

---

This form will be rescinded Aug. 27, 2024. [Visit this page for more information.](#)

If you have a question about learning resources or would like to request a consultation, complete an intake form:

- [Standards Support intake form](#)



## Planned Place of Birth Informed Consent

I, \_\_\_\_\_ (the client), am aware that only a midwife registered with the College of Midwives of British Columbia may provide midwifery services, in both the home and hospital setting<sup>1</sup>, and I am satisfied that my midwife is so registered.

1. My midwife has discussed with me the following information:
  - a. the benefits of home and hospital birth,
  - b. the risks associated with home and hospital birth,
  - c. the options of planning a home birth, or a hospital birth including the option of labouring at home prior to going to hospital with a registered midwife in attendance,
  - d. the standard procedures and emergency measures that may be used by a midwife assisting with birth in either the home or hospital setting,
  - e. the standard procedures and emergency measures available in the hospital that will not be available at a home birth, without transport to hospital,
  - f. the criteria when transport from home to hospital is indicated during either a planned home birth or while labouring at home prior to hospital admission of a planned hospital birth,
  - g. the situations when transfer of care from a midwife to a physician would be appropriate and the procedures for carrying out a transfer with the midwife remaining in a supportive role, and
  - h. the inability to predict birth outcome in any setting
2. I have received and had the opportunity to read and discuss with my midwife the *Place of Birth Handbook*.
3. My midwife has answered all of my questions concerning home and hospital birth to my satisfaction.
4. I understand the information provided to me.
5. As a client planning a midwife attended birth, if I plan a home birth:
  - a) I agree to transport to hospital during labour or the immediate postpartum if recommended and in consultation with my midwife.
  - b) I understand that planning a home birth will not ensure me a home birth,
  - c) I understand that I can change my plan and choose to give birth in hospital with my midwife in attendance.
6. As a client planning a midwife attended birth, if I plan a hospital birth:
  - a) I agree to transport to hospital during labour when recommended and in consultation with my midwife.
  - b) I understand that I can change my plan and choose to give birth at home with my midwife in attendance if: my labour and birth are expected to be normal; are within the standards of midwifery practice; are within my midwife's scope of practice; and my midwife can arrange for a second attendant to be present.
  - c) Should I decide to birth at home, I agree to transport to hospital during labour or the immediate postpartum if recommended and in consultation with my midwife.

---

<sup>1</sup> The midwives will reference midwifery standards of practice, and in particular the *Indications for Discussion, Consultation and Transfer of Care*, and the *Indications for Planned Place of Birth*, and other safety concerns where they apply.

7. I will provide my midwife with all relevant information about my health status or other circumstances including social changes that could impact the health or safety of myself and my newborn during labour, birth or postpartum period.
8. I understand that all information about myself and my baby will be kept confidential, except as required by law, and will be afforded the privacy protections of the BC Personal Information Protection Act.
9. I understand that some of the information I provide will be submitted to the Perinatal Services BC (PSBC), a program of the Provincial Health Services Authority, for inclusion in a provincial perinatal registry.
  - a) The data submitted will be kept confidential, except as required by law, and will be afforded the privacy protections of the BC Freedom of Information and Protection of Privacy Act.
  - b) The data submitted will be used to evaluate perinatal outcomes, care processes and resources, ultimately improving maternal, fetal, and newborn care in British Columbia.
  - c) I understand that if I have any questions regarding the collection, use and disclosure of my personal information, I can contact the Registrar at the College of Midwives of BC at [registrar@cmbc.bc.ca](mailto:registrar@cmbc.bc.ca) or (604) 742-6318

Signed at \_\_\_\_\_, British Columbia, on \_\_\_\_\_  
*(City/Town)* *(Date)*

\_\_\_\_\_  
*(Signature of Client)*

\_\_\_\_\_  
*(Signature of Witness)*

Midwife: \_\_\_\_\_

\_\_\_\_\_  
*(Print name of Witness)*

Reg. #: \_\_\_\_\_