

Fruit of the Womb, LLC
Informed Consent for Tests and Treatments

Client Name _____ Date of Birth _____ EDD _____

As an active participant in your own care, you are responsible to research and make choices about what you feel is best for you, your baby, and your family. I will provide educational resources, information, and guidance regarding local medical and midwifery standards of care, as well as risks, benefits and alternatives to tests and treatments. You may change or withdraw your consent at any time prior to testing or treatment.

By signing below, you acknowledge that:

- 1) You have been informed and have researched to your satisfaction, you understand the benefits and risks involved for each item, you have been given the opportunity to ask questions and are satisfied with the answers received.
- 2) You take full responsibility for your health and the health of your child and will not hold Caitlin Manela, Fruit of the Womb, or any birth assistants responsible for any negative outcomes, reactions, or other effects of your choices regarding the tests and treatments offered below.

Please initial in the box Accept/Decline for each of the following:

Date	Test/Treatment	Accept	Decline	N/A /Other
	Initial OB blood testing			
	Genetic testing			
	Anatomy ultrasound			
	Glucose Screening			
	28-week blood testing			
	28-week Rhogam (Rh- only)			
	GBS testing			
	36-wk Hemoglobin check			
	IV Antibiotics for GBS (if GBS+)			
	Vitamin K injection for newborn			
	Erythromycin eye ointment			
	Rhogam after birth (Rh- only)			

Client Signature _____ Date _____

Partner Signature _____ Date _____