**Required Disclosure for Community Birth (Birth Center or Home Birth)**

California Senate Bill (SB) 1237 became effective January 1, 2021. This bill removed the physician supervision requirement from the practice of a Certified Nurse-Midwife (“CNM”). SB 1237 recognizes the independent scope of CNMs to provide low-risk pregnancy, childbirth, interconception, and family planning care. I understand that this law requires the CNM, as part of my patient care plan, to obtain my informed consent to receive care from the CNM after disclosing the following information to me verbally and in writing.

 I understand that:

1. **[insert practice name]** (the “Practice”) provides care in **[insert setting type where you practice]**

1. The nurse-midwife/midwives of the Practice is/are independently licensed to practice midwifery in the state of California. California, does not require a physician to supervise the practice of midwifery and thereforethe Practice is operating independently and its CNM(s) is/are not supervised by a physician.
2. **[NAME]** has an active license issued by State Board of Registered Nursing, license [**#XXXXXX].**
3. If I have or develop certain conditions or complications that are outside of the CNM scope of practice, the CNM will, if warranted, refer me for a consultation from a physician or transfer my care to a physician and surgeon. The CNM(s) of the Practice may engage with physicians and surgeons for the purpose of consultation, collaboration, referral, or transfer of care related to my care. In general, the arrangements for referral of patients with complications include **[insert brief review of process]**. and A CNM of the Practice has discussed these referral procedures with me in more detail.
4. A CNM’s consultation with a physician does not create a physician-patient relationship between the patient and the physician, and the CNM is solely responsible for care and treatment.
5. ***ONLY if the midwife does not carry liability insurance, the following line would be inserted here*:** The Practicedoes not carry liability insurance for the practice of midwifery.
6. If transfer of my care to a hospital is warranted prenatally, during labor, or within the postpartum period, the Practice has made specific arrangements and procedures for such transfer and access to appropriate emergency medical services for myself and, if necessary, for my baby, based on my location (the “Transfer Procedures”). In general, the Transfer Procedures include **[insert brief review of process]**. A CNM of the Practice has discussed the Transfer Procedures with me in more detail.
7. The Practice recommends that I pre-register at a hospital that provides obstetric, gynecologic, and pediatric emergency services should I need to be transferred.
8. Should a condition arise that requires the need for transfer of my care, the CNM(s) of the Practice will, in accordance with the Transfer Procedures: (a) initiate and oversee a safe transfer; (b) communicate with the receiving providers and staff about my condition and history; (c) provide all medical records to the receiving provider and facility; and (d) ensure safe continuity of care.
9. CNMs are licensed through the California Board of Registered Nursing (BRN). I may access the text of laws regulating certified nurse-midwifery practice and instructions for filing any complaints on the BRN website at [www.rn.ca.gov](http://www.rn.ca.gov).

PATIENT: I have had the opportunity to read and understand these disclosures, and a CNM of the Practice has provided me verbally with additional information referenced in the disclosures above. I have had an opportunity to ask questions about these disclosures and the verbal information. I hereby give my informed consent to receive care and treatment from one or more CNMs of the Practice in accordance with the disclosures and care outlined above.

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Patient’s signature Date

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Patient’s printed name

CNM: I have given the patient an opportunity to read and understand these disclosures, and I have provided her/them verbally with the additional information referenced in the disclosures above. I have provided the patient with an opportunity to ask questions about these disclosures and about the verbal information. Further, I have explained to the patient the benefits and risks of care outside of the hospital setting and the benefits and risks of the alternative options for care.

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CNM signature Date

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CNM’s printed name

Both the patient and the CNM shall sign this disclosure and consent, and the CNM shall provide a copy of it to the patient and shall ensure that another copy is placed in the patient’s medical record.

*Reviewed & Approved May 2021.*

*This is a document of the California Nurse-Midwives Association and has been reviewed for legal accuracy. This document may be re-created, edited, and new logos may be applied in order to fit the context and needs of your practice.*