

Amniocentesis Informed Choice Agreement

I have read and understand this consent form and my questions/concerns have been answered to my satisfaction.

Please check one of the following:

I desire to have I wish to decline an amniocentesis performed during this pregnancy

Client Signature

Date Signed

Triple Screen Informed Choice Agreement

I have read and understand this consent form and my questions/concerns have been answered to my satisfaction.

Please check one of the following:

I desire to have I wish to decline the Triple Screen performed during this pregnancy

Client Signature

Date Signed

Ultrasound Informed Choice Agreement

I/We have read the info that my midwife has provided on the use of ultrasound during my pregnancy and labor/birth and she has explained to us her preference to use fetoscopes during pregnancy and a doppler during labor/birth.

- We approve the use of ultrasound, either through a Doppler or imaging ultrasound screen, prenatally with this pregnancy
- We would like to request that only a fetoscope be used to monitor baby prenatally during pregnancy
- We approve the use of a Doppler to monitor baby during the course of labor
- Other:

Client Signature

Date Signed

Gestational Diabetes Screening

I/We have read the information provided by our midwife on Gestational Diabetes screening and she has explained to us our options for testing. We have discussed our options with our midwife and have made the choice to do the following:

- We desire to do the Glucose Tolerance Test (GTT) We wish to waive the Glucose Tolerance Test
- We would like to do in-home monitoring with a glucometer and review the results of the testing with our midwife

Client Signature

Date Signed