

***MANA STATISTICS PROJECT
STUDY CONSENT***

Dear Expectant Mother,

Your midwife is a contributor to the Statistics Project of the Midwives Alliance of North America. MANA conducts the Statistics Project both to document the value of the midwifery model of care and to give midwives information which will maintain and improve the quality of individual practices.

The project collects clinical statistics from each midwife for all maternity care provided by that midwife. Each client is registered at the time of initial contact. The midwife then fills out a data form describing the particular course of care. The data form does not include the client's name, but will have an identification code as well as the name of the municipality and zip or postal code for each mother. A certain number of random contacts will be made once care is complete. These contacts will be made by phone, email, or letter, and will seek to verify information on the data form, as well as the level of client satisfaction with the provided care. Any and all information will be held in confidence.

To participate in the study, please complete the consent form on the back of this page. If, at any time, you wish to withdraw from the study, please discuss the reasons with your midwife and contact us in writing at the address below.

We appreciate your co-operation and expect that this project will benefit clients, midwives, and midwifery as a whole.

Thank you,

— *MANA Division of Research*

The MANA Statistics Project
P.O. Box 6310
Charlottesville, VA 22906

MANA STATISTICS PROJECT STUDY CONSENT

Please complete this form as close as possible to the time you have begun care with a midwife. In the event that you should leave this midwife's care for any reason, the change could be tracked appropriately.

Name of Mother _____

Address _____

City _____ State/Province _____

Zip or Postal Code _____

Phone _____

Fax _____

Email _____

I have read the MANA Statistics Project Letter for Mother and I consent to participation in the study. (Please check the appropriate box.)

Yes

No

Signature of Mother _____

Signature of Witness _____

Date _____

To be completed by midwife:

Midwife _____

Midwife's Code or Practice Code _____

Client's Code _____ (for identifying client's record)

The MANA Statistics Project
P.O. Box 6310
Charlottesville, VA 22906

ConsentForm Rev 4