

Postpartum Doula Contract

Doula's role and obligations

We work for you, not your doctor, midwife, or hospital.

Your postpartum doula will meet with you once prenatally, at a mutually agreeable time. During this visit, we can discuss any questions you might have and review your postpartum plan which will help organize your thoughts about what is important to you and what role you would like us to take in supporting you and your family. It would be helpful if both you and your partner or other birth companion can be present at this meeting. Additional visits can be arranged at an additional hourly charge.

She can provide information on options for decisions you may be making in the postpartum period. However, you will be responsible for deciding on a postpartum plan that is best suited to your individual needs and preferences and for discussing the terms with your doctor.

All records we keep are confidential. We will not share these records with any person, except where disclosure is required by law.

Your postpartum doula is CPR certified and will only use Safe Sleep practices to keep your baby safe.

If the postpartum doula is called to a birth during a shift or just prior--she will contact you to see if you want to reschedule or you want her backup to take her shift. The same applies if the doula gets a sickness as we don't want your new family to catch an illness.

Daytime postpartum doulas can care for baby, care for mother, pick up groceries, light housework, light laundry, light meal prep, and bottle cleaning. Her first priority is to mom and baby, and any other tasks will be completed as her time and energy allows.

Night time postpartum doulas care for mom and baby first. She will care for them and sleep when baby sleeps. If any other kids wake up, she will send them to their parents. It is not expected that the night time postpartum doula will catch up with any dishes, laundry, or house cleaning leftover from the day as that disturbance will not help promote a healthy sleep cycle in the baby and family. Your postpartum doula will ensure any bottles, breast pump parts, etc.

used during the night are clean and ready for use before she leaves in the morning.

Limitations of doula practice

Your postpartum doula will **not**:

- make decisions for you. She will provide information that may be helpful for you
 and/or your partner to make an informed choice on baby care, medical treatment, or
 other issues.
- perform clinical tasks such as making any medical diagnosis, administering or prescribing medication, or any other procedure that qualifies as practicing medicine.
 Our role is limited to providing for your physical, emotional, and educational support.
- provide medical advice or advice concerning any alternative therapies. Any information
 provided should in no way be construed as medical advice and is not a substitute for
 medical advice, which only a licensed medical practitioner can provide. It is your
 responsibility to seek the advice of an appropriately qualified practitioner in case of
 doubt.
- Drive you or your children in her personal vehicle; this policy is due to insurance and liability. If emergency transportation is needed, an ambulance will be called. Otherwise, she can help arrange for Lyft, Uber, a taxi, etc.

Your

obligations

- You will create a postpartum plan. The framework for this plan is included in this
 contract. It is understood that circumstances may change unexpectedly, or your needs
 may change, and so
- This plan is not rigid. It serves to give us a common understanding of the role you would like us to take in supporting your family.
- If your needs change, and the amount of time you need us to spend with you changes
 considerably, you will notify us as soon as reasonably possible so that we may adjust
 our schedules. If your scheduled postpartum doula is not able to add extra hours to her
 time with you, we will make every effort to find another postpartum doula who would be
 able to work with you.
- You will provide a list of emergency contact numbers for family members, family doctor, etc.
- You will provide a place (bed, air mattress, or futon) for the postpartum doula to sleep when baby sleeps.
- At least one parent will be home the whole time the postpartum doula is caring for you baby.
- If for some reason you need to reschedule your postpartum hours, you will give your postpartum doula at least a 24 hours notice.

• The costs for postpartum hours is \$32 and will be paid in full before postpartum care starts.

Payments and refunds

A nonrefundable deposit of 15% of the total contracted amount is due upon signing of contract. The remaining balance may be paid in whatever installments you choose and is due by 36 weeks of pregnancy. If services are booked after the birth, the total amount is due upon signing of contract. Payment must be made in full before we are able to attend our first postpartum session.

If you decide to cancel this contract the following will apply:

Cancellation more than four weeks before your due date: 75% refund, less costs of any prenatal visits made (not including the deposit). *The cost of each prenatal visit for this purpose is* \$75

Cancellation between four weeks and two weeks before your due date: 50% refund (not including the deposit), less the costs of any prenatal visits made. The cost of each prenatal visit for this purpose is \$75

Cancellation less than 2 weeks before your due date: no refund.

Limitations of liability

To the fullest extent permitted by applicable laws, my liability for any and all claims, losses, expenses, injuries, or damages related to the performance of services under this contract of whatsoever nature and howsoever arising whether in tort or in contract or otherwise shall be limited to the amount paid by the pursuant of this contract.

We will not be liable for any direct, indirect, incidental, special, or consequential damages, resulting from the provisioner non-provision of services under this contract, even if the possibility of such damages has been specifically advised.

In signing this contract, you agree that you understand and agree with all the points herein. You further agree that you have been given the opportunity to raise any questions that you might have concerning our services and that these questions have been answered to your satisfaction.

Scheduling Hours

We will discuss and schedule your hours upon signing of contract. If you need to reschedule due to illness or some other reason, you must notify your postpartum doula within 24 hours of your scheduled hours, and those hours will be rescheduled at a mutually agreeable time. If you fail to provide 24 hours notice (with the exception of emergency or death in the immediate family), those hours will not be rescheduled.

If your postpartum doula is ill or suspects she may be ill, she will notify you within 24 hours of a scheduled shift, and together you will decide if you want her to come, have her back up come, or prefer to reschedule when she is well.

Some of our postpartum doulas are also birth doulas and will prioritize mothers in labor. If she is called to a birth and knows she will not be able to make her shift, your postpartum doula will notify you as soon as possible, and will reschedule at no additional charge or call in her backup postpartum doula. If she is called to birth during a shift, she will notify you immediately and go to the birthing mother, and will reschedule that shift or call in her backup postpartum doula at no additional charge to you.

If you decide you would like additional postpartum hours, a new contract detailing the additional hours will be signed.

| Signatures: | |
|------------------------------|---|
| Clientle none (alegae mint) | |
| Client's name (please print) | |
| Client's signature & Date | |
| Doula's name (please print) | |
| | |
| Doula's signature & Date | Hours (days or weeks) Scheduled, and Total Cost |
| | Amount and method of payment received |

Postpartum plan

The points in this plan are meant to serve as a guideline to indicate the type and extent of support you are looking for. It is not a rigid contract, and may be altered by mutual consent at any time.

| Doula's schedule What times would you like postpartum support? |
|---|
| □ specified number of days per week: days |
| |
| □ specified number of hours per day: hours |
| ☐ times to be scheduled: |
| |
| How long would you like postpartum support for? |
| The triang troute you mile postpartam capport to the |
| □ number of days: days □ number of weeks: weeks |
| Inditibel of days days = number of weeks weeks |
| □ number of menths: menths |
| □ number of months: months |
| Doula's tasks |
| |
| ☐ Breastfeeding support: What sort of support do you expect to need? |
| □ Bottlefeeding |
| □ preparing formula |
| ☐ feeding the baby or babies (indicate if there are specific times of day you wish me to give |
| feeds and the type of formula you intend to use) |

| | ☐ Infant care | | |
|-----|---------------|--|--|
| | | changing diapers | |
| | | take out for a stroll | |
| | | carry/watch baby while you nap or attend to another task | |
| | | other: | |
| | | | |
| | | | |
| | | | |
| _ | | | |
| Ш | _ | tional support: Please indicate whether you would like information on the following: | |
| | | feeding | |
| | _ | sleep habits | |
| | | bathing the baby growth patterns | |
| | | vaccination | |
| | | circumcision | |
| | | jaundice | |
| | | sibling rivalry | |
| | | helping pets adjust | |
| | | other: | |
| | | | |
| | | | |
| | Cookir | ng Please tick all that are applicable | |
| | □ br | eakfast | |
| | □ lur | nch | |
| | ☐ dir | nner | |
| | □ sn | acks | |
| Me | eal pref | erences: | |
| | | | |
| Die | tarv re | strictions? Please indicate which member of the family these apply to. | |
| | , | , | |
| | ¬ ,., | | |
| l | ⊔ Ligh | t housework | |
| | | vacuuming | |
| | | laundry | |
| | | dusting | |
| | | sweeping/mopping | |

| □ wa | ashing dishes |
|------------------|---|
| ☐ tid | dying bathroom |
| □ tid | dying kitchen |
| □ otl | ther: |
| ☐ Child care | e of older children Names and ages of older children: |
| Activities sug | agested or desired (supervision at home, take to park, etc.). |
| / totivities sug | gested of desired (supervision at nome, take to park, etc.). |
| ☐ Pet care 1 | Type of pet(s), and name(s): |
| Care required | d: |
| ☐ Pet care 1 | |

Background information Please indicate anything you think would be helpful for us to know. For example, anything having to do with your plans for birth, a history of depression, key experiences you recall from after the birth of any older children (either things that you are concerned about, would like to do differently, or things you would like to repeat), partner's work schedule, extended family concerns, concerns about older children -- anything you think might be important for us to know so we can know the "big picture" of what you are anticipating after the birth of this child. All information will be held strictly confidential as indicated on the section on confidentiality above. If you need more space, please continue on the back of the page.