



Holistic Heritage Homebirth Contract

Informed Consent

This is an agreement between Holistic Heritage Homebirth and the undersigned parents/partners/legal guardians. The parties agree to the following:

We believe that birth is a safe, normal, physiological experience/event. We believe that women are strong human beings who are designed to experience birth and are fully capable of birthing naturally with minimal intervention. We believe that babies are designed to emerge from the experience safely and unharmed. We believe that good nutrition is an essential part of safe and evidence based birthing. We believe that a well-trained and well-equipped home birth midwifery team offers healthy women and their families a safe opportunity to give birth in an environment of confidence, relaxation, trust, and security. We believe that beginnings are important, and that a gentle, natural birth is best for the mother, and the best way for our baby to enter the world. We believe babies and mothers should not be separated after birth. We believe that it's best for babies to be born into an environment of love.

In choosing home birth I/we understand that I am taking primary responsibility for all decisions, procedures, and outcomes regarding my prenatal, birth and postpartum care. I acknowledge that I am contracting for the midwifery services of Andie Wyrick, CNM and Jaelin Stickels, CNM, WHNP-BC and Blair Krisman, CPM. I have chosen to have a home birth, based upon what I believe to be a thorough examination of the alternatives. I have discussed my prenatal care and birth options with physicians and other knowledgeable people to the extent I think is necessary.

I/we also fully understand and agree to the following:

1. Holistic Heritage Homebirth midwives are home birth CNMs and CPMs. They are not doctors. Holistic Heritage Homebirth midwives provide care for women who have normal, uncomplicated pregnancies and expect a normal delivery of a healthy child. It is our policy to attend home births from 36 weeks and on. If your birth goes beyond 42 weeks we will discuss increased monitoring, risks of going beyond 42 weeks.
2. While there are many advantages to a home birth, it is impossible at a home birth to provide the same type of care that is available in a hospital. For example, hospitals utilize more equipment, such as monitoring devices (other than a Doppler), surgical apparatus', various medications (including anesthetics and analgesics), blood plasma, etc. I am fully aware that in the event of a complication or emergency there are fewer alternatives for medical intervention available at a home birth than there would be in a hospital.
3. It may become necessary during the birth to transfer the mother and/or child to the hospital, before, during, or after the birth. I agree to go to the hospital upon the midwives' recommendation. If this becomes necessary, I understand that in most circumstances, such transport is via private car.
4. I understand that the Holistic Heritage Homebirth midwives DO NOT have formal physician back up. Andie Wyrick, Jaelin Stickels and Blair Krisman will discuss the range of options for transport, and assist me if I request it in developing my plan.
5. There are various tests available, such as amniocentesis, to detect genetic abnormalities or other complications. Holistic Heritage Homebirth does not perform such tests, although referrals may be made to diagnostic centers.

Certain risk factors may become known during the prenatal period. I understand that these factors pose a risk of complications and/or injury to the mother and/or child. If the midwives believe that the risk is too great for a home delivery, and I decide to stay at home despite their concerns, I agree to sign a form taking full responsibility for proceeding with a home birth despite these risk factors.

6. I understand that even with the most attentive care during the prenatal period, unpredictable medical problems may arise during pregnancy or childbirth. Because some of these problems may place my child or me at risk, transfer to a physician and/or hospital may be necessary. The following situations may be considered high risk. If they occur during my pregnancy and cannot be resolved, I may need to reconsider my decision to have a homebirth. They include but are not limited to the following:

- Diabetes
- High blood pressure
- Preterm labor
- Twins or breech presentation
- Active genital herpes
- Pre-eclampsia
- Rh neg. mom with a positive antibody screen
- Preterm premature rupture of membranes

7. The following complications are very rare, but may occur during the labor and birth process. I/We understand that any of these situations could lead to permanent injury and/or death to my child or me. They include but are not limited to:

- Fetal distress
- Retained placenta
- Placental Previa or abruption
- Prolapsed cord
- Uterine rupture
- Excessive blood loss
- Severe lacerations
- Congenital defects
- Shoulder Dystocia
- Stillbirth

8. I/We understand that the Holistic Heritage Homebirth midwives carry the following equipment, supplies, and medication with them during a homebirth:

- O2 w/bag & mask
- Anti-hemorrhagic agents
- Fetoscope and hand-held Doppler
- IV Equipment
- Urinary catheters
- Suturing materials
- DeLee catheter
- Antibiotics

9. I/We understand that Holistic Heritage Homebirth midwives do NOT have the following equipment, supplies and medication with them at a homebirth:

- Epidurals
- Surgical equipment beyond that needed for basic suturing
- Forceps or vacuum
- Continuous fetal monitoring equipment
- Blood for transfusions

I/We hereby release Andie Wyrick, CNM, Jaelin Stickels CNM, Blair Krisman, CPM and assistants from all liability for complications which may arise in the course of pregnancy, birth, or postpartum and the long and short-term effects of those complications. I/We acknowledge that I/We have thoroughly read and understand this document and have had an opportunity to have any questions answered regarding the benefits and risks specific to homebirth. I HAVE READ, AGREE TO, AND UNDERSTAND THE ABOVE STATED MATERIAL CONTAINED HEREIN AS "INFORMED CONSENT".

Signature (Mother)

Date

Printed Name (Mother)

Signature (Father, Partner, Legal Guardian)

Date

Printed Name (Father, Partner, Legal Guardian)

Statement of Responsibility Agreement

We cannot separate individual circumstances from the social and political contexts in which they occur. As independent midwives, we place ourselves outside the mainstream medical framework. We believe in what we do and feel completely committed to serving women and families in birthing as they choose. We recognize our work as revolutionary; part of a worldwide movement of women and families to reclaim their health care and the right to take personal responsibility in making these choices. It is important to realize that you too, in choosing the care of independent home birth midwives, have entered into this socio/political arena.

Throughout the United States, independent midwives, supportive medical professionals, and parents are being harassed by those who would seek to deny our right to practice and your right to make choices about what's best for your family, your health and your baby. At some point, we may be called upon to defend these rights together. To that end, we must all be clear about our relationship.

In choosing home birth and independent midwifery care, we want you to come to terms with the fact that you are going against what our culture expects of responsible adults. It's ironic that the more personal responsibility you assume, the less responsible you are perceived to be. For example, if birth results in injury or death in a hospital, no one will come to you and say "See what happens when you have a baby in the hospital?!" However, if a problem arises at home, your judgment will invariably be questioned again and again. In the midst of the personal crisis surrounding the complication, there may be relatives, friends, doctors, lawyers, medical attendants and police, demanding information and explanations, and that charges are pressed against your midwives. Because some authorities consider home birth to be child abuse or neglect, your role as responsible parents may be questioned.

We ask you to project yourselves into such a scenario honestly and examine how you would feel about your original choices under such pressures. Not being able to change the course of things later, would you still clearly feel you'd made right choices? If not, we need to discuss things further to help you clarify your decision about the most appropriate birthing situation for you. We strive to create an open and trusting relationship with our families that recognize the inherent lack of guarantees in life and birth. We depend upon you, to stand behind us in case of hard times, because we put ourselves at risk in providing you this choice of care and birth place.

I/We, the expectant parent(s), agree to the following requirements and responsibilities:

1. To take excellent care of the expectant mother's health so as to continue to be an excellent candidate for home birth. This includes eating very well, getting moderate exercise, and taking care of any health issues as they may arise. Maintain a healthy pregnancy through:
 - Sound nutrition
 - Avoidance of harmful substances: smoking, drugs and alcohol, toxins, etc.
 - Physical fitness through safe, regular activities/exercise
 - Continuing education regarding childbirth and/or health
2. To understand the risks and benefits of home birth as compared with other options
3. Open and honest communication with our midwife, sharing of relevant information regarding both physical and psychological status
4. Attendance of regular prenatal appointments
5. To obtain the care of and work with a medical professional when this is indicated by a pregnancy situation or health condition or if this is a requirement of the group or individual providing medical backup
6. To prepare ourselves and our home for the birth
7. To educate ourselves about pregnancy, nutrition, childbirth, newborn care, and breast feeding
8. To respond in a reasonable and cooperative manner in the event of a complication or emergency, including willingness to transport to a medical facility should the need arise

9. To arrange for a responsible caretaker for each of the older siblings present
10. Pediatric arrangements for appropriate care postpartum by the 36th week of pregnancy
11. Meeting our financial agreement

I consider myself healthy and to be a good candidate for a home birth and agree to inform the midwives of any changes in my health status over the course of my pregnancy. I understand that I am to call immediately if I am experiencing:

- Bleeding from the vagina
- Sudden gush of fluid from the vagina or you think the bag of waters is leaking or has released
- Meconium stained fluid (brown, green, or black) is leaking from the vagina
- Blurred vision, dizziness, or feeling disoriented
- Extreme nausea or vomiting
- Chills and fever over 100° Fahrenheit, not accompanied by a common cold
- Any part of the baby (hand, foot, cord, etc.) appearing in the vagina
- Dizziness, blurred vision, or severe headaches
- Painful urination and/or burning when urinating
- Increased or sudden swelling or puffiness in the hands, feet or ankles
- Sharp pain in uterus; severe abdominal pain (that does not let up)
- Absence of fetal movement for 12 hours, from the time that strong movement is apparent
- Increased, unusual thirst with reduced amounts of urine (or if you do not urinate for more than half a day despite normal fluid intake)
- Regular contractions and think this might be labor

Calls are returned promptly, so if urgent, please call our alternate numbers or call again if you have not received a return call within 15 minutes. **DO NOT USE EMAIL TO INFORM US OF ANY OF THESE CONDITIONS!**

In requesting the services of independent birth attendants, I/we freely exercise the right to seek the type of maternity service that I/we feel is best for our family. I/We have requested the services of independent birth attendants to assist us during the prenatal period and with the birth of our child in our home. I/We understand that Andie Wyrick, Jaelin Stickels and Blair Krisman of Holistic Heritage Homebirth are not medical doctors. I/We understand that I/we may terminate services at any time. By signing this statement, I/we affirm these things of my/our own free will and fully accept any and all risks and responsibilities for home birth and the health of our baby and us.

Based upon an understanding of the above, the midwives and the client/couple promise to establish an atmosphere of trust and cooperation that will contribute to a rewarding birth experience. I HAVE READ, AGREE TO, AND UNDERSTAND THE ABOVE STATED MATERIAL CONTAINED HEREIN AS “STATEMENT OF RESPONSIBILITY AGREEMENT”.

Signature (Mother)	Printed Name (Mother)	Date
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Signature (Father, Partner, Legal Guardian)	Printed Name	Date
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