



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) Division of Research, a non-governmental professional organization representing direct-entry midwives. Midwives Alliance conducts this project both to document the value of the midwifery model of care and to give midwives information they can use to maintain and improve the quality of their practices. Will you consent for your midwife to collect information about your pregnancy, birth, postpartum and baby to be included in this project?

The project collects clinical data from each midwife for all maternity care provided by that midwife. Each client is registered at the beginning of care. The midwife then fills out a data form describing the particular course of care. To protect your identity, your midwife will create a distinct code for each birth rather than using your name. With your consent, your data may be used in MANA-sanctioned research studies. In addition, statistics based on your data may be used by qualified midwifery organizations to advocate for or improve midwifery practice within their region. Data that includes your information will not be released except under strict guidelines of the Division of Research, and will not be used for commercial purposes.

As a participant in the MANA Statistics Project you may be contacted in order to verify the accuracy of the data submitted by your midwife. You may also receive requests to participate in future midwifery related research studies. Any study that requires direct contact with mothers must be approved by a qualified Institutional Review Board for the protection of your privacy. Contacts, if any, would be made by phone, e-mail or letter. If you do not wish to be contacted in any way, you may check the box indicating that.

If you choose to participate in the project, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to participate. You can stop at any time and still keep the benefits and rights you had before volunteering. Your decision will not affect your care or your relationship with your midwife. If at any time you have questions or wish to withdraw from the project, please contact us by telephone or in writing at the address below.

The confidentiality of your health-related information will be carefully protected. Participation in this project poses no foreseeable risks to you. We do not know if you will benefit directly from participating in this project. However, we expect that findings from the research conducted with this database will help to improve maternal and infant health and to guide the development of midwifery care policies in the United States and abroad. We appreciate your willingness to consider participation and expect that this project will benefit mothers, families, and midwives.

Thank you,
MANA Division of Research

The MANA Statistics Project
PO Box 6310
Charlottesville, VA 22906

Print Your Name: _____

<input type="checkbox"/> Yes , I consent. I have read this letter and have had any questions answered. By signing below I give my permission to have information collected about me during my midwifery care to be stored and used for future research and practice improvement. I have received a copy of this consent/authorization form. Your age today: _____ E-mail _____ Street Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____ Phone: _____ <input type="checkbox"/> I do not wish to be contacted by researchers other than my midwife.	<input type="checkbox"/> No , I do not consent, as indicated by my signature below. I have read this letter and have had any questions answered. I have decided NOT to participate in the MANA statistics study.
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Signature: _____ Date: _____

<p>To be completed by midwife: Practice Code: P0022-W BetterBirth, LLC First Prenatal: _____ Birth Code: _____ EDC: _____</p>
