provide legal advice or clinical directives. It is the responsibility of each midwife or birth center to ensure that their consent forms comply with current laws, professional standards, and clinical best practices. This document should be adapted to reflect the policies and procedures of your practice.