INFORMED CHOICE BUNDLE - SAMPLE

Instructions for Your Fillable Forms

Thank you for your purchase! This interactive packet has been designed to simplify documentation while providing a clean, organized, and professional record for your practice.

GETTING STARTED

SAVE YOUR MASTER COPY

Before entering client information, save the packet under a new filename using **File → Save As.** Keep the original file untouched so it can be reused for future clients.

COMPLETE & SAVE YOUR FORMS

Click inside fillable fields to enter information and save your progress at any time. Repeated client-information fields may automatically carry information throughout applicable pages, reducing duplicate entry.

WHAT'S INCLUDED

Your Informed Choice Bundle includes:

Informed Choice • Routine Prenatal Laboratory Panel • Genetic Screens • Maternal Immunizations • Anatomy Scan • Gestational Diabetes Screen • Prenatal & Postpartum Depression and Anxiety • Group B Streptococcus (GBS) Screen

USING YOUR PACKET

Digital Signatures: Adobe Digital Signature fields are included where applicable. Complete your documentation before signing whenever possible.

Printing: Print only the forms or pages you need. For best results, select **Actual Size (100%)** in your printer settings.

ADOBE COMPATIBILITY

For the best experience, open and complete your forms using the current version of **Adobe Acrobat Reader (Free), Adobe Acrobat Standard, or Adobe Acrobat Pro. REQUIRED:** Adobe Acrobat Reader (Free) → Download Here

TIP: Always keep an untouched master packet, create a new working copy for each client, and save your work regularly.

Need Assistance?

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INFORMED CHOICE

Prenatal Panel, Genetic Testing & Prenatal Maternal Immunizations – at initial prenatal

After reviewing the material provided and conducting my own research, I understand the risks and benefits of the prenatal panel, genetic testing and maternal immunizations, the available alternatives, and the implications of choosing not to do them.

I consent: ☐ I decline: ☐ Signature: _____ Date: _____ _____

I understand: ☐ Signature: _____ Date: _____ _____

I understand: ☐ Signature: _____ Date: _____ _____

Anatomy Scan – Ultrasound – 20 weeks

After reviewing the material provided and conducting my own research, I understand the risks and benefits of this screen, the available alternatives, and the implications of choosing not to do an anatomy scan.

I consent: ☐ I decline: ☐ Signature: _____ Date: _____ _____

Gestational Diabetes Screen – 28 weeks

After reviewing the material provided and conducting my own research, I understand the risks and benefits of this screen, the available alternatives, and the implications of choosing not to do it.

I consent: ☐ I decline: ☐ Signature: _____ Date: _____ _____

Depression and Anxiety – 28 weeks, 40 weeks, post-partum or as needed

After reviewing the material provided and conducting my own research, I understand the risks and benefits of this screen, the available alternatives, and the implications of choosing not to do it.

I consent: ☐ I decline: ☐ Signature: _____ Date: _____ _____

Group B Strep (GBS) Screen and CMV Discussion – 36 weeks

After reviewing the material provided and conducting my own research, I understand the risks and benefits of this screen, the available alternatives, and the implications of choosing not to do it.

I consent: ☐ I decline: ☐ Signature: _____ Date: _____ _____

I understand: ☐ Signature: _____ Date: _____ _____

Postdates Including Kick Counts and Biophysical (BPP) or Ammonitic Fluid Index (AFI) – 40 weeks

After reading the material provided and completing my own research, I understand the risk and benefits of postdate pregnancy, the alternatives plus the risks and benefits of declining.

I understand: ☐ Signature: _____ Date: _____ _____

I consent: ☐ I decline: ☐ Signature: _____ Date: _____ _____

I consent: ☐ I decline: ☐ Signature: _____ Date: _____ _____

Post Partum Hemorrhage – 40 weeks

After reading the material provided and completing my own research, I understand the risks of post partum hemorrhage.

I consent: ☐ I decline: ☐ Signature: _____ Date: _____ _____

Antibiotic Eye Ointment – 38 - 40 weeks

After reviewing the material provided and conducting my own research, I understand the risks and benefits of the ointment, the available alternatives, and the implications of choosing not to use it.

I consent: ☐ I decline: ☐ Signature: _____ Date: _____ _____

Vitamin K – 38 - 40 weeks

After reviewing the material provided and conducting my own research, I understand the risks and benefits of Vit K, the available alternatives, and the implications of choosing not to use it.

I consent: ☐ I decline: ☐ Signature: _____ Date: _____ _____

Newborn Metabolic Screen, Pulse Oz and Newborn Hearing Screen – 38 - 40 weeks

After reviewing the material provided and conducting my own research, I understand the risks and benefits of these screens, the available alternatives, and the implications of choosing not to

I consent: ☐ I decline: ☐ Signature: _____ Date: _____ _____

I consent: ☐ I decline: ☐ Signature: _____ Date: _____ _____

I consent: ☐ I decline: ☐ Signature: _____ Date: _____ _____

Newborn Vaccinations – 40 weeks

After reading the material provided and completing my own research, I understand the risks and benefits of vaccinations for my baby, the alternatives, plus the risks and benefits of declining.

I understand: ☐ Signature: _____ Date: _____ _____

ROUTINE PRENATAL LABORATORY PANEL

Purpose

The prenatal laboratory panel includes routine blood and urine tests performed during pregnancy to detect conditions that guide appropriate care.

What Is Involved?

The prenatal laboratory panel is completed with a blood draw and urine sample.

At _____, this panel includes:

- **ABO Blood Group & Rh Typing (Blood Type)**: Determines your blood type and Rh factor to identify possible Rh incompatibility, which can affect current or future pregnancies.
- **Complete Blood Count (CBC) with Differential:** Evaluates red and white blood cells and platelets to screen for anemia, infection, and blood disorders.
- **Rubella Immunity (Rubella IgG)**: Determines whether you have immunity to rubella, a viral illness that can cause serious birth defects if contracted during pregnancy.
- **Hepatitis B Surface Antigen (HBsAg)**: Screens for an active hepatitis B infection so treatment and newborn preventive care can be provided if needed.
- **Syphilis Screening (RPR or equivalent)**: Screens for syphilis, a sexually transmitted infection that can cause serious complications for both parent and baby if left untreated.
- **Urinalysis and Urine Culture**: Screens for urinary tract infections and asymptomatic bacteria in the urine, which are common during pregnancy and may increase the risk of kidney infection or preterm birth if untreated.

Additional Recommended Screening

Current national guidelines are recommended:

- HIV screening is recommended for all pregnant people
- Hepatitis C screening is recommended for all pregnant people
- Chlamydia and Gonorrhea screening for patients younger than 25 years of age or those with increased risk factors for sexually transmitted infections.

Benefits

Routine prenatal laboratory testing can:

- Guide individualized prenatal, labor, birth, and newborn care.
- Support informed decision-making throughout pregnancy.
- Detect anemia, infections, and blood disorders early in pregnancy.
- Identify Rh incompatibility so preventive treatment can be provided when indicated.
- Detect infections that may affect pregnancy or be transmitted to the baby, allowing timely treatment.

Risks

The risks associated with prenatal laboratory testing are generally minimal and may include temporary discomfort during blood draw and possible lightheadedness and minor bleeding or bruising

Alternatives

You have options regarding laboratory testing. Alternatives may include:

- Eldon Blood Typing Card: Determines blood type and Rh factor without comprehensive laboratory testing.
- Hemoglobinometer: Measures hemoglobin levels only and does not provide the information available through a complete blood count.
- Selective testing: You may choose to complete only certain components of the prenatal laboratory panel.

Your Right to Choose

Routine prenatal laboratory testing is recommended by Blissful Midwifery, but participation is voluntary, and you may accept or decline any test. National guidelines recommend routine screening for chlamydia, gonorrhea, and HIV during pregnancy. Blissful Midwifery policy and practice reflect client preference, clarify that these tests are recommended but may be accepted or declined through informed choice.

GENETIC SCREENS

Purpose

Genetic testing can identify certain inherited conditions or genetic changes that may affect a baby's health. Results may help guide medical care, follow-up, and future health decisions. These may include non-invasive prenatal testing (NIPT), carrier screening, or diagnostic procedures such as amniocentesis, when appropriate.

Benefits

- May identify certain chromosomal or genetic conditions.
- Helps guide pregnancy care and planning.
- Allows for early referral to specialists or additional support if needed.
- May provide reassurance when results are normal.

Limitations & Considerations

- Genetic screening and diagnostic tests cannot detect all conditions.
- Screening tests estimate the likelihood of certain conditions but do not provide a diagnosis.
- Results may be uncertain and may require additional testing or counseling.

Risks

- Screening tests may produce false-positive or false-negative results.
- Diagnostic procedures, such as amniocentesis, carry a small risk of complications, including miscarriage.
- Results may have emotional, personal, or ethical implications for you and your family.

Alternatives

If you choose not to have genetic screening or diagnostic testing, your pregnancy can continue to be monitored through routine prenatal care, which may include:

- Fundal height measurements
- Fetal heart tone assessment using a Doppler or fetoscope
- Monitoring fetal movement

These methods help monitor your baby's well-being but do not diagnose genetic or chromosomal conditions.

Your Right to Choose

You may choose to accept or decline any or all these tests. Your midwife will provide information, answer your questions, and support you in making the decision that is right for you.

We are committed to providing compassionate, confidential, and non-judgmental care and will support you in making informed decisions that align with your values and healthcare needs throughout pregnancy and the postpartum period.

MATERNAL IMMUNIZATIONS

At _____, we provide evidence-based education to help you make informed decisions about immunizations. We're available to discuss vaccine recommendations and options and can help coordinate care if you choose to receive them. Vaccines are not administered at our practice.

Current Recommendations

The American College of Obstetricians and Gynecologists (ACOG) routinely recommend:

Influenza (Flu) Vaccine

- When: Any trimester, ideally before or during flu season.
- Why: Reduces the risk of severe flu illness during pregnancy and may provide protection for your newborn.

COVID-19 Vaccine

- When: Any stage of pregnancy or while breastfeeding.
- Why: Helps reduce severe illness, hospitalization, and pregnancy-related complications.

Tdap (Tetanus, Diphtheria, Pertussis)

- When: 27–36 weeks of pregnancy, ideally early in this window.
- Why: Passes protective antibodies to your baby to help prevent whooping cough in the first months of life.

Maternal RSV Vaccine

- When: 32–36 weeks during the recommended RSV season.
- Why: Helps protect infants from severe RSV illness after birth.

Live vaccines are avoided during pregnancy due to potential fetal risk, including MMR, varicella, and the live nasal spray flu vaccine, but may be recommended after delivery if needed.

Vaccines Based on Individual Risk

Additional vaccines may be recommended based on your health history, work, travel, or other risks, including:

- Hepatitis A or B
- Meningococcal
- Pneumococcal
- Inactivated Polio (IPV)
- Inactivated Typhoid

Benefits

- Protect serious infections during pregnancy.
- Provides antibodies that may help protect your baby after birth.
- May reduce infection-related pregnancy complications.

Considerations and Risks

- Vaccines do not provide 100% protection.
- Mild side effects may include soreness, fatigue, headache, or low-grade fever.
- Serious allergic reactions are rare.
- Recommendations vary based on individual health needs.

Alternatives to Vaccination

If you choose not to vaccinate, ways to reduce infection risk include:

- Good handwashing hygiene, Avoiding sick contacts, Staying home when ill.
- Wearing a mask in higher-risk settings when appropriate.
- Encouraging close family and caregivers to stay up to date on vaccines.

Your Choice

Immunization decisions during pregnancy are personal. You have the right to accept or decline vaccines after reviewing the benefits, risks, and alternatives.

ANATOMY SCAN

Purpose & What's Involved

An anatomy scan, also known as a detailed ultrasound, is typically offered around 18–22 weeks of pregnancy. The ultrasound provides a detailed assessment of your baby's growth, development, major organs and anatomical structures.

Benefits

- Evaluate your baby's growth and anatomy.
- May identify some structural differences or concerns.
- Can help guide further monitoring or testing if needed.
- May provide reassurance when findings are normal.

Limitations & Considerations

- Ultrasound cannot detect all genetic or structural conditions.
- Some findings may be unclear and require additional imaging or testing.
- The baby's position, movement, and gestational age can affect what is visible.

Risks

- Ultrasound is generally considered safe when medically indicated.
- Sometimes findings may cause worry or lead to additional testing.

Alternatives

If you choose not to have an anatomy scan, your pregnancy can continue with routine prenatal care, including:

- Fundal height measurements
- Fetal heart tone assessment
- Monitoring fetal movement

These methods do not provide the same detailed assessment of your baby's anatomy.

Your Right to Choose

You may choose to accept or decline the anatomy scan. Your midwife will provide information, answer your questions, and support you in making the decision that is right for you.

We are committed to providing compassionate, confidential, and non-judgmental care and will support you in making informed decisions that align with your values and healthcare needs throughout pregnancy and the postpartum period.

GESTATIONAL DIABETES SCREEN

What is Gestational Diabetes (GDM)?
Gestational Diabetes Mellitus (GDM) is a type of diabetes that develops during pregnancy when the body is unable to produce enough insulin to meet increased pregnancy-related demands. This results in higher-than-normal blood glucose (blood sugar) levels.
Some people have a higher risk of developing GDM, while others have few or no risk factors. Healthy eating, regular physical activity, and the absence of a family history of diabetes may lower your risk; however, GDM can occur in anyone, which is why screening is routinely offered during pregnancy.

What is Glucose Screening?
Screening for GDM is typically offered between 26 and 29 weeks of pregnancy. It is particularly recommended for individuals with risk factors such as a previous pregnancy affected by GDM, a family history of diabetes, or a history of delivering a large baby.

Standard Screening Test
The standard screening test involves:

- Drinking a 50-gram glucose solution or fresh test
- Having your blood drawn 1 hour later to measure your blood glucose level
- If your result is greater than 140 mg/dL, you will be offered a 3-hour Oral Glucose Tolerance Test (OGTT) to determine whether you have gestational diabetes.

Risk Factors for GDM
You may be at increased risk if you have any of the following:

- Previous gestational diabetes or elevated blood glucose during pregnancy
- Previous large-for-gestational-age (LGA) infant (greater than 9 lb/4,000 g)
- Polyhydramnios (excess amniotic fluid)
- Maternal weight greater than 200 lb or more than 35% above ideal body weight
- Family history of diabetes
- Recurrent urinary tract infections, vaginal yeast infections, or glucose in the urine (glycosuria)
- Previous unexplained stillbirth or recurrent pregnancy loss
- Symptoms suggestive of elevated blood sugar, such as excessive thirst or frequent urination

Follow-Up for Abnormal Screening Results
If your screening result is elevated, you will be offered a 3-hour Oral Glucose Tolerance Test (OGTT) using a 100-gram glucose drink

The following blood glucose values are commonly used to assess the results:

- Fasting: less than 105 mg/dL
- 1 hour: less than 190 mg/dL
- 2 hours: less than 165 mg/dL
- 3 hours: less than 145 mg/dL

A diagnosis of gestational diabetes is made when two or more values are elevated.
If you are diagnosed with GDM, your care will include consultation and co-management with a hospital-based midwife and/or physician. Your care team will discuss treatment options, which may include nutrition counseling, home blood glucose monitoring, and, when needed, medication.

Alternatives to Standard Screening
If you choose not to complete the standard glucose screening test, an alternative option is home blood glucose monitoring using a glucometer over a specified period. Your midwife will review this option with you and explain how to monitor and record your blood sugar levels.

Your Right to Choose
Participation in gestational diabetes screening is your choice. You may accept or decline any part of the screening process. Your midwife will answer your questions, discuss the benefits and limitations of each option, and support you in making an informed decision that aligns with your values, preferences, and healthcare needs.