

## MIDWIFERY CARE AGREEMENT

I/We, \_\_\_\_\_ the pregnant parent(s), have read the Informed Consent Agreement provided to us in its entirety.

I/We agree to:

- adhere to the guidelines provided by Jan for the course of our care
- keep our appointments
- read, research, prepare and actively participate in all aspects of our care, and communicate any concerns that we may have regarding our care
- have the mother of the baby abstain from recreational drug use, alcohol, and cigarettes, & avoid exposure to second-hand smoke
- eat plenty of fresh, wholesome foods and limit “junk” foods
- exercise in ways appropriate for pregnancy
- establish plans for securing medical assistance if it becomes necessary

I/We have been informed of the laws pertaining to midwifery of the state in which we are giving birth. I/We understand that Janice Wolfenberg is not a doctor, nurse, or certified nurse midwife. Rather, I/we are fully cognizant that she is credentialed by the North American Registry of Midwives as a Certified Professional Midwife and is licensed by the state of Wisconsin as a Licensed Midwife. She is providing assistance to us for a low-risk, normal pregnancy, labor, delivery and postpartum period. I/We have been informed of her training, skills and experience, and the fact that she carries no malpractice insurance, and we have been provided with and read a copy of the Rules under which she practices. I/We accept her as our care provider during the course of our pregnancy, labor, delivery and postpartum period.

I/we acknowledge that the midwife reserves the right to refuse out-of-hospital birth attendance if there are medical, emotional, or social factors that she feels are inappropriate for out-of-hospital birth.

I/We acknowledge that while childbearing is a normal process, circumstances may arise, sometimes suddenly and unpredictably, that are outside the realm of normal, and understand that we will be asked to consult with a physician in these circumstances. I/We know that neither a midwife outside the hospital nor a doctor in the hospital can guarantee us a perfect outcome in childbearing. I/We have researched the risks and benefits involved in choosing home or birth center as a baby’s place of birth, and have determined that the best place for our baby to be born is outside the hospital with quality midwifery care. I/We agree to assume primary responsibility for the outcome of this pregnancy and birth and to the extent permitted by law, will not hold the practice, midwife, or her assistants responsible for outcomes that are a result of complications beyond their control.

I/We understand that student midwives may accompany and assist the primary midwife, but that at no time will I be left in the care of someone untrained. In the event that Jan is for any reason unable to attend my prenatal checkups, my birth or postpartum checkups, that she will provide a fully-qualified replacement at no extra charge to me.

I/We are making an informed choice to hire Janice Wolfenberg as a qualified birth attendant to assist us outside the hospital with our low-risk, natural, normal birth. Should any increased risks arise, we agree to adhere to Jan’s guidelines regarding transfer of care to another care provider. We accept full responsibility for our choice to give birth at outside the hospital.

\_\_\_\_\_  
mother

\_\_\_\_\_  
date

\_\_\_\_\_  
father

\_\_\_\_\_  
date