

Intent for an Unassisted Birth

We, _____, acknowledge that we are intending to birth unassisted at home. Furthermore, we understand the risks and benefits of birthing unassisted without a midwife, doctor, or other trained professional present. We understand that laboring and birthing without a trained professional can sometimes result in death or serious injury to the laboring mother or fetus/neonate. In the event that it is noticed, by the limited scope of practice of the doula, that either life might be in danger, we understand that we will be encouraged to transfer immediately. We also understand that, if we refuse, our doula reserves the right to consider her contract completed in full and leave. We accept full responsibility for the labor and birth, and the health of both mom and baby.

We understand that the role of a doula is for emotional, educational, and non-medical, physical support. Furthermore, we understand that our doula will not be providing nor be expected to provide medical care during our labor, delivery, and postpartum. Our doula, _____, will not be held responsible or liable if death or serious injury occur to either mom or baby during labor, birth, or postpartum. Finally, we understand that, in the event our doula cannot come to us, another doula will be on call. At the time of birth, if this backup doula is required, she will sign this same contract below, having already read and understood the agreement herein, and will work within these same parameters.

Client: _____

Date: _____

Client: _____

Date: _____

I, _____, have witnessed the above signatures taking place and agree to work within the following limitations of practice:

- I do not perform medical tasks such as blood pressure readings, fetal heart checks and vaginal exams, among others, to assess risk/medical management/recommendations.
- I do not take responsibility for the clinical/medical well being of you or your baby.
- I do not make decisions for you.
- I will discuss concerns with you, and suggest options, but you or your partner will make your own and your babies medical decisions.

Doula: _____

Date: _____

Back-Up Doula: _____ Date: _____