Home Birth Service

Permission for Involvement of Student

The Home Birth Service is committed to the enhancement of midwifery and medical student education and to the achievement of that through continuity experiences with women and their midwives as teachers for and facilitators of quality learning.

Home birth provides a unique and valuable education opportunity for midwifery and medical students that can enrich their knowledge, skills and attitudes as they work with women and midwives in a primary health setting beyond the institutionalisation of birth.

Accordingly, we would like to invite you to consider the inclusion of a student in your pregnancy, labour, birth and postpartum care with your midwife and family in your home environment.

The student is expected to be involved with you and your family, and your midwife, in continuity so that you all get to know each other well and respectfully. The student is at all times a guest in your environment, but one who is known and whose presence is consented to by you if that is your choice.

The student is present as a learner observer under the guidance of the Home Birth Midwife and does not take responsibility for your care, but may be involved in supporting you and/or the midwife as relevant and necessary with their direction and your consent. If you need to/want to change your care at any time and/or if you need to/want to transfer your care at any time, the student would be expected to continue their involvement with you unless you would prefer that not to happen.

If you are happy to have a student involved in your pregnancy, labour, birth and postnatal care, please indicate your consent on the section below. You are not obliged to continue with this decision if you decide to change your mind at any time – just let your midwife know and they can communicate with the student.

- I/We _______________________________________________ consent to the involvement of a student in my/our pregnancy/labour/birth/postnatal care in my/our home.
- I/We understand that I/we can change my/our mind at any time without obligation to the midwifery student.
- I/We understand that the student's involvement is to be one of continuity and learning from that through getting to know me/us, my/our midwife and my/our birth plan, preferences and so on.

Name(s) ________________________________________________

Signature(s) & Date ___________________________________ /____/20__

Witness Name __________________________________________

Witness Signature & Date _______________________________ /____/20__