

Your Peaceful Birth

Doula/Client Agreement Doula Services, Limits and Fees

Mother's Name: _____

Partner's Name: _____

Due Date: _____

E Mail address: _____

Primary Doula: Patty Grider

Cell Phone: 661.350.1644

E-Mail Address: yourpeacefulbirth@gmail.com

Back-Up Doula: _____

Doula's Responsibilities:

As your Doula, I am committed to providing emotional and physical support before, during and after your birth. I educate couples on their options during labor and postpartum as well as accompany women in labor to help ensure a safe and satisfying birth experience.

My role is to enhance your birth experience by providing the services described below, while demonstrating a clear understanding of the **Doula's scope of practice**, outlined in this agreement.

Services Provided:

Prenatal Visits

- 2-5 visits will be arranged according to our mutual schedules.
- Will last approximately 1 hour.
- Are subject to cancellation and rescheduling due to other clients' births.
- Discussion of the parent's desire(s), preparation for birth, and assistance in creating a birth plan, if desired.

Labor/Delivery

- Uninterrupted labor support by myself or my back-up Doula
- Emotional, physical and evidence-based informational support during labor, such as reassurance and perspective to you or your partner, suggestions for labor progress, relaxation techniques, massage, position changes and other techniques for comfort.

Postpartum Visit

- At least 1 visit will be scheduling and will depend upon your readiness.
- During our visit, we will discuss the labor and birth, get feedback from you about my role, and facilitate closure of the Doula/Client relationship.
- A timeline of events of your labor and birth experience will be given.
- Discuss referrals to other professionals, as needed.

Contact Information:

- If you contact me via phone/text at 661.350.1644 during the hours of 6am – 10pm, I usually respond in 20 minutes or less.
- I will be “on-call” to you 24/7 two weeks prior to and following your birth for any concerns.
- If you are in labor, please call or text me at 661.350.1644. If I do not respond within 20 minutes, call/text me again. If I do not respond within one hour you may assume I am dead and you should contact my back-up doula.

When You Are In Labor:

I would like for you to notify me at the first sign of labor, even if you do not yet need me. This allows me to make necessary arrangements. The time I join you varies from mother to mother, but I would prefer to join you when I can be actively involved in the labor process. I will join you at your home, birth center or hospital. I need approximately _____ minutes to get to you from the time you ask me to come. I will stay during the duration of the labor for up to 24 hours. If after 24 hours I feel I can not provide you with adequate support, I may chose to call my back-up doula in to take over for me.

In the event of a Cesarean Section, I will remain present in the operating room (if allowed by hospital personnel) or in a nearby waiting room.

After Your Birth:

I will remain with you for an average of one to two hours postpartum to provide support during the delivery of the placenta, to facilitate in the union of you and baby and to assist with initiating breastfeeding (if you so chose).

I will be available to you 24/7 for two weeks via phone/text after your birth for any major concerns.

We will schedule at least one additional meeting following your birth so that I can obtain your feedback regarding my job as your doula and of course, so I can spend time with baby. After this, I will always be available to help with any questions or to giver referrals for any postpartum issues you may have.

Optional Services:

Hypnobirthing

Hypnobirthing can help with relaxing the body to provide for optimal labor comfort.

Placenta Encapsulation

Placenta Encapsulation is not a required supplement but is highly recommended.

Bereavement Services

As a Stillbirthday certified Doula, I am able to support you in any gestation, any outcome.

Additional Services Agreed Upon: _____

Scope of Practice and Limitations:

- As a doula, I do not perform clinical tasks such as blood pressure, fetal heart checks, vaginal exams, and other such duties. My role is non-medical.
- As a doula, I do not make decisions for you. I will help you get the information you need to make your own informed decisions. I will also remind you if a decision involves a departure from your wish list.
- As a doula, I will not speak to the staff instead of you or your partner regarding matters where decisions are being made. I will discuss your concerns with you and suggest options, but you or your partner will speak on your behalf to the clinical staff.
- As a doula, my capacity will be to offer suggestions and present options, not to make clinical assessments or decisions concerning your labor and birth. Therefore, I assume no responsibility, personally or professionally, for the outcome of your birth.

Fees:

My fee for the services described here is \$700, and serves to cover my costs such as: gas, travel, on call time, and is to be paid in full at the time this contract is signed, or as follows:

\$250 due when you select me as your doula. This fee is a **NON-REFUNDABLE** retainer fee and pays for my prenatal visit(s) and/or phone support with you. In the event that I am ill, my children are severely ill, I am at another birth, I will send a back-up doula to join you at no additional cost.

Client initials Partner initials

Remainder of fee due by the 37th week of pregnancy. This fee is for my on-call time and travel from the time of hiring through delivery. It also includes attendance at the labor and/or birth as well as the postpartum visit. I must receive this installment before you deliver to ensure that either or my back-up Doula will attend your birth.

Client initials Partner initials

Ability to Provide Service:

I am committed to providing you with the services described in this **Doula/Client Agreement**. In the event I am unable to attend your birth, it is my responsibility to provide a back-up Doula. If I fail to provide Doula services, either personally or by sending a back-up Doula, I will refund the fee of \$450, (less a \$250 retainer fee for services already provided). The total refund will be \$450. Failure to notify me of your labor status, or onset of labor will not constitute “failure to provide service” on my part, thus no monies will be refunded in this case.

Refunds:

The \$250 deposit is non-refundable as it holds your spot on my calendar and ensures I will not overbook myself around your due date. In the event of a severe illness, death in the family or if I am at another birth, I will send a back-up doula to join you. If you chose not to use my back up, the full fee is still due.

There are no refunds if I miss your birth due to events that take place during labor, IE. Emergency cesarean section, a fast labor, failure for client to contact doula, etc. If for some reason I miss your birth due to my fault and I am unable to provide a backup doula for you, a partial refund will be given. I do not give refunds for an unsatisfactory birth outcome.

Client Responsibilities:

I ask that you inform your health care provider that you have hired a Doula and I will be attending your birth. I also ask for you to keep in contact with me, keeping me informed as your pregnancy progresses. This will allow me to have the information necessary to best support you and answer any questions you may have.

Photo Release:

Occasionally I will use photos (devoid of nudity) from births to add to my website or social media. Your initial will allow me to use your tasteful photos at my discretion with no form of payment to you for use of these photos. All photos will be provided to you at your postpartum visit.

Client initials Partner initials

I/We have read this Doula/Client Agreement describing the doula’s services, asked the necessary questions, making all items stated herein clearly understood, and agree that it reflects the discussion we had with her. By signing below, I/we agree to the terms as stated.

Client’s signature

Client’s partner’s signature

____ / ____ / ____
Date

Doula’s signature Date

Patty Grider
Certified Birth and Bereavement Doula
Your Peaceful Birth
661.350.1644
yourpeacefulbirth@gmail.com

For Doula use:

Deposit received: \$ _____ Date: _____ Paid via: ___ check ___ cash ___ electro
Payment received: \$ _____ Date: _____ Paid via: ___ check ___ cash ___ electro
Payment received: \$ _____ Date: _____ Paid via: ___ check ___ cash ___ electro
Payment received: \$ _____ Date: _____ Paid via: ___ check ___ cash ___ electro

Hypnobirth? Yes/No

Placenta Encapsulation? Yes/No

Fee received: \$ _____ Date: _____ Paid via: ___ check ___ cash ___ electro

Prenatal Visits: _____

Postpartum Info: _____

