

**Nine Short Months Doula and Midwifery Service, Inc.  
Home Birth Consent and Responsibility Agreement**

I/We, \_\_\_\_\_ are pregnant and have requested the services of Nine Short Months Doula and Midwifery Service to assist with the birth of our child in our home. We have read an informed disclosure statement that includes information about Nine Short Months' philosophy and midwifery educational standards. We understand that our midwives are not licensed or certified medical professionals of any kind. We also understand that our birth will be attended by the resident student midwives, and if deemed necessary, another midwife not chosen by us in the event that Wendy Pinter is absent for any reason.

We do understand that Wendy Pinter may not be present due to military obligation. Jill Roper and Courtney Blackwell will be working as contractors through Nine Short Months Midwifery. All of our questions regarding their background and experience have been answered to our satisfaction. In requesting the services of independent midwives, we freely exercise our right to seek the type of maternity services that we feel are best for ourselves and our baby. We understand that we may terminate these services at any time.

We understand that our midwives also reserve the right to decide if we no longer fit into the criteria in which they are comfortable attending our birth at home. It is our responsibility to make any changes in diet, nutrition, lifestyle, and stress levels if these conditions are deemed to be contributing to additional risks for considering home birth. We are aware that there are greater risks involved with certain types of births, including but not limited to VBAC (vaginal birth after cesarean), breech births, and twins. We agree to closely adhere to any recommendations made to us by our midwife in order to ensure the safest conditions possible for these and any births.

By signing this statement, we affirm these things of our own free will and fully accept any and all risks and responsibilities for our home birth and the health of ourselves and our baby. We hold our midwives and her students and contractors harmless of any injury or death that may result. We acknowledge they are working, in good faith, to ensure the safest birth possible in an ever changing environment.

Finally, we agree to pay a \$400.00 non refundable deposit before any prenatal services are rendered. We understand that until our account balance is paid in full, we must make a payment EVERY appointment of a minimum of \$100. There will be a \$25 fee added to our account per missed payment. **We agree to reimburse Nine Short Months Doula and Midwifery, Inc. IN FULL by the 36th week of pregnancy** unless there is an alternate written arrangement.

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Mother's Signature

date

Father's signature

date

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Midwife sign

date