## **Testing Permission and Waiver Form**

Read information given for each of these tests and / or seek more information. It is your right and responsibility to make informed choices.

	TEST	When Performed	Why	Declined	Allowed	Fee (If not included in global midwifery fee.)
шош	Office urinalysis via dipstick	Every visit.	to monitor indicators for signs of toxemia			
шош	Routine Bloodwork	Early Pregnancy	to test for anemia, blood type, Rh, HIV, RBC antibodies, rubella antibodies, Hepatitis B, RPR (syphilis)			
mom	Pap Smear	during pregnancy	Detects early cervical cancer			
mom	Pap Smear	6 wk postpartum	Detects early cervical cancer			
шош	Gonorrhea/ Chlamydia DNA	Early Pregnancy	Checks for hidden disease			
mom / baby	Sonogram	20 weeks	to assess age and well-being, sex of baby, position of baby & placenta.			price determined by each sonographer
mom	Rh Antibody Screen - Rh Negative	28 weeks & 36 weeks	Screens for maternal antibodies			
mom / baby	Rhogam Injection - prenatal	28 weeks & 3 days postparum	Prophylaxis for subsequent pregnancies			Based on cost at the lab
mom	HIV, Hep. B, RPR	3rd trimester	as mandated by the state			
mom / baby	Rho-Gam studies and postpartum	After delivery <72 hrs postpartum	Rh of baby is determined for indication of need for Maternal Rho-Gam injection.			
шош	2-Hour Glucose Postprandial	24-26 weeks	Checks for gestational diabetes which may be serious for the baby			
шош	Vaginal/Anal Group B Strep	36-38 weeks	Detects active GBS. If positive, need to decide whether to treat during labor			
mom	HIV Blood Sample	At birth	Required by law if not done in 3rd trimester			
baby	Hearing Screening	At birth	to determine hearing loss, we do not have screening equipment	N/A	N/A	Referral given at birth
baby	Cord Blood	At birth	Only done if mother has the negative Rh factor and might need Rho-Gam injection			
baby	Vitamin K	At birth	To treat for internal bleeding			
baby	Newborn Screen	<72 hrs after birth	Required by law to screen for 27 serious metabolic disorders.			
baby	Newborn Screen	<14 days after birth	Required by law to screen for 27 serious metabolic disorders.			

I/We acknowledge that having read and understood the treatments, tests and procedures named in this document that are customarily recommended by obstetricians, the reasons in support of such advice, and the risks associated with declining and having had time to research or consult with a physician and to have all my/our questions answered before signing, I/We hereby allow or refuse these treatments/procedures as noted by our initials.

Mother's Signature:	Date:	