



HIRING AGREEMENT

I request the services of Nine Moons Midwifery as my pregnancy (prenatal, birth and postpartum time) care provider, understanding that:

1. My birth team will be comprised of Debbie Wong, CPM, a birth assistant and potentially one student midwife. Midwives are certified professional midwives and not nurses, certified nurse-midwives, medical doctors, naturopathic physicians, or other members of the medical profession.
2. In most instances, pregnancy and childbirth are healthy, normal conditions and not pathological states or illnesses. I am entering into a client/midwife, not patient/midwife relationship.
3. Occasional complications do arise in childbirth, some of which may be **life threatening**. I understand that an element of risk exists in childbirth regardless of the attendant or location chosen for the birth.
4. Nine Moons Midwifery midwives and their apprentice/assistant are trained to provide care and attend vaginal births for women with low-risk pregnancies. Their role is to educate, advise, and support the birthing woman/couple, watching for and identifying potential or actual complications.
5. I fully understand that Nine Moons Midwifery midwives and apprentices/assistants do not have the equipment or training necessary to deal with all emergencies and problems of pregnancy, labor and birth. I accept responsibility for the results of such emergencies.
6. If a complication should arise while birthing out-of-hospital, in which immediate medical attention is needed, valuable treatment time can be lost as I transport from my home to the hospital.
7. I accept responsibility for deciding whether or not to seek medical assistance upon recommendation of the midwife that such assistance should be sought.
8. Nine Moons Midwifery midwives cannot promise me an ideal birth or perfectly healthy baby.
9. I have learned that Nine Moons Midwifery midwives do not carry medical malpractice insurance. This keeps my costs down. I will not bring litigation to in the event of an injury or death.



10. Nine Moons Midwifery retains the right to refer any person(s) to other health care providers and/or to refuse or discontinue services should any mental, physical or emotional condition, which in the judgment of Nine Moons Midwifery is not conducive to safe out-of-hospital birth reveal itself, or should payment arrangements not be fulfilled.

I hereby state my intention to give birth out-of-hospital assisted by Nine Moons Midwifery. I accept responsibility for the outcome of this childbirth, and for the consequences of my decision to give birth out-of-hospital with the assistance of a midwife. I take complete legal responsibility for my decisions and actions before, during, and after delivery, and for our own well-being.

I have read and understand the provisions of this AGREEMENT, and of the INFORMATION DISCLOSURE of which it is a part, and accept the responsibilities and arrangement discussed herein.

Client's Signature

Date

Client's Name (please print)

Partner's Signature

Date

Partner's Name (please print)