



**Mālama I Ke Ola Health Center**  
1881 Nani Street Suite Ooka Wailu,  
Phone: (808) 871-7772 Fax: (808) 871-7773

**Patient's Name:** JOB  
**DOS: August 16, 2023**

### Regarding Home Birth

Mālama I Ke Ola Health Center recognizes that some of our patients are interested in giving birth outside of the hospital setting. In accordance with our professional organization, the American College of Obstetricians and Gynecologists (ACOG), we recognize that hospitals and accredited birthing centers are the safest places to deliver.

Mālama I Ke Ola Health Center places a high priority on family centered maternity care and encourages expectant mothers to be active participants in their own health care. We recognize that women have the right to make medically informed decisions about their delivery site. It is our goal to provide every expectant mother with a rewarding birthing experience. However, our highest priority is to ensure the health of expectant mothers and babies. It is the policy of Mālama I Ke Ola Health Center to provide prenatal and delivery services only to patients who plan to deliver their babies at the hospital. The clinic's obstetric providers will NOT provide prenatal care or be responsible for any patient who is planning to deliver at home.

If you are planning to have a home delivery, please notify us. We will assist in obtaining a copy of your medical records, and require that you immediately transfer your care to a physician, or midwife who is able to provide support services for at home births.

My signature below indicates that I have read and understand Mālama I Ke Ola Health Center's policy regarding home births.

Please check one of the choices:

I plan to deliver my baby at Maui Memorial Medical Center and want to continue my prenatal care under the supervision of Mālama I Ke Ola Health Center obstetric providers.

I plan to deliver at home. I understand that Mālama I Ke Ola Health Center obstetric providers will not be providing prenatal care and delivery services to me and that I will be required to obtain those services from another provider who is willing to provide professional services for home delivery.

Print Patient Name

\_\_\_\_\_  
Patient Signature

August 16, 2023

\_\_\_\_\_  
Date