

**Agreement on Planned Place of Birth
When Home Birth is Contraindicated**

I, _____ (the client), acknowledge that my midwife/midwives has/have advised me to give birth in hospital and that she/they cannot attend me in active labour at home for the following reasons¹:

I agree to call my midwife when:

I agree to come to the hospital when:

My midwife has discussed the above concerns with me and has answered my questions.

I agree to give birth in hospital with the support of my midwife.

Signed at _____, British Columbia, on _____
(City/Town) (Date)

(Signature of Client)

(Signature of Witness)

Midwife: _____
(Name and signature of midwife)

(Print name of Witness)

Reg. #: _____

¹ The midwives will reference midwifery standards of practice, and in particular the *Indications for Discussion, Consultation and Transfer of Care*, and the *Indications for Planned Place of Birth*, and other safety concerns where they apply.