



Affix Patient Label

Patient Name:

Date of Birth:

I am requesting a water birth (labor and delivery of my baby in a tub of warm water).

I understand the benefits of water birth include:

- Feeling more relaxed
- Feeling less pain
- Length of my labor may decrease
- I may not need an episiotomy (a surgical cut between the vagina and anus)

I understand the risks of water birth include:

- Problems during labor
- Dehydration (my body does not have as much water or fluids as it needs)
- Rise in temperature causing the baby's heartbeat to go up
- Infection

I agree to be monitored during labor and after birth. Monitoring includes:

- A monitor strip when I arrive at the hospital
- Listening to fetal heart tones every 30 minutes during active labor
- Listening to fetal heart tones every 15 minutes when I am pushing

I agree to follow the instructions of the nurse-midwife, doctors, and nurses. I am free to leave the tub if I choose. In the event of an emergency, my provider may refuse to allow me to have a water birth. I know that medicine is not an exact science. No guarantees or assurance have been made to me about water birth.

I understand that the American Academy of Pediatrics does not support water birth unless it is for the purpose of a controlled study.

By signing this form I agree:

- I have read this form or had it explained to me and I understand its contents.
- I have been given time to ask questions and my questions have been answered.
- My doctor or other healthcare staff has talked to me in words I can understand.

Patient signature: _____ Date: _____ Time: _____

Patient Name:(Print) _____ Date: _____ Time: _____

Witness signature: _____ Date: _____ Time: _____