



## Application and informed consent form for conducting natural childbirth at the Natural Childbirth Center at Lis Maternity Hospital

I, the undersigned, \_\_\_\_\_, ID or international passport number \_\_\_\_\_, address \_\_\_\_\_, mobile phone \_\_\_\_\_, and email \_\_\_\_\_ am seeking the natural childbirth services of the Natural Birthing Center.

The Natural Birthing Center program is designed for healthy pregnant women, who, according to the medical definition, are low risk, and seek to deliver their baby without medical intervention.

Natural childbirth at the center is directed by a hospital-midwife.

after patient evaluation and final confirmation by an obstetrician. During natural childbirth, the baby's heartbeat is monitored periodically according to the international treatment protocol in use.

Therefore, there could be delays in identifying fetal distress, which could affect the baby's well-being and health.

Estimated due date: \_\_\_\_\_

I declare that I clearly know and understand the following things and I agree with them:

I have been informed that upon arrival at the hospital, I will inform the birthing assistant in the Obstetrics Unit of my participation in the Natural Birthing Center program. If the medical professionals decide to admit me, according to the hospital-based criteria, to the delivery room in the Natural Birthing Center and subject to the availability of a suitable room for natural childbirth, a birthing assistant designated to me will be called to the Natural Birthing Center. S/he is expected to arrive about an hour after being contacted.

It was explained to me that the birthing assistant designated to accompany me in natural childbirth is being called especially for me. I understand that since the service is in a hospital with limited manpower and space, **the service will be provided on a space and resource availability basis only.**

**If Natural Birthing Center is occupied, I will not receive the dedicated birthing assistant service.**

In this, case I can have natural childbirth with continuous fetal monitoring in a regular delivery room (but this condition is subject to any medical limitations and is conducted without a designated birthing assistant.)

Service delivery is conditional upon the obstetrics medical team classification that I am in the stage of active labor.

Nonetheless of the aforementioned, it has been explained to me that at any time during natural childbirth, risks and complications can occur. I have been told that if during or after labor or delivery, there is a change in the condition of the fetus or newborn, and delivery cannot be conducted/continued in the framework of Natural Birthing Center, I will need treatment, monitoring and supervision because of the new situation including: lying in bed, continuous connection to a monitor, intravenous infusion of fluids, and/or any other medical intervention required.

