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Agreement on Planned Place of Birth

When Home Birth is Contraindicated

I, _____ (the client), acknowledge that my midwife/midwives has/have advised me to give birth in hospital and that she/they cannot attend me in active labour at home for the following reasons¹: _____

I agree to call my midwife when: _____

I agree to come to the hospital when: _____

My midwife has discussed the above concerns with me and has answered my questions. I agree to give birth in hospital with the support of my midwife.

Signed at (city/town) _____, British Columbia, on (date) _____

Signature of Client Signature of Witness Print name of Witness

Signature of midwife Name of midwife BCCNM ID

1 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.