



Midwifery Care Associates, P.C.
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GROUP B STREP INFORMED CONSENT OR REFUSAL

I have read the information provided in the Midwifery Care Associates Parent Handbook about Group B Strep disease of the newborn, its causes and consequences. I fully understand that the midwives of MCA propose a prophylaxis and treatment strategy in accord with CDC guidelines. I have had the opportunity to ask any questions regarding this proposed prophylaxis and treatment, and my questions have been fully answered to my satisfaction. I have also researched this subject on my own. I understand that if I am GBS-positive and I refuse antibiotics during labor, I am **not** following the current research-based recommendations of my midwives and of the CDC, and that my baby may be at an increased risk of developing a GBS infection. I understand that GBS infection in my baby is not 100% preventable with or without antibiotics. I understand that GBS infection in my baby is not 100% detectable with or without screening. I understand the choices for treatment and testing as offered by Midwifery Care Associates. I understand that I accept responsibility for my testing and treatment decisions.

Please initial your choices:

_____ I agree to be tested for GBS at 35-37 weeks of pregnancy.

_____ I do want to receive antibiotics during labor if I am GBS-positive at the time of labor & birth.

_____ I do **not** want to receive antibiotics during labor if I am GBS-positive at the time of labor & birth.

Signed (client) Date _____

Signed (midwife) Date _____