

Patient Registration Packet

About the Birth Center of New Jersey:

The Wellness Collective is a collaboration between The Birth Center of New Jersey and Artemis OB/GYN, which provides comprehensive care to women from puberty to menopause, and everything in between.

The Birth Center of New Jersey can offer you the safety you are looking for. In the event you need more specialized care, an OB/GYN or Midwife can continue the same compassionate care in the hospital without you leaving our circle of care. Our relationship with Overlook Medical Center is excellent. Unlike other Birth Centers, a transfer is seamless and means you are treated with the respect you deserve from hospital staff when you arrive to continue your care under Dr. Nicola Pemberton and her associates.

At the Birth Center of New Jersey, every effort is made to create the loving, intimate feeling of an at-home birth, while providing the safety of continuous one-on-one care. Either at The Birth Center of New Jersey or the hospital, you'll have the support of our highly skilled and caring team of professionals during your prenatal care, labor, and birth. We are your midwifery experts!

The Wellness Collective (The Birth Center of New Jersey and Artemis OB/GYN) provides care with a team of midwives and professionals who can deliver the best in Pregnancy, Birth, Family Planning and Well Woman care at our center.

In the attached packet you will find the following forms which all need to be completed.

- General Information (Patient, Insurance, Emergency Contact) – page 1
- Patient Rights and Responsibilities – page 2
- Terms of Enrollment General Statement – page 3
- Consent Form – pages 4 & 5
- Transfer Guidelines – page 6
- Patient Certification – page 7

Completed forms along with a copy of photo ID should be emailed to officemanager@BirthCenterNJ.com



PATIENT RIGHTS AND RESPONSIBILITIES

In order to ensure effective patient care, The Birth Center of New Jersey has adopted a Patient Rights Policy. This policy, in full, is posted at The Birth Center of New Jersey and is available to our patients and family upon request. Below you will find a summary of Patient Rights as well as responsibilities.

RIGHTS:

1. You are entitled to be treated with courtesy, consideration, respect, and recognition of your dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. Your privacy shall also be respected when facility personnel are discussing the patient.
2. You are entitled to personal, respectful and safe care without discrimination, harassment or abuse.
3. You are entitled to exercise your civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at any religious services shall be imposed upon any patient.
4. You are entitled to know the names and functions of the people involved in your care.
5. It is the facility's responsibility to explain your care in language which you can understand.
6. No diagnostic or therapeutic procedure will be performed on you without your expressed verbal or written consent.
7. You have the right to refuse medication and treatment after possible consequences of your decision have been explained to you, understanding that refusing may hinder your ability to deliver at BCNJ.
8. You have the right to be fully informed about your treatment, procedures and the expected outcome before it is performed.
9. To receive care in a safe setting.
10. No research or experimental procedures will ever be used on you without your full consent.
11. You are entitled to know if other healthcare or educational institutions will be involved in your care and you have the right to refuse such involvement.
12. You are entitled to be informed of The Birth Center of New Jersey's policies regarding life-saving methods and arranging for that care.
13. If further care is required you may be transferred to Overlook Medical Center.
14. Your medical records are only for the purpose of your care. No information in them will be released or shared without your permission, except as directly needed for your care or as required by law.
15. The Birth Center of New Jersey will, upon request, review and provide an explanation of your bill, even though it may be covered by insurance.
16. You are entitled to present any grievances or complaints to our office, 908-627-4455 or email us at Info@BirthCenterNJ.com

RESPONSIBILITIES: You are expected to:

1. Provide accurate information about your medical history.
2. Cooperate with the personnel at The Birth Center of New Jersey.
3. Ask questions if you do not understand directions or procedure.
4. Be considerate of other patients.
5. Provide information necessary for processing your insurance coverage.
6. Be ultimately responsible for any agreed payments as per the Financial Agreement.
7. Be respectful of The Birth Center of New Jersey facility.
8. Help the midwives, nurses and medical personnel in their effort to give you quality care by following their instructions and medical orders.

I, _____ certify that I understand my Rights and Responsibilities as a patient of The Birth Center of New Jersey.



TERMS OF ENROLLMENT GENERAL STATEMENT

The Birth Center of New Jersey is a free-standing birth center that offers what is considered an alternative out-of-hospital approach to normal childbearing. It may appeal to and be desired by some people and not others. For this reason, we think it is important that you be fully informed about our services.

We require that you participate in the orientation procedures prepared by our professional staff which includes: 1) your personal inspection of BCNJ facilities, 2) a series of mandatory childbirth preparation classes orienting you with our procedures, methods and services, as well as our mutual expectations and 3) frank discussions of how hospital delivery and delivery at BCNJ differ.

We have taken every reasonable precaution to insure your safety, comfort and satisfaction. The birthing center will assure that nurses are available on a 24-hour a day, 7-days-a-week basis. The Birth Center of New Jersey has on hand all the equipment and medication that we think is necessary for normal childbearing in a homelike setting and is in compliance with the standards set by the New Jersey Department of Health. We do not have an electronic fetal monitor, an operating room or an intensive care unit for mother or baby, nor do we have the highly specialized services and equipment which such units contain. Blood and blood products and epidural anesthesia are not available. All are available at Overlook Medical Center (OMC) which is BCNJ's back-up facility and is less than 8 miles away. Nevertheless, some physicians and professional organizations have opposed birthing centers because they believe that there are certain inherent risks to mothers and babies in not being delivered in a hospital.

In the case of an emergency, you will be transferred to OMC according to established procedures. In both an emergency or non-emergency transfer situation one of BCNJ's staff members will accompany you to the hospital. If your transfer is non-emergent and the care needed continues to be within the scope of midwifery practice, your midwife will continue management of your care at the hospital, provided that she is credentialed and has privileges at OMC. If your transfer is emergent, management of your care will be provided by one of our clinical directors, Nicola Pemberton MD FACOG. All hospital expenses incurred shall be your obligation and are not included in your financial arrangements with BCNJ.

Your midwife is responsible to provide you with all normal pre-natal care, postpartum care, including a 24-48 hour postpartum visit, a 1-week visit and a 6 week visit. It is your obligation to select and arrange for pediatric care for your baby. This includes selecting a pediatrician and arranging for the newborn hearing screening testing. It is wise for you to make these arrangements well before your due date and discuss with your nurse-midwife.

Because of the center's philosophy of trust and honesty, all decisions concerning your health and the health of your baby will be discussed fully with you whenever possible. Do not hesitate at any time to ask any questions you have about our birth center and its functions as well as anything that concerns you, your baby, or your family.

Enrollment shall be at our exclusive discretion. Applicants will be notified only after all registrations forms have been submitted and reviewed.

We, the undersigned, have read and understood the above statement and have had the opportunity to ask questions. It is entirely acceptable.

Signature of Mother

Date

Signature of Father/Spouse/Partner

Date



CONSENT FORM

I, _____ hereby request enrollment in The Birth Center of New Jersey with the following understandings:

1. Physical Examination: I engage and authorize any member of the midwifery or nursing staff to perform according to the expertise of each discipline, physical examinations on my person to confirm general health and pregnancy status, obtain the usual specimens and perform the usual diagnostic procedures including but not limited to the following: a) drawing blood for Rh factor, serology and other tests, b) pregnancy tests, c) urinalysis, d) blood pressure, e) internal examination - vaginal with or without instruments f) obtaining rectal, vaginal or cervical specimens, including a Pap Smear.

2. Authority to Treat: I engage and authorize any BCNJ healthcare provider to treat, administer and provide as necessary to me and my baby the following:

- a) healthcare including prenatal education and instruction
- b) physical examinations
- c) obtaining of blood or other specimens or laboratory tests
- d) oral medications
- e) intra-muscular, subcutaneous and intravenous injections and local anesthesia
- f) intravenous infusions
- g) delivery of my baby
- h) episiotomy and repair
- i) postpartum care
- j) in-house newborn care
- k) follow-up visits by a staff nurse or CNM
- l) such other procedures related to childbearing as may be deemed necessary.

I grant to the members of the medical team staff full authority to administer and perform all and singular, any drugs, treatments, tests, diagnostic procedures, examinations and ministrations to or upon me and my baby.

3. Informed Consent: While the course of childbearing is a normal human function, it has been explained to me and I understand that in any particular case, medical problems may arise unpredictably and suddenly which may be a hazard of childbearing or of being born or may be aggravated by the stress of childbearing or being born. There are possibilities of excessive blood loss, infection, convulsions, coma, allergic reaction, and respiratory distress. The following are some other medical problems affecting the mother that could occur: placental abruption, rupture of an undiagnosed aneurysm, amniotic embolism, uterine rupture, cardiac arrest, anaphylactic shock, and death. Medical problems affecting the fetus and newborn that could occur are: umbilical cord prolapse and related problems, congenital anomalies, fetal distress, malpresentation, immaturity and post maturity, birth injuries, stillbirth, shoulder dystocia and amnionitis.

I understand that certain conditions affecting the newborn, such as the effects of jaundice, blood incompatibility, precipitate labor and respiratory distress syndrome, some congenital anomalies, allergies, infections, and brain damage with or without mental retardation are difficult to recognize or are unrecognizable within 4 to 12 hours of birth by which time families will usually have been discharged.

I have been informed with regard to all of the foregoing and advised that I may have more detailed and complete explanations of each condition described and/or other even more remote risks, consequences and conditions.

I am aware that advanced practice nursing and midwifery are not exact sciences, and I acknowledge that no guarantees or assurances have been made to me concerning the results of the treatments, examinations and procedures to be performed.

I realize that it is the routine practice at BCNJ that each birth is attended by at least one obstetrical nurse and at least one certified nurse midwife and that the presence of specific members of the staff cannot be guaranteed. I also understand that BCNJ is a site for the education of students of various healthcare programs (i.e., student nurse midwives, doulas, childbirth educators, nursing students, medical students) and that I might be asked to include the student in the process of my receiving care at BCNJ.



4. Hydrotherapy: The Birth Center of New Jersey has birthing suites equipped with birth tubs. Additionally, each room has its own private shower. Clients are permitted and encouraged to labor and deliver in the showers and tubs should they so desire as long as the following conditions are met.

- The midwife in charge of your care agrees to your use of hydrotherapy. This is subject to the discretion of the CNM managing your care.
- No current untreated vaginal, urinary, or skin infections.
- Maternal vital signs that are within normal limits.
- Reassuring fetal heart rate prior to immersion in hydrotherapy.
- Presence of or report of meconium stained amniotic fluid, or vaginal bleeding that is more than a bloody show will render the patient ineligible for hydrotherapy delivery.

5. Patient History and Right to Withdraw: In view of all of the above, I understand that in the selection and treatment of mothers at BCNJ, you will rely on my medical history and the information about myself which I and my Midwife provide. I affirm that such information is and will be correct and accurate to the best of my knowledge. In addition, I agree to follow all the rules, regulations and policies of The Birth Center of New Jersey and I understand that I may voluntarily withdraw from enrollment at any time I wish prior to admitting.

6. Use of Medical Records: I authorize The Birth Center of New Jersey and such parties authorized by them to have full access to all my records for statistical studies and other research purposes. The only reservation is that my personal privacy be protected from the general public.

7. Disposition of Placenta: Please initial one of the following:

- ____ A. I hereby authorize The Birth Center of New Jersey to properly dispose of my Placenta.
- ____ B. I will be fully responsible for making other disposition arrangements. Failure to remove placenta at time of discharge will constitute approval of disposition under A.

8. Photography: Please complete the following:

- A. I grant The Birth Center of New Jersey, its representatives and employees the right to take photographs of me and/or my birth to use and publish said photographs in print and/or electronically for the purpose of publicity, illustration, advertising and web content. Yes No
- B. I grant The Birth Center of New Jersey, its representatives and employees the right to take photographs of my newborn baby to use and publish said photographs in print and/or electronically for the purpose of publicity, illustration, advertising and web content. Yes No

9. Affirmation: I have visited The Birth Center of New Jersey for a tour and have taken or signed up to take childbirth education classes.

The undersigned understand the operation of The Birth Center of New Jersey and its limitations and have had full opportunity to ask any questions.

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| Signature of Mother | Date | Signature of Father/Spouse/Partner | Date |
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TRANSFERS

I understand that certain clinical indicators may necessitate transfer to Overlook Medical Center (OMC) for a more comprehensive level of care. The decision regarding the need for transfer will be made by your midwife. The Birth Center of New Jersey has Obstetrical and Pediatric consultants available at all times for consultation in the event of complications requiring further medical care and/or hospitalization. Typically, the midwife will consult with said physicians prior to transfer. Transfers could occur prior to being admitted, during labor, postpartum or for newborn care. If your midwife is not credentialed at OMC she will only be able to accompany you for support but not for clinical care.

The following conditions discovered **during labor** could cause a transfer from the birthing center to the hospital. Breeched position; Cord prolapsed; Fetal heart rate abnormalities; Particulate meconium in amniotic fluid; Placental Abruption; certain instances of prolonged labor; Uterine Rupture; maternal exhaustion; unstable vital signs; inability to urinate.

The following conditions discovered **postpartum** could necessitate a transfer from the birthing center to the hospital. Soft tissue problems; severe blood loss; Postpartum hemorrhage failing to respond to appropriate management; Maternal seizures; Any condition requiring more than 12 hours of continuous postpartum observation.

The following conditions discovered with the **newborn** could necessitate an infant transfer from the birthing center to the hospital. Low Apgar score; Congenital anomaly requiring immediate acute care; Persistent hypothermia; Immediate jaundice; Severe or worsening respiratory distress; Difficult resuscitation; Exaggerated tremors or any seizure activity; Any condition requiring more than 12 hours of continuous post-delivery observation.

In case of emergency, I authorize any member of the midwifery staff to take appropriate measure, and when specialized equipment or hospitalization is believed required, to transfer me or my baby to Overlook Medical Center (OMC). All of the above is to be performed as deemed necessary or advisable by any member of the midwifery staff in the exercise of his or her professional judgment.

In case of a needlestick or sharps injury, I authorize any member of the midwifery staff to take appropriate measures and to transfer me or my baby to Overlook Medical Center (OMC) if necessary or to test for bloodborne pathogens.

Signature of Mother

Date

Signature of Father/Spouse/Partner

Date



PATIENT CERTIFICATION

I, _____ hereby acknowledge, warrants and agrees that:

- I understand that delivery at The Birth Center of New Jersey is only appropriate for women who are considered low risk as per our established Policies and Procedures; to be evaluated by your care provider.
- I understand that even after meeting the low risk criteria I can still be denied admission to the birthing center due to changing circumstances. For example, if it is found that the baby is in a breech position; Premature labor- before 37 weeks; Post-term labor- past 42 weeks.
- I understand that certain clinical indicators may necessitate transfer to Overlook Medical Center for a more comprehensive level of care. The decision regarding the need for transfer will be made by your midwife. Transfers could occur prior to being admitted, during labor, postpartum or for newborn care. If your midwife is not credentialed at Overlook Medical Center she will only be able to accompany you for support but not for clinical care.
- I understand that I may complete an Advanced Directive and it will become part of my medical record. For more information and samples please see www.state.nj.us/health/advancedirective/ad/
- I will provide the information necessary for processing my insurance coverage. I understand that I am ultimately responsible for any agreed upon amount as per the Financial Agreement.
- Every effort will be made to allow me to birth in the suite of my choice. However, I understand that birthing suites are distributed on a first come first served basis and I may not end up in the suite I chose.
- I understand that even after registering and meeting all criteria it is possible that when it is time for me to deliver it is possible that all three birthing suites can be occupied and I will be denied admittance to the birthing center.
- I certify that I have read and understand the entire registration packet. I have had the opportunity to ask questions of my midwife and/or The Birth Center of New Jersey, LLC if anything is unclear.

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| Signature of Mother | Date | Signature of Father/Spouse/Partner | Date |
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