

Childbirth Education Services Agreement

The following is a summary of the childbirth education services that we (Peaceful Passages Birthing Support Center Staff) agree to provide in exchange for our service fee.

Childbirth Education Course Details:

This Childbirth Education Class was created to help you thoroughly prepare for labor, birth and parts of the postpartum period and more specifically to address the issue of fear in childbirth.

The contents of this childbirth education course have been sourced from evidence-based resources and reviewed by childbirth educators and other healthcare providers.

This course consists of 3 weeks of classes and covers the following subjects.

Class / Unit 1 - Course Goals + Preparing your Mind/Body

Class / Unit 1- Stages & Phases of Labor+ Breath Work

Class / Unit 2- Confidence Building & Decision Making In Labor

Class / Unit 2- Informed Consent, Interventions & Birth Planning

Class / Unit 3- Postpartum Planning, Recovery & Infant feeding Options

Class / Unit 3- Breastfeeding & Newborn Care

Weekend Course: 10 am - 5 pm including lunch/coffee breaks

3- Week Class Series: 1 day a week, 2 hours per class

All course materials will be provided to you and have been included in your registration fees.

Disclaimer:

We (Peaceful Passages Birthing Support Center Staff) are in no way responsible for undesired outcomes during pregnancy, birth or postpartum periods.

This course is NOT intended as a guide to birthing unassisted ("free birth"), to replace the care of a qualified healthcare professional such as an OB, Midwife, or General Practitioner and contains no medical instruction whatsoever.

Please consult your health care provider if you have any further questions or concerns regarding some of the information in this course.

Scheduling & Special Circumstances

Please select your preferred course schedule and start date:

Weekend Course: 10 am - 5 pm including lunch/coffee breaks.

3 Week Class Series: 1 day a week, 2 hours per class.

-We will not teach classes while experiencing COVID-19 symptoms and/or after a positive COVID-19 test. We reserve the right to postpone any class until we receive a negative COVID-19 test and/or have been symptom-free for 10 days.

- Attendance is NOT permitted for any student that is experiencing COVID-19 symptoms. A negative test is required to return to in-person classes. Virtual options are available.

- In the event that we are unable to teach any class due to COVID-19 symptoms those classes can be rescheduled.

- In the event that you are unable to attend a class due to you or a member of your household is showing COVID-19 symptoms those hours can be rescheduled.

- No refunds will be given for any classes missed due to COVID-19 should you decline to reschedule them. We reserve the right to offer any refund at our discretion depending on mitigating circumstances.

This contract is drawn up and agreed to by the following persons as designated by their signatures below:

_____ Date: _____
_____ - RN, Childbirth Educator

(please print names here)

Signatures of Student (and Partner) Date: _____

Educator/Client Expectations

What you can expect from us:

We will educate you and your partner if you have one about preparing for birth and the postpartum period.

- We will provide evidence-based information about different options in pregnancy, childbirth, and postpartum.
- We will be an unbiased resource.
- We will provide you, and your partner if you have one, reassurance and encouragement.
- We will answer any and all your questions about birth and the postpartum period thoroughly and without bias.
- We will provide a caring and empathetic attitude.
- We will help you and your partner work through fears and self-doubt about pregnancy and birth.
- We will help you, and your partner prepare emotionally for birth.

Confidentiality Statement:

All of your personal information will be kept private and will never be shared with anyone, and will be used solely to help us best support you.

We agree to dispose of your personal information after the conclusion of our contract unless given your express permission to keep it on file for future services should you want them.

It is your right to omit any sensitive information from the intake questionnaire that you are uncomfortable disclosing.

It is your responsibility to share any and all relevant medical information with your healthcare provider.

What we expect from you:

- We hope that you will have an open and receptive attitude towards your prenatal education.
- It is your responsibility to obtain medical prenatal care from a trusted healthcare provider.
- We understand that pregnancy and birth are emotionally charged journey's! We ask that respectful language and communication be used at all times.
- We hope that you will be direct with us should you have any complaints.
- Please ensure that payments are made on the agreed-upon dates and that you communicate clearly if you are in need of accommodation.
- Please respect our personal time by keeping communication pertaining to the course during regular business hours.
- We hope that you will feel comfortable enough to be open and honest about your needs along the way.

Financial Agreement & Refund Policies

Childbirth Education Course Schedule Selected: _____

For the course you have selected, our total fee is \$ __ 350.00

Total Service Fee: \$ _____ 350.00 ___ Booking Fee: \$ _____ 75.00 _____. Agreed to be fully paid on or before the first class day.

We agree to provide you with a receipt for all payments received for these services.

Fees are final and deposits are non-refundable. We do not offer refunds unless we fail to provide services due to our own error and/or negligence. In the event that we need to cancel the course at any point **due to illness*, injury, family emergency, or other circumstances outside of our control or foresight**, the following services will be offered: ___ rescheduled class or refund _____

Alternatively, a refund of up to __ 50 __ % of your fee (not including the non-refundable deposit) can be negotiated **at our discretion**.

***Including but not limited to the Covid-19 Virus**

As your childbirth educator, it is our job to ensure that you are informed and educated no matter what type of birth you are planning. It is important to note, however, that we are **NOT in control of or responsible for outcomes**. Therefore, should your birth experience not go as planned, we can not be held responsible.

In the event we are unable to teach a class due to illness or other extraordinary circumstances, the class will be taught by the following backup educator: _____

This contract is drawn up and agreed to by the following persons as designated by their signatures below:

_____ Date: _____
_____ - Childbirth Educator

(please print names here)

Signatures of student (and partner) Date: _____

Student Registration Questionnaire

Please answer each question to the best of your ability. Feel free to omit any information you wish not to share with us. Collecting this information helps us to provide you with the best possible support. We commit to keeping your personal information confidential.

Personal & Contact Info

Name(s): _____

Pronouns: _____ Clients Birth Date: _____ Due date: _____

Address: _____

Email Address: _____ Phone Number: _____

Partners Phone Number: _____ Calls, texts or emails preferred? _____

Emergency Contact Name _____ Relationship: _____

Phone Number: _____ Alt. Phone Number: _____

Do you have any allergies? Yes No (If yes, please specify): _____

Tell us about yourself!

Why have you decided to take this childbirth education course?

What are you hoping to learn?

Do you have any fears or apprehensions about birth?

Where did you hear about this childbirth education course?

CBE Course Photo, Video & Media Release

I/we, the client(s), agree to the following (check all that apply):

- That photographs be taken of us participating in this course.
- That video be taken of us participating in this course.
- I/we prefer not to be pictured/shown in any photos or video taken during this course

Preferences surrounding the sharing of photos for marketing and other media purposes:

- Photos of me/us may be used on social media platforms such as Facebook and Instagram
- Videos of me/us may be used on social media platforms such as Facebook and Instagram
- Photos of my/us may be used on the childbirth educator's website
- Videos of me/us may be used on the childbirth educator's website
- Photos of me/us may be used on marketing and promotional materials for this course
- My/Our names may be used in marketing post copy for this course
- My/Our names may be used on the educator's website

- I/we prefer that no photos or videos of me/us be used in any marketing or promotional content on social media or otherwise.

Please Initial to indicate your understanding of the following:

- Each photo and video will be subject to approval by you, the client) before being used in any capacity.
- Consent for use of any media depicting you may be revoked at any time.
- I understand that photography and video are not my childbirth educator's main focus while teaching this course.

As your childbirth educator, we commit to keeping your personal information private and will not under any circumstances share that information with anyone. We respect your family's privacy and will not share any photo, video or use your names in any media content without your consent.

This CBE course photography, video and media release form has been reviewed and agreed to by the following persons as designated by their signatures below:

_____ Date: _____
_____ -RN, Childbirth Educator

Signatures of Student (and partner) Date: _____

CBE Course Evaluation Form

Students Name: _____

Partner's Name: _____

CBE Course Provided: _____

Name of childbirth educator: _____

5 - Strongly agree, 4 - Sort of agree, 3 - Neither agree nor disagree, 2 - Sort of disagree, 1 - Strongly disagree

The educator seemed to have a clear understanding of the course materials..... 5 4 3 2 1

The educator was kind and courteous during classes..... 5 4 3 2 1

This course suggested useful emotional coping techniques for labor and birth... 5 4 3 2 1

The information provided in this course was useful to my partner (if I have one) during the birth..... 5 4 3 2 1

The course was engaging and held my attention..... 5 4 3 2 1

The information provided in this course was useful for postpartum..... 5 4 3 2 1

The information in this course was current and evidence-based as it pertains to labour, birth, and the postpartum period..... 5 4 3 2 1

This course provided me/the intended parents with the information and tools I needed for decision-making at every stage..... 5 4 3 2 1

During the birth, things I learned in this course were helpful for my partner, the intended parents, and/or other support persons..... 5 4 3 2 1

This course was a helpful addition to my prenatal preparation..... 5 4 3 2 1

Overall, this course was a positive and uplifting experience..... 5 4 3 2 1

I would recommend this course to others..... 5 4 3 2 1

CBE Course Student Comments

Did the childbirth education course teach you anything that was particularly helpful or outstanding?

Thinking back on your experience with your childbirth educator, what would you have changed? Is there anything you would have wanted more/less of?

Is there anything you feel your childbirth educator could improve in the course that they provided?

Anything you would like to add?

Thank you for taking the time to share your feedback with us! We are committed to reflecting on our client's experiences in order to improve our practice, build on our skills, and grow as a childbirth education team.

