



# SABPA

south african birth photographers association

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## MEDICAL PERMISSION DOCUMENT

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Hospital / Clinic:

Patient:

EDOB (Estimated Date of Birth):

Natural Birth:  C-Section:

### A. HOSPITAL & PRIMARY CARE PROVIDERS

We the below specified healthcare providers, hereby give permission for the below specified birth photographer to capture the afore mentioned patient's birth, providing that the birth photographer adheres to the outlined merit requirements and procedure and that both the photographer and the patient agree to the terms outlined in this document. We understand that SABPA is not a regulatory body, but rather a supporting body providing us with resources such as this agreement template and will not hold SABPA responsible for any misconduct or negligence on the part of the birth photographer. Instead such behaviour will be reported to SABPA's Independent Advisory Board at [info@sabirthphotographers.com](mailto:info@sabirthphotographers.com) and further action will be taken against the photographer in question by the hospital and/or the primary care provider if so required including but not limited to future access refusal.

Primary Healthcare Provider (OBG / Private Midwife)

Name:

Signature:

Secondary Healthcare Provider (back up OBG) (only if applicable)

Name:

Signature:

Head of Labour Ward

Name:

Signature:

Head of Theatre (as primary or back-up):

Name:

Signature:

Other (Paediatrician / Anaesthetist):

Signature:

**B. PATIENT / CLIENT**

I hereby confirm that the below mentioned birth photographer has been hired to capture and may be present at the birth of my baby / babies. I agree to the hospitals merit requirements and terms and will not hold the hospital or primary healthcare provider liable if the birth photographer does not abide by the terms in the agreement, does not conduct herself in a professional manner or publishes / releases images / video without my consent.

I have a separate service agreement with the birth photographer in place which I can present on request.

Name:

Signature:

**C. BIRTH PHOTOGRAPHER**

Photographers Name: **Caren Faul**

Business Name: **Caren Faul Photography**

Email address: **info@carenfaul.co.za**

SABPA License Number: **20200728001**

**Experience Level: Natural Births**

**0 Births 1-2 Births 3-5 Births 5-10 ~~Births~~ 10+ Births 25+ Births**

**Experience Level: C-Sections**

**0 Births 1-2 Births 3-5 Births 5-10 Births 10+ Births 25+ ~~Births~~**

I, **Caren Faul** the undersigned birth photographer, registered with SABPA, confirm that I abide by the SABPA Oath of Conduct and meet the merit requirements specific to this birth and agree to the terms for attending this birth as outlined below.

I AGREE TO THE FOLLOWING TERMS WHICH APPLIES TO BOTH PHOTOGRAPHY AND VIDEOGRAPHY

When in Theatre / Labour Ward / NICU / Home Birth Environment

1. When attending a birth, I wear my business branded scrubs with clear identification and I at all times carry my SABPA license card ready to be produced if asked for by hospital staff.
2. I only enter the ward / theatre when well and not sick. If I am sick, I will utilise the services of my SABPA back up photographer.
3. I wash my hands, put up my hair and follow any other sanitation procedures the hospital may have. Eg wearing protective clothing or face masks and wiping down my camera. I ensure that I abide by all sanitation and infection control procedures.
4. I do not touch items designated to me as sterile. I ask and confirm what is sterile when unsure.
5. I never take additional equipment into theatre besides a camera and perhaps a backup lens or memory cards in our pockets. Tripods, monopods, additional lights or gear are not appropriate.
6. I do not photograph staff or any of their identifying information without permission. Staff faces that are captured 'collaterally' will be faded out or blurred in the final product.
7. Should there be an emergency, I will obey as directed and / or leave immediately if asked. I will not photograph life threatening emergencies. I will lower my cameras and wait until the emergency has subsided to resume photographing. If unsure if it's an appropriate time to resume, I will quietly and discreetly ask a medical professional in the room who isn't otherwise occupied with patient care.
8. I will not take photographs of the following actual medical procedures:
  - 8.1 An epidural / spinal anaesthesia
  - 8.2 Making an incision
  - 8.3 IV insertion
  - 8.4 Water breaking / any vaginal checks
  - 8.5 The use of forceps
  - 8.6 Vacuum extraction
  - 8.7 Suction to clear airways
  - 8.8 CPR / resuscitation
9. I will only photograph my clients and their baby / identifying information. I will not photograph other patients or their babies or their identifying information.
10. I recognise that the experience of giving birth is private and sacred. I will not interrupt that, but document the story for the family's memories. I will not give opinions or medical advice or project my own feelings / experiences about birth before, during or after procedures.

11. I will not ask ANYONE to re-enact moment, pose a baby in any way without permission or ask any of the medical staff to move or act in a certain way.
12. My client's medical history and any interpretable medical recordings / data / information during birth will remain private and confidential.
13. I will not use flash in theatre. Outside of theatre, it is subject to a) the parents and/or care provider's preferences as to if/when/how much to use it. B) It is only done with a professional speed light flash that is bounced away from the family or care provider.
14. I will honour the clients right to privacy and will not publish images without their consent.
15. I will avoid explicit nudity unless the client has asked otherwise and those images remain for their private use.
16. I will use discretion in releasing or publishing images that could compromise the client or relevant health care providers or call them into question.
17. I will use extreme caution when identifying my presence at a birth in real time on social media.
18. Images of medical personnel will only be published or released to the client with their permission.

Other terms & requirements as highlighted by the Health Care Provider.

Name: Caren Faul

Signature: 