Contract for Birth Services

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the following:

1. To hire Helen Stockton as my birth attendant. Midwife License number 760100026 only applicable in the state of Michigan. Ohio birthers note that Ohio does not recognize any licensure for Midwifery other than the Certified Nurse Midwives license. I understand Helen Stockton is a certified professional midwife and is not a certified nurse-midwife or any kind of nurse and never has been.
2. To pay Helen Stockton a minimum three quarters of her total fee for services by my 36th week of pregnancy. I understand that if I have not paid this amount by this time, that she is NOT obligated to attend my baby’s birth unless other arrangements have been made by Helen Stockton and myself, and those arrangements are represented on another different legally binding form. I understand that were I to be released from care due to non-payment, referral for my care would be made directly to the nurse midwives at the University of Michigan Von Voigtlander clinic, or any other practitioner I want the pursuit care with at the time I become informed about my release from care.
3. I understand that in an emergency I can expect Helen Stockton to use such measures as she is trained, e.g. neonatal resuscitation, etc. and other actions as are within her scope of practice and protocols or that she will refer me to hospital or doctor as she sees necessary at any time during my pregnancy, birth, or postpartum period.
4. I have hired Helen Stockton because of her years of experience, knowledge, and training in natural out of hospital birth. She is to act as my advisor for my own care, and she will fulfill the duties and role of a midwife as defined by the State of Michigan, the Midwifery Model of care, and by her own practices guidelines as she has verbally explained them to me, or provided to me in written form.
5. Helen Stockton has explained clearly to me her abilities and limitations and I have asked any and all questions I have surrounding these, and she has answered all questions to my full, and complete satisfaction, and understanding. I understand that not only am Is the sole person who is completely responsible for myself as an individual, my own health while pregnant, my labor and my baby now and once born. Any and all decisions I make regarding my birth I do so willingly, and with what I deem as full informed consent.
6. To expect no refund of any kind for any reason of any amount paid to Helen Stockton.

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

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_