



## RESEARCH SUBJECT CONSENT FORM

**TITLE:** Exploring Alternative Healthcare Delivery Models for Birthing Persons

**PROTOCOL NO.:** 22-101  
WCG IRB Protocol #20224243

**SPONSOR:** Holistic Birth Collective NFP

**INVESTIGATOR:** Callan Jaress  
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**STUDY-RELATED  
PHONE NUMBER(S):** (773) 245-3668  
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**STUDY-RELATED EMAIL:** [callan@holisticbirthcollective.org](mailto:callan@holisticbirthcollective.org)

Taking part in this research is voluntary. You may decide not to participate, or you may leave the study at any time. Your decision will not result in any penalty or loss of benefits to which you are otherwise entitled.

If you have any questions, concerns, or complaints or think this research has hurt you, talk to the research team at the phone number(s) listed in this document.

You are being invited to take part in a research study.

### What should I know about this research?

- This form will explain this research to you.
- Taking part in this research is voluntary. Whether you take part is up to you.
- You can choose not to take part. Deciding to take part or not to take part will *not* change any benefits to which you are otherwise entitled.
- You can agree to take part and later change your mind. Deciding to withdraw will *not* change any benefits to which you are otherwise entitled. If you don't understand, ask questions.
- Ask all the questions you want before you decide.

**Who is doing this research?**

This study is being done by Holistic Birth Collective, a non-profit group that promotes prenatal, birthing and post-partum care options for families on the Southside of Chicago and in South Suburban Cook County. The study is funded by the Illinois General Revenue Fund.

**Why is this research being done?**

The purpose of the study is to better understand the pregnancy and childbirth healthcare experiences of people in our communities. To do that, Holistic Birth Collective is conducting a community needs assessment using an online survey.

You are invited to add your voice to the study by filling out an online survey. We especially want to learn from mothers directly about what kinds of changes would better meet the needs of people who are pregnant and give birth while living on the Southside of Chicago and in South Suburban Cook County. We will use this information to inform Illinois legislators of the needs expressed by community members.

Holistic Birth Collective does not receive funding from any hospital, health system, birth center, or professional organization.

**Why am I being asked to participate in this research?**

You are being asked to participate in this research because you gave birth to a baby born on or after January 1, 2018 and you were living in the Southeastern quadrant of Cook County during your pregnancy and childbirth experience.

**If I volunteer, how long does it take?**

The online survey will take 25-30 minutes to complete. If you do not have enough time to finish the survey in one session, you will be able to pause and return to complete your answers later. If you do not return to your drafted answers within 72 hours, they will be deleted and you will need to start over. You may submit your responses anytime between now and 11:59pm on October 31, 2022. After submitting your responses, you will not be able to edit their content.

**What happens to me if I agree to take part in this research?**

If you agree to take part in this research you will link to and take an online survey in English that is expected to take about 30 minutes. You will be asked to answer honestly as best you can recall about your pregnancy history, your access to care, and your experiences with maternity care providers during pregnancy, birth, and after birth. You will also be asked your opinions about what you would prefer and asked some basic demographic information about you. The survey includes many multiple-choice type questions with a few places for open-ended comments.

Your participation is voluntary. You may withdraw from this study at any time without penalty by closing your internet browser or mobile application. If you do not complete and submit your survey within one week of beginning it, your survey answers will be deleted.

**Could being in this research hurt me?**

Some of the questions we ask may be sensitive if they remind you of hard things that happened to you or your family during your pregnancy, delivery or care after delivery. You may skip any questions that you do not feel comfortable answering. You may withdraw from the study at any time by closing your internet browser or mobile application. If you do not return to complete and

submit your answers within one week, the data will be deleted. Your healthcare services will not be affected by whether or not you take part in this study. If you find that answering any of the questions in this survey brings up difficult emotions or memories, please click here for resources. This list is also copied in the middle and at the end of the survey.

**Will it cost me money to take part in this research?**

There are no costs associated with participating in this survey, other than your time.

**Will being in this research benefit me?**

You will not directly benefit from this research. Our plan is to use the information to improve and increase access to healthcare delivery options for pregnant persons in this area of the state. However, we cannot promise that our efforts will succeed. We hope that you find a benefit in helping us work toward this goal.

**What other choices do I have besides taking part in this research?**

You may choose *not* to take part in this research. This research is *not* designed to diagnose, treat or prevent any health condition. Taking part in the study is voluntary. Whether or not you take part will have *no* effect on your current or future health care options.

**What happens to the information collected for this research?**

Your participation in this study is confidential. Only the lead researcher and study team members ever see the private information that you share with us. Any information that identifies you personally will be kept private from anyone else. No individual participant will be identified or linked to the results. Your private information will not be shown in any reports. When we share results, we will only use statistics, for example “10% of participants felt that...”, and possibly some quotes from comment sections that do not show any identifying information.

De-identified data from this study will be analyzed by the Holistic Birth Collective staff and may be reported to the Illinois General Assembly and administrators of the Illinois Department of Public Health. Study records, including this consent form signed by you, may be inspected by the administrators. The results of this study may be presented to the Illinois General Assembly; however, your identity will not be disclosed.

Your survey responses will be stored in Qualtrics, an online survey platform. Qualtrics protects the privacy of the data in their system at a high level of security. There is always some risk of people being able to get into data when it is online, but that chance is very small.

The IRB overseeing this research may review the study records as part of their oversight.

**Who can answer my questions about this research?**

If you have questions, concerns, or complaints, or think this research has hurt you or made you sick, talk to the research team at the phone number listed at the top of the first page and again here:

**Callan Jaress**  
**(773) 245-3668**  
**(978) 505-7998 (24 hours)**  
[callan@holisticbirthcollective.org](mailto:callan@holisticbirthcollective.org)

This research is being overseen by WCG IRB. An IRB is a group of people who perform independent review of research studies. Thus, if you have questions, concerns, or complaints that are not being answered by the research team.

- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.
- You have questions about your rights as a research subject.

You may talk to WCG IRB at 855-818-2289 or [researchquestions@wcgirb.com](mailto:researchquestions@wcgirb.com)

**Can I be removed from this research without my approval?**

The person in charge of this research can remove you from this research without your approval if it is learned that your answers are intentionally not truthful. If you do not complete and submit your survey within one week of beginning it, your survey answers will be automatically deleted.

**Will I be paid for taking part in this research?**

Upon completion of the survey, and assuming there is no evidence of fraudulent response made simply to collect a thank-you incentive, you will be able claim a \$25 Target e-gift card that can be redeemed in stores or online. To receive this thank-you gift, you will need to provide us with an email address and a phone number. This information will be stored separately from the survey data you provide so that it can never be used to identify you with your survey answers.

**Statement of Consent**

By opening and completing a survey, you are indicating that you fully understand the above information, that you will make your best effort to respond honestly, and that you are taking part voluntarily.

If you have any questions or concerns about this study, please contact Callan Jaress at [callan@holisticbirthcollective.org](mailto:callan@holisticbirthcollective.org).