

## TESTING PERMISSION AND WAIVER FORM

By my signature I give permission/refuse permission for testing. I/We assume all responsibility for having or not having these tests. All tests here have been listed due to their requirement in the law or because they help ensure a low risk pregnancy and delivery. Indicate by your initials in the appropriate column and sign your full name and the date on the back of the page.

TEST	WHEN PERFORMED AND WHY.	PERMISSION GIVEN	PERMISSION REFUSED
Urinalysis	Initial visit to lab. Every visit thereafter- to establish well-being and monitor symptoms of toxemia, bacteruria, gestational diabetes, etc.-all serious conditions if undetected.		
Routine Lab with HIV screening, Hepatitis B Surface Antigen, RPR, Complete Metabolic Panel, Blood Group and Type, Antibody Screen, CBC and Rubella titer.	Early pregnancy-test for anemia, blood type, Rh, antibodies, rubella immunity, syphilis. Other possible problems sometimes detected. Screens for Hepatitis B and HIV (AIDS)		
Pap Smear	Usually at 6 week postpartum visit. Primarily for early detection of cervical cancer. May test for monila, trichomonas, etc.		
Gonorrhea/Chlamydia DNA Probe	Early Pregnancy-Especially important if you or your partner have had sexual intercourse with anyone else, ever. Checks for often hidden disease that can have harmful effects.		
Alpha-Feto-Protein Screen	16-18 weeks-Can detect some birth defects such as Down's Syndrome, neural tube defects. Up to 50% false positive.		
APPLIES TO Rh NEG. Antibody Screen	<b>MOTHERS ONLY</b> 28 weeks-(again at 36 weeks if ante-natal Rho-Gam refused). Screens for maternal antibodies.		
RhoGam injection	28 weeks-Prophylaxis for subsequent pregnancies		
Rho-Gam studies and postpartum Rho-Gam injection as indicated	After delivery-Rh of baby determined after delivery for indication of need for Maternal Rho-Gam. When indicated, postpartum Rho-Gam injection <72hrs. past delivery. Prevents isoimmunization.		
2-Hour Glucose Postprandial	24-26 weeks-to check for gestational diabetes, which can be serious and even fatal for the baby.		
Sonogram	16-20 weeks-to assess age and well being. Can determine sex of baby. Also checks position of placenta. Not required.		
Vaginal Group B Strep	36-38 weeks. Detects active stage GBS. If positive, need to decide whether to treat during labor.		
Cord Blood Sample	At birth-taken from cord-required by law to screen for syphilis.		
Cord Blood Sample	At birth-taken from cord-required by law to do a repeat screen for the HIV virus.		
Eye Ointment	Administered at birth to baby-required by law to kill gonorrhea, chlamydia and other bacteria picked up in the birth canal.		
Newborn Screen	<72 hrs. after birth and again 10-14 days-required by law. Screens for 5 serious metabolic diseases.		

# INFORMED CONSENT FOR BLOOD WORK IN LABOR

Date	Advice for Treatment	Reasons and Risks
<p>State law requires midwives to draw blood from a client during labor and test it for syphilis, HIV, and Hepatitis B.</p>	<p>In addition, I recommend that a small amount of cord blood be taken from the baby's cord when it is cut to be tested for the baby's blood type and Rh factor .</p>	<p>To identify those at risk for passing communicable diseases to their newborns and others so that treatment can begin without delay. To identify those who have become contagious since the last test was done at beginning of their care with a midwife.</p>
		<p>Circle One: I do/do not give permissions for this test.</p>
		<p>To give the client the blood type and Rh factor of their baby for future reference.</p>
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		<hr/> <p>SIGNATURE OF MIDWIFE</p>
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## CLIENT ACKNOWLEDGEMENT OF ASSUMPTION OF RISKS

I/We acknowledge that I/we have read and understand the above advice or treatment recommended, the reasons given by the midwife in support of such advice-treatment, and the risks associated with refusal. I/We have also had an opportunity to discuss this matter fully with the midwife and any other person(s) I/we wish to consult, and to have all my/our questions answered. I/We hereby refuse to comply with the above advice or treatment recommended, and I/we full and knowingly accept any and all risks associated with such refusal. I/We agree to indemnify and hold harmless the above signed midwife and New Life Birth Services against and from any claim for damages, personal injury, wrongful death or other ill effects, arising out my/our refusal based upon the results of my/our failure to comply with the advice or treatment recommended above.

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