

Birth Doula Contract



Service Package Selected: _____ For the services you have selected, my total fee is \$ _____.

Total Service Fee: \$ _____ Booking Fee: \$ _____ . Paid on _____.

Payment Arrangement Details:

Agreed to be fully paid on or before _____ weeks gestation.

Scope of Practice Statement:

it is not within my scope to give medical advice. I only present the evidence-based facts and facilitate discussion so that you can advocate and make medical decisions for yourself. I do not drive clients or their baby(ies) in my car UNLESS it is an emergency. I do not and am not qualified to perform any medical procedures including but not limited to cervical checks, blood pressure checks, fetal heart rate monitoring, delivering/catching the baby, etc. I am NOT and do NOT replace a Health Care Provider such as a Midwife or OB. I do not under any circumstances attend “free (unassisted)” births. I adhere carefully to the parameters of my scope for the safety and security of myself, you, your partner, and your baby(ies).

Prenatal education and support details:

Prenatal visits will be ___to ___hours long (or less depending on your preference). On top of getting to know you and your partner (should you have one) better, they can consist of (but are not limited to) any of the following in any order you choose:

- ✓ - Discussing your ideal birth experience
- ✓ - Discussing and working through any fears or anxieties (you or your partners)
- ✓ - Discussing and practicing comfort techniques
- ✓ - Running through the stages and phases of labor
- ✓ - Creating a birth and/or postpartum plan

I will be giving you my personal contact information for 24/7 informational/emotional support from the time you hire me. Feel free to call, text or email me any time with any questions, concerns or for encouragement. I also commit to being on call to attend your birth from _____ weeks gestation until birth.

Phone Number: _____ Email: _____

Before the on-call period , the best time to reach me is between _____ and _____.

Physical Support Agreements

Labor/Birth Support Details:

- ✓ - Massage/counter pressure
- ✓ - Acupressure
- ✓ - Assisting with a TENS machine
- ✓ - Birthing ball positions
- ✓ - Suggesting and assisting with position changes
- ✓ - Creating a calming environment (lights, curtains, etc)
- ✓ - Water therapy (bath, shower)
- ✓ - Assisting with Hypnobirthing techniques
- ✓ - Hydrating and feeding birther
- ✓ - Hands-on infant feeding support.
- ✓ - Anything else you feel will help you have the positive birth experience you desire

It is important to note that my job as your Doula is NOT to speak for you or your partner (should you have one) in the birth space but to give you the information, validation, and support you need to effectively advocate for yourself whether you are having a home or hospital birth. I will also provide _____ minutes (up to ___hours) of immediate postpartum assistance after the birth.

3. Postpartum/Follow-up visit(s)

These visits will be made on arranged dates between _____ to _____ days after the birth.

During this visit I can (but am not limited to):

- Check on breastfeeding progress (should you choose to breastfeed) - Discuss questions or concerns - Help you debrief after the birth - Assist with some light housework and tidying (get things back in order) - Prepare a meal (should you want help with that) - Care for baby while you shower or sleep - Assist with anything you feel will help you settle in and feel supported better in the postpartum period

It is important to note that as a Doula it is not within my scope to provide childcare while a parent is not in the home, to do any heavy cleaning or organizing, or to give any medical advice with regards to your postpartum healing.

Other Terms, conditions and services discussed in relation to this contract:

Refund and Backup Policies

Fees are final and deposits are non-refundable. I do not offer refunds unless I fail to provide services due to my own error and/or negligence. In the event that I am unable to attend your birth **due to suspected or confirmed illness*, injury, family emergency, or other circumstances outside of my control or foresight**, postpartum support hours will be offered. Alternatively, a refund of up to ____% of your fee (not including the non-refundable deposit) can be negotiated **at my discretion.**

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

As your Doula, it is my job to ensure that you are supported emotionally, physically, and informationally no matter what type of birth you are planning. Regardless of the outcome of your birth, I commit to supporting you in every way I am qualified and capable of as per our agreement. It is important to note, however, that **I am NOT in control of or responsible for outcomes.** Therefore, should your planned vaginal birth or vaginal birth after a cesarean (VBAC) result in a cesarean, there will be no refund.

In the event I am unable to attend a birth due to illness or other extraordinary circumstances, the birth will be attended by the following backup Doula: _____

Please indicate here if you would like to meet with my backup Doula before your birth:

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

_____ Date: _____
_____ - Doula

(please print names here)

Signatures of Birther (and partner if they have one) Date: _____

Thank you for inviting me to be a part of your pregnancy and birth experience!