



Family Birthing Centre

Application form

Surname	Given	Maiden name
Home address		
Suburb	Postcode	
Postal address		
Mobile number	Email	
Date of birth	Age	
Pre-pregnancy weight	Height	BMI (office use only)
Country of birth	Aboriginal or Torres Strait	
Do you have special	If so, please give details:	
Interpreter required?	i.e. limited mobility, hearing deficit	
Medicare number	Marital status	
Do you have a Carer?	Name of Carer	
Next of Kin	Contact number	

YOUR DOCTOR (Please give FULL name and address)

Name			
Address			
Postcode	Phone		

THIS PREGNANCY

Expected date of birth	How many live babies have you birthed?	Previous FBC client? Request for midwife:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any current illnesses or medical problems? (e.g. diabetes, blood pressure problems, asthma, heart problems, anxiety/depression etc?) Have you had any previous abdominal surgery? (e.g gastric sleeve) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes , please give details:			
Have you had any problems with previous pregnancies or births? (e.g. caesarean section, gestational diabetes, pre-eclampsia, heavy blood loss after birth, retained placenta, shoulder dystocia etc?) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes , please give details:			
Are you currently taking any medication? If Yes , please give details: <input type="checkbox"/> Yes <input type="checkbox"/> No			



FSH Family Birthing Centre Agreement Form

I, _____ acknowledge and agree that;

- I have read and understood the 'Exclusion Criteria for Midwifery Group Practice birthing in the FSH Family Birthing Centre' and to the best of my knowledge have disclosed any past or present medical issues
- If I choose to commence care with the FSH Family Birthing Centre (FBC) they will become my sole provider of antenatal care and I agree not to seek a shared care model (as per Medicare)
- Any pre-existing medical issue or risk factor listed on the exclusion criteria will warrant a consultation with an obstetrician. If I am not granted medical clearance for the FBC I will be referred to my local hospital for antenatal care
- Should my level of risk change throughout the antenatal period I consent to consultation and referral with an obstetrician
- If a complication arises after booking-in or obstetric medical review, my primary midwife will continue to care for me for remainder of the pregnancy and immediate postpartum
- I acknowledge I may be required to transition to the main birth suite should my level of risk change during labour. FBC staff will continue to care for me in that setting.
- I am aware that the FBC does not offer epidural anesthesia in labour and I do not plan to utilize this form of pain relief at time of booking-in
- I am agreeable to a 4-6 hour discharge following birth providing I remain low-risk
- I agree to undertake the following antenatal procedures;
 - Oral Glucose Tolerance Test or a Fasting Blood Glucose Level (26-28 weeks)
 - If I have a risk factor for Gestational Diabetes, I consent to having an Oral Glucose Tolerance Test prior to booking into the FBC
 - Anatomy ultrasound scan (20 weeks)
- I am aware that the FBC Midwifery Group Practice is a caseload model and my allocated midwife works on-call. The FBC is not staffed at all times and I will call my midwife prior to attending the FBC. (Please always call, not text for clinical matters)
- I am aware that my allocated midwife may not be available for my birth due to days off or hours of work exhausted
- In rare circumstances, the FBC may be on bypass if staff have exhausted all hours to work. In this circumstance my care will be taken over by FSH staff from the main service. Should FSH also be on bypass and I may be transferred to an outlying hospital
- I understand that I must be in active labour (over 4cm dilation) before being admitted to the FBC for birth
- I may be expected to attend FBC for postnatal cares if the drive from Fiona Stanley Hospital to my home is 50 minutes, inclusive of peak hour traffic
- I understand that I will be discharged on day 5-7 postnatally from FBC care and my midwife is no longer to be contacted
- I consent to my medical records being anonymously audited for clinical quality improvement

A midwife will call you prior to your booking in to discuss the above and answer any questions you may have.

Signature _____

This document can be made available in alternative formats on request.

Compiled: Fiona Stanley Hospital, Fiona Stanley Fremantle Hospitals Group 2024

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