

The Renewal Center for Birth



Patient Registration Packet

About the Renewal Center for Birth:

The Renewal Center for Birth is a free-standing birthing center in North Scottsdale, nestled beneath the beautiful McDowell Mountains. As our name suggests, our mission is to create a place of renewal for parents as they journey through the transformative experience of pregnancy, birth, and new parenthood. We honor the sacredness of this time and strive to create a safe space that respects your autonomy and values and the body's natural healing and birthing processes.

We have two, large labor suites built to provide an intimate, loving environment for your birth with state-of-the-art equipment. In addition to our amazing team of credentialed midwives and physicians, we provide experienced labor nursing assistants for your labor and postpartum period and offer prolonged options for postpartum recovery so that you may feel fully rested and comfortable with your new baby prior to going home. We also offer in-house pediatric evaluation of your baby prior to discharge.

We are unique among most birthing centers in that we work in collaboration with our on-site integrative Obstetrics and Midwifery practice, Wombkeepers OB/GYN and Maternity Wellness Center, offering the patients of our credentialed midwives to provide more specialized care when needed, and providing seamless transfer to our affiliated hospital, HonorHealth Shea, when hospital care is necessary. Dr. Aristizabal, our Medical Director and collaborating physician, is a specialist in natural birth and is an expert at supporting natural, low intervention birth plans within the hospital.

16700 N. Thompson Peak Pkwy, Unit 130 Scottsdale AZ 85260
Phone: 480-454-4490

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environment, so that you know your preferences for your birth will be respected, even in the event of a hospital transfer. If your doctor or midwife is not credentialed to perform deliveries in our birthing center, you may transfer to one of the wonderful midwives at Wombkeepers for your pregnancy and delivery at the Renewal Center for Birth.

In this packet you will find the following forms that need to be completed:

- ☐ **General Information Form:** Complete Online via mobile midwife:
<http://www.mobilemidwifeehr.com/clientaccess.aspx?guid=d29228f2-bf34-42ac-90da-21159be2e304>
- ☐ Patient Rights and Responsibilities
- ☐ Terms of Enrollment General Statement
- ☐ Consent Form
- ☐ Transfer Information Form
- ☐ Patient Certification
- ☐ Pre-Approved Family/Friends Checklist
- ☐ Advance Directive Information Form

We will also need:

- ☐ Copy of your up-to-date prenatal record, including any ultrasound reports and all lab work performed. Will be supplied by Wombkeepers if Wombkeepers patient.
- ☐ Copy of your driver's license or photo ID
- ☐ Copy of your insurance card, front and back

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Patient Rights and Responsibilities

In order to ensure effective patient care, the Renewal Center for Birth has adopted a Patient Rights and Responsibilities Policy. This policy, in full, is posted at the birth center and available to our patients and family upon requests. Below you will find a summary:

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 your care.
- 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 service 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 your refusal may hinder your ability to deliver at the Renewal Center for Birth
- 8) You have the right to be fully informed about your treatment, procedures, and expected outcomes before it is performed
- 9) You have the right 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 Renewal Center for Birth's policies regarding life-saving methods and arranging for that care
- 13) If further care is required you may be transferred to HonorHealth Shea
- 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.

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- 15) The Renewal Center for Birth 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 at 480-454-4490

Responsibilities: You are expected to:

- 1) Provide accurate information about your medical history
- 2) Cooperate with the personnel at the Renewal Center for Birth
- 3) Ask questions if you do not understand the treatment or procedure
- 4) Be considerate of other patients
- 5) Provide information necessary for processing your insurance coverage
- 6) Be ultimately responsible for any agreed upon payments as per the Financial Agreement
- 7) 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 Renewal Center for Birth.

Date: _____

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Terms of Enrollment General Statement

The Renewal Center for Birth is a free-standing birth center that offers what is considered an out-of-hospital approach to normal childbearing. It may appeal to and be desired by some people and not others. For this reason, 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 your 1) personal inspection of our facilities 2) our series of mandatory childbirth preparation classes (or approved alternative) 3) a birth center specific orientation class that orients you to our procedures, methods and services 4) a frank discussion of how hospital delivery and birth center delivery differ

We have taken every reasonable precaution to ensure your safety, comfort, and satisfaction. We will assure that nurses are available 24 hours a day, 7 days a week, however in the unlikely event that we were unable to secure adequate staffing, we would not be able to accommodate your birth in the birth center and would provide care alternatively in our backup hospital. The center has on hand all the equipment and medication necessary for normal childbearing in a homelike setting and is in compliance with the standards set by the Arizona Department of Health. We do not provide continuous electronic fetal heart rate monitoring or an operating room and do not have the ability to perform an emergency cesarean delivery. We do not have an intensive care unit for mother or baby, nor do we have the highly specialized services and equipment such units contain. Blood transfusions and blood products are not available. Epidural anesthesia and narcotic pain medication are not available. All these services are available at HonorHealth Shea, our back-up facility which is 4.8 miles from our center. While out-of-hospital birth, performed according to the guidelines that we strictly follow, has been shown to have comparable safety outcomes to hospital birth in appropriate, low risk patients, we want you to be aware that some physicians and professional organizations have opposed birthing centers because they believe there are certain inherent risks to mothers and babies not being delivered in a hospital. If at any point you feel more comfortable birthing in the hospital setting, we will arrange to transfer your care to the hospital.

Initial: _____

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In the case of an emergency, you will be transferred to HonorHealth Shea, according to established procedures. In both an emergency and non-emergency transfer situation, one of our staff members will accompany you to the hospital. If your transfer is non-emergent and the care continues to be within the scope of midwifery care, your midwife will continue management of your labor at the hospital, provided that she is credentialed with HonorHealth Shea. If your transfer is emergent, management of your care will be provided by our medical director, Dr. Michelle Aristizabal or her designee, or the credentialed obstetrician affiliated with the practice providing your care. All hospital expenses incurred are your obligation and are not included in your financial arrangements with the Renewal Center for Birth.

Your midwife or doctor is responsible to provide you with all normal prenatal and postpartum care, including a 24-48 hour postpartum visit either in our center or their office, as well as a 1 week and 6 week follow up visit. All patients of the birth center are welcome to take part in Wombkeepers Maternity Wellness Center's Postpartum groups, including counseling and lactation support, as part of our care. Your baby will receive a newborn exam prior to discharge, but will need to return in 24-48 hours for an additional checkup and newborn testing, including newborn hearing screening. You should also identify a pediatrician to transition care to from our center. They will typically see you shortly after the baby's birth to establish care.

Because of our 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 after all registration 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 Patient

Date

Signature of Co-Parent

Date

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Advanced Directive Information Form

The AzHDR is designed to help honor patients' end-of-life healthcare wishes by providing seamless access to advance directives, documents that outline a person's healthcare preferences, across the continuum of care. The new secure online AzHDR provides a safe place to store and make accessible Arizonans' advance directive documents so end-of-life care will be guided by their wishes. Any patient who will be potentially entering a hospital for care is encouraged to complete an advanced directive.

Registering advance directives with the AzHDR is free to Arizona residents, provides peace of mind to registrants and offers easy access to participating healthcare providers – ensuring wishes registered are wishes honored.

For information about registered your advanced directives, please visit the website: <https://azhdr.org/>

The staff at Wombkeepers and the Renewal Center for Birth can sign any forms prior to your submission and keep a copy as part of your medical record with the Renewal Center for Birth.

I, _____, have read the above information regarding advanced directives and understand how to document my advanced directives.

Date: _____

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Consent Form

I, _____

Hereby request enrollment in the Renewal Center for Birth with the following understandings:

1. Physical Examination: I engage and authorize any member of the midwifery, physician, or nursing staff to perform according to the expertise of each discipline, physical examinations on my person to confirm general health, pregnancy, and labor status, obtain the usual specimens and perform the usual diagnostic procedures including but not limited to: drawing of blood for Rh factor, serology, and other tests, pregnancy tests, urinalysis, blood pressure, internal examination, vaginal with or without instruments, obtaining rectal, vaginal, or cervical specimens, including pap smear.
2. Authority to Treat: I engage and authorize any member of the healthcare staff to treat, administer, and provide as necessary to me and my baby the following: healthcare including prenatal education and instruction, physical examination, obtaining of blood or other specimens or laboratory tests, oral medications, intramuscular, subcutaneous, and IV injections and local anesthesia, intravenous infusions, delivery of my baby, episiotomy and repair, postpartum care, in-house newborn care, follow-up visits by a staff nurse or midwife, 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 drugs, treatments, 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 is a possibility of excessive blood loss, infection, convulsions, coma, allergic reaction, and respiratory distress. Other possible maternal problems include placental abruption, rupture of an undiagnosed aneurysm, amniotic embolism, uterine rupture, cardiac arrest, anaphylactic shock, and death.

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Other potential fetal problems include umbilical cord prolapse and related problems, congenital anomalies, fetal distress, malpresentation, immaturity and post maturity, birth injuries, stillbirth, shoulder dystocia, and amnionitis or infection. I also understand that, by choosing an out-of-hospital birth, were one of these rare but serious complications of childbirth to occur, the Renewal Center for Birth would not have all the tools and personnel to immediately respond to such an emergency and transfer to hospital would be necessary and may result in a delay of appropriate care, possibly resulting in a poorer outcome than if the event had occurred in the hospital, even when all proper protocols are followed.

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 4-12 hours of birth, by which time families will have usually been discharged. I have been informed with regard to all of the foregoing and am 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 routine practice at the renewal center for birth is each birth is attended by at least one obstetrical nurse and one licensed midwife and that the presence of specific members of the staff cannot be guaranteed.

Initial_____

The Renewal Center for Birth



4. Hydrotherapy: The Renewal Center for Birth has birthing suites equipped with birth tubs. Patients are permitted and encouraged to labor and deliver in birthing tubs should they desire so long as the following conditions are met: the midwife or doctor in charge of your care agrees to your use of hydrotherapy. This is subject to the provider managing your care. No current untreated vaginal, urinary, or skin infections, maternal vital signs within normal limits, reassuring fetal heart rate prior to immersion in hydrotherapy, presence or report of meconium stained fluid or vaginal bleeding that is more than bloody show will render the patient ineligible for hydrotherapy delivery.
5. Patient history and the right to withdraw: In my view of all the above, I understand that the selection and treatment of mothers at the Renewal Center for Birth will rely on my medical history, information about myself which I and my provider will 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 Renewal Center for Birth and I understand that I may voluntarily withdraw my enrollment at any time.
6. Use of Medical Records: I authorize the Renewal Center for Birth and such parties authorized by them to have full access to my records for the purposes of providing my healthcare, as well as statistical studies, provided that my personal privacy is protected from the general public at all times
7. Disposition of the Placenta:

_____ I hereby authorize the Renewal Center for Birth to properly dispose of my Placenta.

_____ I will be fully responsible for making other disposition arrangements. Failure to remove the placenta at the time of discharge will constitute approval of disposition by the Renewal Center for Birth.

Initial_____

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8. Affirmation: I have visited the Renewal Center for Birth for a tour and have taken or signed up for childbirth education classes. I understand the operations of the Renewal Center for Birth and its limitations and have had full opportunity to ask questions.

Signed:

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Patient Name

Patient Signature

Date

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Co-Parent Name

Co-Parent Signature

Date

The Renewal Center for Birth



Transfer Information Form

I understand that certain clinical conditions may necessitate transfer to HonorHealth Shea for a more comprehensive level of care. The decision regarding the need for transfer will be made by your care provider. Alternatively, you may at any time request a transfer to the hospital. The Renewal Center for Birth 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 care provider will consult with said physicians prior to transfer. Transfers could occur prior to being admitted, during labor, postpartum, or for newborn care. If your care provider is not credentialed at HonorHealth Shea, they will be able to accompany you for support but not for clinical care.

The following conditions during labor could cause a transfer from the birthing center to the hospital:

- Breech or transverse lie
- Umbilical cord prolapse
- Fetal heart rate abnormalities
- Meconium fluid
- Suspected placental abruption or atypical vaginal bleeding
- Prolonged labor
- Uterine rupture
- Maternal Exhaustion
- Unstable Vital Signs
- Inability to urinate
- Soft tissue problems
- Excessive postpartum bleeding
- Maternal seizures
- Any condition requiring more than more than 12 hours of continuous postpartum observation

The following conditions in the newborn could necessitate transfer:

- Low Apgar score
- Undiagnosed Congenital anomaly
- 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 care

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In case of emergency, I authorize any member of the staff to take appropriate measures and when specialized equipment or hospitalization is believed required, to transfer me or my baby to HonorHealth Shea. All of the above is to be performed as deemed necessary or advisable by any member of the staff in the exercise of his or her professional judgment.

In the case of a needlestick or sharps injury, I authorize the staff to take appropriate measures and to transfer me or my baby to HONORHealth Shea if necessary to test for bloodborne pathogens.

Signed:

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Patient Name

Patient Signature

Date

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Co-Parent Name

Co-Parent Signature

Date

The Renewal Center for Birth



Patient Certification

I, _____ hereby acknowledge, warrant, and agree that:

- ☐ I understand that delivery at the Renewal Center for Birth is only appropriate for patients considered low risk as per our established Policies and Procedures, to be evaluated by your care provider
- ☐ I understand that even after meeting low risk criteria, I can still be denied admission to the birthing center due to changing circumstances such as: prolonged labor, malposition, prematurity (<37wks), post- term labor (42wks+), abnormal fetal heart rate monitoring, or abnormal vital signs
- ☐ I understand that certain clinical indicators may necessitate a transfer to HonorHealth Shea for a more comprehensive level of care, as detailed in the transfer information form.
- ☐ I understand that I may complete an Advanced Directive, as detailed in the advanced directive information form.
- ☐ I will provide the information necessary for processing my insurance coverage. I understand that I am ultimately responsible for the 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 serve 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, all birthing suites may be full or insufficient personnel available, and I may be denied admittance to the birthing center, in which circumstance I would be offered hospital based care either with my provider or the Renewal Center for Birth team, in collaboration with Wombkeepers Obstetrics and Gynecology
- ☐ I certify that I have read and understand the entire registration packet. I have had the opportunity to ask questions of my provider and/or the Renewal Center for Birth staff, if anything is unclear.

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Patient Name

Patient Signature

Date

The Renewal Center for Birth



Collaborative Care Acknowledgment

(For Non-Wombkeepers Patients ONLY)

- ☐ I acknowledge the Renewal Center for Birth and its affiliated doctors and midwives are not my primary providers for labor and delivery. Renewal Center for Birth, per its policies and procedures, provides guidelines and protocols for all credentialed providers, however it is the responsibility of my credentialed midwife or doctor to provide that care and follow all policies and procedures as required by the Renewal Center for birth. My outside midwife or doctor and myself remain responsible for all decisions relating to my pregnancy, labor, delivery, postpartum, and infant care. Antepartum testing, newborn screening, or other results will be sent to my midwife, doctor, or pediatric provider and they are responsible for all recommendations, management, and follow-up of these results.
- ☐ If I am requesting an obstetrics consultation prior to delivery, a report will be provided to my midwife with our physician's recommendations, however follow-up and decision making regarding those recommendations will be between me and my chosen care provider and not the responsibility of the Renewal Center for Birth.
- ☐ I understand that Renewal Center for Birth and its affiliated doctors and midwives are not responsible for any decision made by myself or my midwife before, during, or after my delivery, unless collaborative care is requested. I understand that Renewal Center for Birth does not employ or directly supervise my midwife and cannot attest to the quality of care provided by my midwife or doctor and is not liable for any care provided by my midwife. The Renewal Center for Birth can only certify that my midwife or doctor has the proper licenses and certifications required for credentialing at the Renewal Center for Birth and for providing labor and delivery care in the state of Arizona.
- ☐ I understand that registration with the Renewal Center for Birth requires approval by the Clinical Director. I will be notified of my approval within seven days of form completion of my registration and I will be contacted for payment of any required fees or deposits. My registration will not be finalized until all fees and deposits are paid.
- ☐ I or my midwife will ensure that my prenatal record is provided to the Renewal Center for Birth by 37 weeks.

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Patient Name

Patient Signature

Date

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