

A decision-making tool for pregnant women making choices about having a Publicly Funded Home Birth

**NAME:** \_\_\_\_\_ **URN:** \_\_\_\_\_

**EDD:** \_\_\_\_\_ **Current Gestation:** \_\_\_\_\_

**Existing medical or pregnancy issues:** \_\_\_\_\_

**G:** \_\_\_\_\_ **P:** \_\_\_\_\_ **Is an Interpreter required:**  NO  YES

I have read the PFHB Decision Aid Guide  YES  NO 

<https://www.sunshinecoast.health.qld.gov.au/about-us/news/publicly-funded-home-birth>

I have watched the PFHB Decision Aid Video  YES  NO 

<https://www.sunshinecoast.health.qld.gov.au/about-us/news/publicly-funded-home-birth>

I have questions about what low risk means, and my health and hospital service (HHS) inclusion & exclusion criteria for PFHB  NO  YES

**My Questions:**

**Clinician Clarification:**

I have seen my GP for a referral or completed self-referral to my HHS PFHB Team  NO  YES

**My Questions:**

**Clinician Clarification:**

I have been accepted by PFHB Midwifery Group Practice (MGP) team  NO  YES

**My Questions:**

**Clinician Clarification:**

I understand that PFHB relies on Queensland Health and Hospital and Health Services policies and care including recommended tests, checks and an ongoing wider care team during antenatal, labour, and after birth care  NO  YES

**My Questions:**

**Clinician Clarification:**

I have questions about my midwife visiting my home to discuss the birth environment, support people, safety, equipment, and the process  NO  YES

**My Questions:**

**Clinician Clarification:**

<p>I have questions about my midwife seeing me when my labour starts, to make a shared plan</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p>	<p>My Questions:</p>	<p>Clinician Clarification:</p>
<p>I have questions about risk as a normal part of any pregnancy and birth</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p>	<p>My Questions:</p>	<p>Clinician Clarification:</p>
<p>I have questions about having two midwives with me to support my baby and I during birth.</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p>	<p>My Questions:</p>	<p>Clinician Clarification:</p>
<p>I have questions about transfer into hospital from home for care, including via my own vehicle or Queensland Ambulance Service</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p>	<p>My Questions:</p>	<p>Clinician Clarification:</p>
<p>I feel ready to make my decision and know where I can get more information regarding PFHB</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p>	<p>My Questions:</p>	<p>Clinician Clarification:</p>

I believe that I have all the information about my choices and decisions regarding PFHB.  YES  NO

<p>My Final Questions:</p>	<p>Final Clinician Clarification:</p>
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My Choice for being considered for PFHB is:

Revert to core/MGP care

Proceed with PFHB plan and discuss with my midwife

I understand that I have the right to be considered for PFHB depending on local criteria and availability. I understand that acceptance to the programme will always depend on my risk status as per local policy.

<p>Full Name</p>	<p>Date</p>
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