



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,



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



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? _____



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?

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



Doula Postpartum Notes

Doula _____

Date and Location: _____

Baby's Full Name: _____

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

Postpartum Concerns/Problems:

Resources (Referrals) or follow up needed:
