



## Hiring Agreement



I choose to hire Nest Midwifery as my prenatal, birth and postpartum care providers, and indicate that I understand the following with my initials:

- \_\_\_\_\_ 1. Nest Midwifery's healthcare providers are Certified Professional Midwives. Certified Professional Midwives (CPMs) are not Certified Nurse Midwives (CNMs), medical doctors, naturopathic physicians, registered nurses, or other healthcare professionals.
- \_\_\_\_\_ 2. My birth team will include at least 2 of the following CPMs: Laurie Perron Mednick, Jen Warnock, and Kimberly Kincade. On occasion, additional assistance during a birth may be necessary, and will include another CPM or midwife's assistant.
- \_\_\_\_\_ 3. While birth is an innately safe and natural process, complications can and may develop during the birthing process. I am choosing to enter into this client/midwife relationship as an aware and fully responsible member of my own birth team, and am responsible for the decisions I make in the process.
- \_\_\_\_\_ 4. Should a medical complication or emergency arise during the prenatal, birthing, or postpartum process, I agree to transport to the nearest accessible hospital for advanced medical care.
- \_\_\_\_\_ 5. There are no guarantees in birth. Nest Midwives carry equipment to handle many medical complications. However, because of the nature of homebirth, rare complications can arise at home which can only be handled in a hospital setting.
- \_\_\_\_\_ 6. Because of the relative distance from a hospital, I realize that in a serious emergency, valuable time may be lost in transit to the hospital. This may compromise my health or the health of my baby.
- \_\_\_\_\_ 7. Because I have chosen in good faith to enter into this perinatal care relationship, I hold Nest Midwifery free of responsibility for the outcome of my birth.
- \_\_\_\_\_ 8. I will actively participate in the decision-making process and inform my midwife of any new medical situations which could affect my (or my baby's) health.
- \_\_\_\_\_ 9. I choose to comply with care/treatment plans as agreed upon by Nest Midwives and myself during my care. Such treatment plans may include referrals to other healthcare providers or diagnostic imaging, use of supplements, herbs or medications.

- \_\_\_\_\_ 10. Although birth normally proceeds without serious complication, I understand that Nest Midwifery cannot guarantee me an “ideal” birth or a healthy baby.
- \_\_\_\_\_ 11. CPMs in Oregon do not carry medical malpractice insurance. I will not bring a lawsuit against Nest Midwifery in the event of an injury or death.
- \_\_\_\_\_ 12. Occasional serious mental, physical or emotional circumstances develop during perinatal care, and in such cases, Nest Midwifery may need to transfer my care to another qualified and experienced healthcare professional.

Why I want a homebirth:

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What I expect from my homebirth midwives:

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I hereby state my intention to give birth at home with the assistance of Nest Midwifery. I accept full responsibility for the outcome of my birth, as well as the consequences of my decision to give birth outside of the hospital.

I have read and understand the information provided in this agreement, and accept the responsibilities and arrangement discussed herein.

Client Name (please print) \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Name (please print) \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_