



TINY LOVE DOULA CONTRACT

LABOR SUPPORT SERVICES, LIMITS AND FEES

As a Doula, I accompany women in labor to help ensure a safe and satisfying birth experience. I will draw on my knowledge and past birth experiences to provide emotional support, physical comfort and as needed, communication with the medical staff to make sure you have the information that you need to make informed decisions. I provide reassurance and perspective to you and your partner, make suggestions for labor progress, give massage, guide relaxation, and help with positioning and other techniques for your comfort. I am independent and self-employed. As your Doula, I am working for you, not your caregiver or the hospital.

I prefer to meet with you and your partner three times before your estimated due date if possible. Two in your home and then I'd like to attend one of your prenatal appointments with your OB or midwife. The first visit is to get acquainted, discuss your priorities and your hopes for your baby's birth and the second is to go over relaxation techniques and labor coping skills.

If you decide to contract my services, you may expect the following from me:

- 24 hour on-call;
- back-up arrangements in case of illness or emergency;
- early labor support as needed in home or hospital;
- assistance in drafting an informed birth plan;
- compliment or supplement information received in CB classes;
- pre-natal visits;
- post-partum visits;
- constant care, attention and support once active labor has begun; including, but not limited to: Visualization, Meditation, Use of Birth Ball, Mobility and Position Changes, Use Of Rocking Chair/Birth Stool, Relaxation, Focus, Verbal Encouragement, Breath Work, Vocalization,

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Birth Room Atmosphere, Aromatherapy, Use Hot/Cold Packs, Clarification of Medical/Clinical Terminology and Procedure, and Massage techniques

- Immediate Postpartum Care, including, but not limited to: Encouragement of Infant Bonding, Establishing Breastfeeding, Protecting the Family Environment, and Support for Unexpected Outcomes
- Every effort and attention to maintain a calm birth experience;

I expect the following from you:

- A phone call to me even if you think you are in labor. I can answer questions and give suggestions over the telephone. We can decide if I should come right then or wait for further changes. We will also decide at that time the best place to meet – your home or your birth place.

Just as important as what I will do is what I will not do. As a Doula, I do not perform clinical tasks, vaginal examinations, fetal heart checks, or blood pressure, etc. I do not make decisions for you. I will help you get the information you need to make informed choices but the decisions to do or not to do something must be yours alone. I will also remind you if something proposed is a departure from your birth plan.

I do not speak to the medical staff in your place regarding matters where decisions must be made. I will discuss your concerns with you and suggest options, but you and your partner will speak on your behalf to the medical staff.



TINY LOVE DOULA FEE AGREEMENT

Doula _____

We hereby agree to pay my Doula _____, a fee in the amount of \$_____ for the services listed in the above Contract. The fee includes a non-refundable deposit of \$_____ which is payable at the time of signing, and the balance of the fee, \$_____, is due on our final prenatal visits, before our baby is born.

As your Doula, I will make every effort to provide the services described. Sometimes this is impossible. There may be circumstances beyond anyone's control or I am not available and the back-up Doula does not arrive in time. In such a case, the remaining fee of \$_____ is cancelled. If my failure to attend your birth is because of your failure to call me or your labor is so rapid that I am unable to arrive in time, the remaining fee is still due and payable.

You may cancel my services without penalty up to the 37th week of your pregnancy. After that time period, the balance of the remaining fee is due.

Signed and agreed this _____ day of _____, 20__.

Mother – Print and Sign

Partner (if applicable) – Print and Sign

Birth Doula Sign

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Doula Intake Form

Date of 1st meeting:_____ 2nd meeting:_____ 3rd meeting:_____

Mothers Name: _____

Partners Name: _____

Due Date: _____

Place of Birth: _____

Home Address: _____

Phone numbers: _____

Primary Care Provider: _____

Who else will attend birth? _____

Are you taking a childbirth class? _____

Do you have a birth plan? _____

Do you want pictures taken during labor? Pushing? Postpartum?

Do you have any special requests? _____

How has your pregnancy been so far? _____

Any Complications? _____

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Previous pregnancies/births?

Children? Names and ages: _____

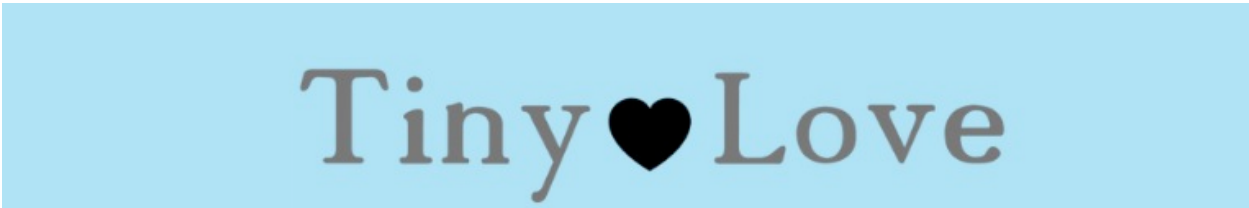
Do you have any concerns about labor or birth?

Partner? _____

Do you have a newborn plan? _____

Do you plan to take a breastfeeding class? _____

Do you have any questions/concerns?



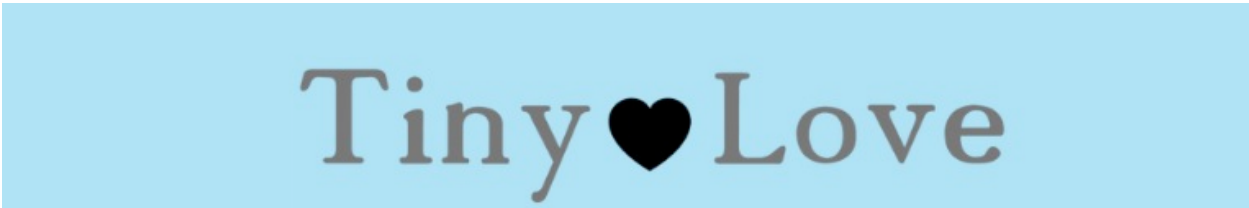
Doula Birth Notes

Doula _____

Date and Location: _____

Time of birth : _____ Baby's name _____ boy / girl

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Doula Postpartum Notes

Doula _____

Date and Location: _____

Baby's Full Name: _____

Baby's Birth Weight/Date/Time of Birth: _____

Postpartum Concerns/Problems:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Resources (Referrals) or follow up needed:

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Doula Evaluation Form

Baby's Birth Day: _____

Doula's Name: _____

You are _____ How long was your labor? _____
(mother, father, partner, etc.)

Where did you have your baby? (hospital, home, birth center) _____

Why did you want a doula at your birth? _____

1. How useful was the information your doula shared during your prenatal appointments in preparing for your birth?

Great
5

Very Good
4

Satisfied
3

Poor
2

Very Poor
1

2. Were you satisfied with the comfort measures your doula provided during your labor and birth?

Great
5

Very Good
4

Satisfied
3

Poor
2

Very Poor
1

3. How did your doula communicate with the other members of your care team?

Great
5

Very Good
4

Satisfied
3

Poor
2

Very Poor
1

4. Did you feel satisfied with your doula overall ?

Great
5

Very Good
4

Satisfied
3

Poor
2

Very Poor
1

Thank You and Happy Birthing!!

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Labor Progress Record

Information

Client Code: _____ Today's Date: _____ Estimated Due Date: _____

Time arrived: _____ Location (circle one): home / birth center / hospital

If you are at home, how far away is the birth-place? _____

Contractions

What time did they start? _____ How far apart? _____ Lasting how long? _____

Is the mother vocalizing or quiet through contractions? _____

What stage of labor does she appear to be in when you arrived? _____

Labor Support

What position/s does the mother like? _____

What alternate positions have you suggested? _____

Has the mother had adequate food and drink? _____

Labor/Birth Milestones

What time did water break? _____ How long was early labor? _____

How long was active labor? _____ How long did she push? _____

Time baby born: _____ Male or Female: _____ Weight: _____

Any other characteristics? _____

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Birth Story

This image shows a full page of blank handwriting practice paper. It features ten sets of horizontal blue lines spaced evenly down the page. Each set consists of three lines: a top line, a middle line, and a bottom line, providing a guide for letter height and placement. The background is plain white, and there are no margins or additional markings.