



WE DELIVER...NATURALLY

NYBirthingCenter.com

6700 3rd Avenue, Brooklyn, NY 11220

General Statement and Pregnancy Care Agreement

Our birth center is designed to offer an alternative approach to normal, family centered childbearing. In order for you to make a decision about receiving your care during childbearing here at the birth center, we want you to be fully informed about this alternative.

The care at our birth center is offered by certified nurse-midwives & registered nurses overseen by a board certified OBGYN. The nurse-midwives work in direct consultation with qualified physicians. A planned continuum of care has been established so that you will receive the care most appropriate to your individual needs. At the BCNY you can expect to receive your prenatal, birth and postpartum care from a certified nurse-midwife assisted by nurses, students and counselor members of our care staff. Should problems arise that necessitate medical care, the obstetrician will take over the management of your care.

We have taken every reasonable precaution to insure your safety, comfort and satisfaction. The birth center has available all the equipment, medication and other medical supplies we think necessary for normal childbearing in a homelike setting. We are not a hospital. We do not have an operating room or intensive care unit for mother or baby, nor the highly specialized services and equipment which such units contain. Also, blood or blood fractions and general anesthesia are not administered here and the services of an anesthesiologist are not available. In case of emergency you will be transferred to the backup hospital located less than 1 mile away. The nurse-midwife will accompany you to the hospital to support you as long as reasonably possible. An ambulance during any birth is on standby for our center. All hospital expenses incurred at any time shall be your obligation.

Normal postpartum care will be provided by The Birthing Center of NY or your regular OB provider, however it is your obligation to select and arrange pediatric care for your baby. These arrangements must be made well before your due date and discussed with the nurse-midwife. Enrollment shall be at our exclusive discretion after all records and a physical examination completed and laboratory reports received.

PLEASE INITIAL AND DATE EACH PAGE

I have read and understand the above statement and have had the opportunity to ask questions.

Client Printed Name	Signature	Date
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Partner/Other Parent Printed Name	Signature	Date
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BCNY FINANCIAL POLICIES

After your initial visit, we estimate your financial responsibility for our birthing center. The estimated responsibility is due by the 32 week visit. **An unmet balance at 36 weeks may result in discharge from BCNY. PLEASE INITIAL EACH PAGE.**

Pricing:

Birthing Center Facility Fee: \$5000.00

Antepartum Care Fee (Using Newlife Obgyn): \$5000.00 + (costs to be discussed)

Evaluation Fee (non refundable, applied towards facility fee) \$250.00

Water Birthing Pool (includes pool, cleanup/disposal, filling & monitoring) \$500.00

Use of Jacuzzi for pre-birth (includes cleaning, disinfecting, monitoring) \$350

Additional Time in Center 5 hours after birth: \$150 per hour

A 50% deposit of total is due upon agreement with balance due before birth (32-34 week)

If during antepartum period you are no longer a candidate for the center, a \$500 fee will be charged. This fee will be deducted from the facility deposit already paid with balance refunded. ONLY facility fees will be refunded.

If after 4 hours of labor in the center you need to be transferred, a \$2500 fee will be charged. This fee will be deducted from the facility fee already paid with balance refunded. ONLY facility fees will be refunded.

If after 8 hours of labor in the center you need to be transferred, a \$4000 fee will be charged. ONLY facility fees will be refunded.

If after 4 hours postpartum and you need to be transferred, no refunds.

Your Doula & Midwife fees are your responsibility.



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Payments Accepted: The Birthing Center of NY accepts all major Credit Cards, Gift Certificates issued through our online store, Bank Tellers Checks & certain Insurances.

FSA: It is NOT recommended for clients to use FSA funds for upfront payments.

Incidental Labs, Procedures and Medications: All incidental labs, procedures and medications that are NOT part of a standard birth will be billed at the time of service. These may include but are not limited to: Labs and specimen draws, Medications for labor/birth, Birth preparation, breastfeeding & postpartum classes, Fetal non-stress tests, Ultrasounds, Hydration/IV fluids, Herbal remedies, Cervical balloon, Newborn care at birth and follow up visits, Use of Nitrous Oxide at birth, Visits to address non-routine problems & acute illness

Education: Education is an important part of birth center care but these services are often not covered by insurance. These fees are billed at time of class registration for Breastfeeding, Postpartum and Childbirth classes.

Other Fees: Charges for optional services will be added to your bill and are required to be paid in full prior to discharge. Please note insurance companies WILL NOT COVER these additional services they are the sole responsibility of the patient.

Gyn, antepartum & Postpartum visits: these services will be provided by New Life Medical & Wellness. Additional billing fees for visits, labs and OB care are additional and will be billed separately from New Life Wellness.

Midwives & Doula's : Services provided by patient's Midwives, Doula's & Birthing Partners are the patients sole responsibility.

Additional Services: Water Birth Tubs, Classes, Nursing Aids, Clothing, Photos, Furniture, Baby safety products, Transportation, Food, Baby Food

Referred Services: Complicated ultrasounds, doula support and circumcision are referred to other practices. We are not responsible for their billing prices or procedures, nor can we guarantee in-network coverage with your insurance.

Transfers: in the event of a hospital transfer, clients receive care from providers and facilities that are not part of the BCNY fee schedule. You (and/or your insurance) will be billed for services provided by BCNY. In the event your insurance denies claims for incomplete birth services, you will be responsible for fees incurred. *BCNY is not responsible for knowing what providers or facilities are in network with your insurance coverage. You are responsible for verifying network status for any care outside of BCNY.* In most cases, BCNY and the client desire to continue care after the birth. If you do transfer to a hospital-based provider, please refer to "Billing Instructions for Transferred Clients" to better understand your options for both the finances and coordination of your care.



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For ALL Patients: We do our best to clarify fees upfront, but please do not expect your midwife or nurse to know the specific prices of labs, services and products. Please ask our billing team or front desk about fees for any services or products. Midwives and nurses also cannot guarantee coverage of any service by third party payers (like health insurance).

Clients Using Insurance: If we are an in-network provider, prices are determined by contract. If we are an out- of-network provider we may not accept your insurer's price. The difference is the client's responsibility. It is not BCNY's responsibility to know if every service we provide is covered or not. For all insurance clients, please remember that insurance is an agreement between you and your insurance company. If your insurance does cover care at BCNY, you are still likely to have some fees or portion of the fees that are yours to pay. Client responsibility is sum of co-pays, uncovered fees, unmet deductible and co- insurance.

Labs: Most lab tests are sent to outside firms with separate pricing and billing. BCNY does bill for a lab draw. BCNY cannot guarantee coverage, but will work with your plan to justify coverage. Lab fees are required to be paid by you.

Responsibility: Ultimately you (not your insurance company are financially responsible for your care. You are ultimately responsible for knowing what your insurance plan covers and if we are in- network for your plan. In the event your insurance company does not pay your claims, you will be responsible for payment. We will do our best to help you with any disputes you may have with your insurance company.

NSF: Any checks or credit card charges returned by your bank will be subject to a \$50 NSF fee.

Collections: In the event your account is sent to an outside collections agency, a \$150 collections fee will be added plus 5% additional of the total cost of the unpaid balance plus any and all legal expenses and any courtesy discounts will be reversed.

Client printed name

Signature

Date

Witness name

Signature

Date



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Baby Car Seat Required

It's compulsory to use an approved car seat for your baby

This is a day you will never forget – taking your new baby home for the first time! You'll be full of plans and looking forward to introducing the latest member of your family to everyone.

It's a great idea to practice installing your car seat before baby is born – then you'll be confident you can fit it quickly and correctly for your special passenger when the actual day finally arrives.

The safest place to fit the car seat is the center of the rear seat as this reduces the risk of injury from a side-impact crash. However, this may not always be practical as the center of the seat can be raised by the drive shaft. Alternatively, use the right or left side of the rear seat.

If you choose to fit the car seat in the front passenger position, always deactivate the airbag as this can be dangerous for your baby if it deploys. For maximum safety, we recommend rear seat travel for your little one.

Never hold your baby in your arms when travelling in the car – it's very dangerous. A sudden stop may cause your baby to shoot out of your arms and be thrown against the dashboard.
Travel comfortably

Small babies can become overheated or chilled very quickly. Make sure your little one is warm and comfortable, but remember that too many layers added to the seat may cause your baby to get too hot. Sunscreens are a must in hot weather, both to keep baby cool, and to prevent any metal parts on the car seat becoming too hot.

The Birthing Center of NY is not responsible for any car seat installations or your instruction in their use. I understand that if I am bringing my new born home in my car, that I have an approved car seat available.

X: _____ Date: _____



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Erythromycin Ophthalmic Ointment

This is an antibiotic eye ointment routinely given to newborns in the hospital. It is given to prevent eye infections that could result in blindness. If a mother has Gonorrhea or Chlamydia the baby may get infected at birth. Most women have been tested for these sexually transmitted diseases as part of their routine prenatal care. Women at high risk for these diseases would be wise to have the newborn treated routinely. Some parents who are certain they are not infected refuse routine treatment. Any baby, whether treated or not, needs to be evaluated if any signs of infection develop in the baby's eyes after birth.

Please choose one option below.

_____ I want my baby to receive antibiotic eye ointment within one hour of birth

Client printed name	Signature	Date
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Other parent printed name	Signature	Date
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Group B Strep

The Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG) recommend culturing all women at 35-36 weeks of pregnancy for Group Beta Streptococcus presence. These bacteria can be found in approximately 10-30% of pregnant women. Women with positive cultures are greater than 25 times more likely to deliver babies that get sick from Group B strep than women with negative cultures. It is not reasonable to perform the test in labor because the results are not available for two days. Most newborns are immune to the harmful effects of these bacteria.

Approximately 1% of term newborns whose mother had a positive culture become ill with Early-Onset GBS Disease. If the culture comes in as “heavy growth” the risk increases to 8%. If illness develops it is often severe and these infants can die. Infection and death rates are highest in preterm babies and if the water bag has been broken a long time before the birth. Women can also get sick, but this is rare. Currently guidelines from the CDC recommended that women who test positive be treated with IV antibiotics during labor. The CDC also recommends treating any woman who had a previous child with GBS disease, GBS presence in the urine with this pregnancy or a history of preterm delivery. Oral antibiotics in pregnancy or labor are not effective.

Preliminary research regarding probiotic supplementation has shown promise in eradicating GBS in a large percentage of women who previously tested positive (but not all). We have found that including probiotics in your daily diet, especially *Lactobacillus rhamnosus*, has a preventative effect and greatly lowers your risk of being GBS positive. Research regarding Chlorhexidine vaginal washes has shown similar or less newborn GBS colonization rates as IV antibiotics, although it is not a standard of care for GBS in the US at this time.

Pediatricians also recommend that all newborns born to mothers with positive GBS cultures remain in the hospital for 48 hours of observation after the birth. IV antibiotics during labor offer no protection against Late Onset GBS Disease, which occurs after the first week of life, but before three months of age. If you are GBS positive and plan to receive IV antibiotics during labor and are concerned about a resulting yeast/thrush infection you can take a probiotic supplement, specifically *Saccharomyces boulardii* in the last few weeks of pregnancy and for at least one week after the birth as a preventative measure.



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We ask that both you and your partner please review the above information, mark the line that reflects your decision and then sign below.

_____ I want a birth center birth with IV antibiotics. We have been instructed in signs of infection/illness and will watch the baby carefully for any of these signs. We have been instructed to discuss this with our baby's physician/care provider.

Client Printed Name

Signature

Date

Witness Printed Name

Signature

Date



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Vitamin K

Newborn babies are born with little vitamin K and breastmilk is low in vitamin K. At birth the baby's intestinal tract has no bacteria to make the vitamin, but throughout the first week of life bacteria levels and vitamin K levels naturally increase. Newborns are routinely given a vitamin K injection in most hospitals to prevent Vitamin K Deficiency Disease, a rare but deadly bleeding condition. This type of internal bleeding in a newborn can lead to internal damage, brain damage and even death if undetected. The injection is given in the first six hours of life. **THIS IS NOT A VACCINATION.** Vitamin K deficiency symptoms occur in approximately 6/100,000 newborns who don't receive any supplementation; some statistics quote as high as 1/100 newborns.

We are required by the NYS Department of Health Title: Section 12.3 - Precautions to be observed for the prevention of hemorrhagic diseases and coagulation disorders of the newborn and infants related to vitamin K deficiency

12.3 Precautions to be observed for the prevention of hemorrhagic diseases and coagulation disorders of the newborn and infants related to vitamin K deficiency. It shall be the duty of the attending physician, licensed midwife, registered professional nurse or other licensed medical professional attending the newborn to assure administration of a single parenteral dose of 0.5-1.0 mg. of natural vitamin K(1) oxide (phytonadione) within one hour of birth.

I understand a Vitamin K injection will be given to my newborn within one hour of birth as required by NYS.

Client printed name

Signature

Date

Other parent printed name

Signature

Date



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Photos and Media Release

This form releases The Birthing Center of NY and its representatives, employees, managers, members, officers, subsidiaries, subcontractors, owners and directors from all claims and demands arising out of or in connections with any use of said "materials" including without limitation all claims for invasion of privacy, infringement of my right or publicity, defamation and any other personal and/or property rights. I hereby grant The Birthing Center of NY permission to use my child's, my family, friends, pets and any other likeness in the pictures, photographs, video, or other digital media ("photo") I upload/email /produced by BCNY in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos/videos will become the property of The Birthing Center of NY and will not be returned. I hereby irrevocably authorize The Birthing Center of NY to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photos, digital media or videos. I hereby hold harmless, release, and forever discharge The Birthing Center of NY from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I further grant The Birthing Center of NY all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant The Birthing Center of NY the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit. I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for The Birthing Center of NY use of any of the material described above for any of the purposes authorized by this release.

_____ I grant permission to BCNY to post my photo, story, photo or other item to the Birthing Center of NY website, Twitter account, online learning materials, slideshows and Facebook account. BCNY will not use my name or my child's name without my express permission. I understand that no sums whatsoever will be due to me as a result of the use and/or exploitation of the materials or any rights therein.

_____ I decline the release to use any items, and *I will not share* any birth announcements, photos or other materials with BCNY.

Client Printed Name

Signature

Date



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Patient Privacy

The office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your Health Information for Treatment Purposes are:

- A nurse obtains treatment information about you and records it in a health record.
- During the course of your treatment, the practitioner determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

Example of Use of Your Health Information for Payment Purposes: We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given.

Example of Use of Your Information for Health Care Operations: We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.



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Your Health Information Rights

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our office – we are not required to grant the request, but we will comply with any request granted.
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office.
- Request that you be allowed to inspect and receive a copy your health record and billing record – you may exercise this right by delivering the request to our office.
- Appeal a denial of access to your protected health information, except in certain circumstances
- Request that your health care record be amended to correct incomplete or incorrect information by delivering request to our office. We may deny your request if you ask us to amend information that: 1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment. 2) Is not part of the health information kept by or for the office 3) is not part of the information that you would be permitted to inspect and obtain a copy of. 4) Is accurate and complete.
- If your request is denied, your will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.
- Request that communication for your health information be made by alternative mans or at an alternative location by delivering the request in writing to our office
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosers of information for treatment, payment or operations; disclosures or uses made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person’s involvement in your care or in payment for such care; or uses or disclosers to notify family or others responsible for your care of your location, condition or your death. Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to actions that has already been taken.



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Our Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by law
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we cannot accommodate a requested restriction of request

We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our Notice or by visiting our office and picking up a copy.

Communication with Family: Using our best judgment, we may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency. We may use or disclose your protected health information to notify or assist in notifying a family member, personal representative or other person responsible for your care, about your location and about your general condition or your death.

Public Health: As authorized by law we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Abuse & Neglect: We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect

Law Enforcement: We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution or to the extent an individual is in the custody of law enforcement.



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HIPPA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patients understand that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice
- The Practice reserves the right to change the Notice of Privacy Practices
- The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease
- The Practice may condition receipt of treatment upon the execution of this Consent.

Client Printed Name

Signature

Date



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BCNY Credit Card Authorization Form

In order for us to accept and bill your credit card, please complete all fields. All information kept on file is strictly confidential.

Name on Card: _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card Type: () Master/Visa () American Express

Card#: _____ Exp Date: _____ Code: _____

I authorize The Birthing Center of NY to charge any and all amounts owed on my account for the services & goods provided to me by The Birthing Center of NY. I also authorize The Birthing Center of NY to charge my credit card a pre-determined amount weekly or monthly until my balance is paid in full should I decide on this form of payment plan. I understand that any and all balances will be charged prior to my discharge from the center.

I will not dispute these with my credit card issuer so long as the amount in question was for service rendered and products purchased. I agree that if I have any problems or questions regarding my service, I will first contact The Birthing Center of NY for assistance to resolve any billing issues. I also agree not to dispute any charges unless I have already attempted to rectify the billing issue in good faith with The Birthing Center of NY and those attempts have failed. I authorize The Birthing Center of NY and their sponsoring agency to run an address verification search. This verification process is a security measure to protect me, the client, from illegal fraud against my credit card. I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this one time or recurring billing agreement with The Birthing Center of NY.

Signature of Card Holder: _____ Date: _____

Witness: _____ Date: _____



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Water birth & Hydrotherapy in Labor

The use of water is one of the many options available for your labor and birth. Before planning to give birth in the water however, there are some things you should know. Please review the statements below and initial that you have read and understand each line.

Giving birth underwater is generally considered safe and is popular in areas of the US and many other countries. However, medical research is limited as to the effects of waterbirth on mother and infant. The proposed benefits of waterbirth include less pain, improved relaxation, decreased need for episiotomy, lower blood pressure, decreased anxiety and often a faster labor. As stated before, not all of these benefits can be supported by research.

The proposed risks of waterbirth are believed to include dehydration of the mother, an increased chance of infection, and increased chance of bleeding, slips/falls while getting out of the tub and overheating. Possible risks specific to baby include possible inhalation of water in the lungs, overheating, and loss of body heat. In 0.15 to 1.5% of all births, underwater or not, there is some risk of a difficult delivery of the baby's shoulders. Shoulder dystocia is not necessarily increased by waterbirth.

However, managing shoulder dystocia may be more difficult in the tub. You may be asked to leave the tub for reasons determined by your midwife. These might include elevated temperature, changes in the baby's heart rate, bleeding, a need for an episiotomy, excessive contamination of the water and/or difficult labor. Other complications not listed here might arise and necessitate leaving the tub. After birth the baby may remain on your chest or your baby's condition may require that his/her cord be clamped and cut to facilitate resuscitation efforts.



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_____ I have been given an opportunity to fully discuss and understand the risks and benefits of underwater birth compared to other means of childbirth.

_____ I am aware that the practice of midwifery carries no guarantees regarding the outcome of underwater birth of my baby.

_____ I understand that I may be asked to leave the tub, and I agree to exit if requested

_____ I understand I may need to lift myself from the water for examinations, listening to the baby, delivery of the placenta and any emergency.

_____ I understand that I must read and sign this document to participate in a waterbirth or use hydrotherapy in labor.

_____ I have read and fully understand the provided information. All of my questions have been answered by my midwife to my satisfaction. I understand that approval of my plan to attempt a waterbirth is based on information available as of this date and may require change as my pregnancy or labor progresses.

_____ I agree to hold harmless The Birthing Center of NY, its affiliates, employees, Nurses, Physicians and any other individuals involved in my water birth. I understand the limited research and long term effects as well as the additional risks a water birth has.

Client Printed Name

Signature

Date

Witness/Family Member

Signature

Date



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Reduce the Risk of SIDS & Suffocation

About 3,500 babies die each year in the United States during sleep because of unsafe sleep environments. Some of these deaths are caused by entrapment, suffocation, or strangulation. Some infants die of sudden infant death syndrome (SIDS). However, there are ways for parents to keep their sleeping baby safe.

What You Can Do:

- Always place your baby on his or her back for every sleep time.
- Always use a firm sleep surface. Car seats and other sitting devices are not recommended for routine sleep.
- The baby should sleep in the same room as the parents, but not in the same bed (room-sharing without bed-sharing).
- Keep soft objects or loose bedding out of the crib. This includes pillows, blankets, and bumper pads.
- Wedges and positioners should not be used.
- Pregnant woman should receive regular prenatal care.
- Don't smoke during pregnancy or after birth.
- Breastfeeding is recommended.
- Offer a pacifier at nap time and bedtime.
- Avoid covering the infant's head or overheating.
- Do not use home monitors or commercial devices marketed to reduce the risk of SIDS.
- Infants should receive all recommended vaccinations.
- Supervised, awake tummy time is recommended daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat heads).



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Place your baby to sleep on his back for every sleep.

- Babies up to 1 year of age should always be placed on their back to sleep during naps and at night. However, if your baby has rolled from his back to his side or stomach on his own, he can be left in that position if he is already able to roll from tummy to back and back to tummy.

If your baby falls asleep in a car seat, stroller, swing, infant carrier, or infant sling, he should be moved to a firm sleep surface as soon as possible.

- Swaddling (wrapping a light blanket snugly around a baby) may help calm a crying baby. If you swaddle your baby, be sure to place him on his back to sleep. Stop swaddling your baby when he starts to roll.

Place your baby to sleep on a firm sleep surface.

- The crib, bassinet, portable crib, or play yard should meet current safety standards. Check to make sure the product has not been recalled. Do not use a crib that is broken or missing parts or that has drop-side rails. For more information about crib safety, visit the Consumer Product Safety Commission Web site.
- Cover the mattress with a tight-fitting sheet.
- Do not put blankets or pillows between the mattress and fitted sheet.
- Never put your baby to sleep on a water bed, a cushion, or a sheepskin.

Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the crib.

- Pillows, quilts, comforters, sheepskins, bumper pads, and stuffed toys can cause your baby to suffocate. Note: Research has not shown us when it's 100% safe to have these objects in the crib; however, most experts agree that these objects pose little risk to healthy babies after 12 months of age.



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Place your baby to sleep in the same room where you sleep but not the same bed.

- Do this for at least 6 months, but preferably up to 1 year of age. Room-sharing decreases the risk of SIDS by as much as 50%.
- Keep the crib or bassinet within an arm's reach of your bed. You can easily watch or breastfeed your baby by having your baby nearby.
- Babies who sleep in the same bed as their parents are at risk of SIDS, suffocation, or strangulation. Parents can roll onto babies during sleep, or babies can get tangled in the sheets or blankets.

Breastfeed as much and for as long as you can. This helps reduce the risk of SIDS.

- The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire.

Schedule and go to all well-child visits. Your baby will receive important immunizations.

- Recent evidence suggests that immunizations may have a protective effect against SIDS.

Keep your baby away from smokers and places where people smoke. This helps reduce the risk of SIDS.

- If you smoke, try to quit. However, until you can quit, keep your car and home smoke-free. Don't smoke inside your home or car, and don't smoke anywhere near your baby, even if you are outside.



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Do not let your baby get too hot. This helps reduce the risk of SIDS.

- Keep the room where your baby sleeps at a comfortable temperature.
- In general, dress your baby in no more than one extra layer than you would wear. Your baby may be too hot if she is sweating or if her chest feels hot.
- If you are worried that your baby is cold, use a wearable blanket, such as a sleeping sack, or warm sleeper that is the right size for your baby. These are made to cover the body and not the head.

Offer a pacifier at nap time and bedtime. This helps reduce the risk of SIDS.

- If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes 3 to 4 weeks. If you are not breastfeeding, you can start a pacifier as soon as you like.
- It's OK if your baby doesn't want to use a pacifier. You can try offering a pacifier again, but some babies don't like to use pacifiers.
- If the pacifier falls out after your baby falls asleep, you don't have to put it back in.
- Do not use pacifiers that attach to infant clothing.
- Do not use pacifiers that are attached to objects, such as stuffed toys and other items that may be a suffocation or choking risk.

Do not use home cardiorespiratory monitors to help reduce the risk of SIDS.

- Home cardiorespiratory monitors can be helpful for babies with breathing or heart problems, but they have not been found to reduce the risk of SIDS.

Use caution when buying products that claim to reduce the risk of SIDS.

- Wedges, positioners, special mattresses and specialized sleep surfaces have not been shown to reduce the risk of SIDS, according to the AAP.



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What Expectant Moms Can Do:

- Schedule and go to all prenatal doctor visits.
- Do not smoke, drink alcohol, or use drugs while pregnant or after the birth of your newborn. Stay away from smokers and places where people smoke.
- Hold your newborn skin to skin while breastfeeding. If you can breastfeed, do this as soon as you can after birth. Skin-to-skin contact is also beneficial for bottle-fed newborns.

What Sleepy Parents Need to Know:

- It is safer to feed your baby on your bed than on a sofa or cushioned chair. Make sure to remove pillows, blankets, or other soft bedding, in case you fall asleep while feeding. If you do fall asleep, move your baby back into her own bed as soon as you awake.
- Be careful not to fall asleep on a sofa or cushioned chair while holding your baby.

Remember Tummy Time:

- Give your baby plenty of "tummy time" when she is awake. This will help strengthen neck muscles and help prevent flat spots on the head. Always stay with your baby during tummy time, and make sure she is awake.

For more information visit: healthychildren.org

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