# Raining Graces Birth Services

## Letter of Agreement and Explanation of Birth Doula Services & Payment Policy

Robin Spaid: Birth Doula 405.633.1614 [robin@raininggraces.com](mailto:robin@raininggraces.com)

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number/Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Place (Facility/Location): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Role as your Doula: I will make myself available, both over the phone and in person, while you are in labor to help you achieve a supported birth experience. As a doula, I am a non-medical care provider. I will use my intuition, knowledge, and experience to provide emotional, physical, and informational support to my clients during their pregnancy, birth, and postpartum period.

My Availability: Once my services have been officially secured with payment of the retainer fee and receipt of your signed letter of agreement, you have access to my support via text message, phone call, and email. I do my best to respond to nonurgent needs as soon as possible and I thank you in advance for being understanding of my family obligations and the fact that I serve many contracted families. I set aside Sundays as family days and only make myself available to my clients for urgent needs or labor support. If it is past 9:00pm and you NEED to get in touch with me for an urgent/emergent reason, please call me as text alerts are turned off overnight.

**In the rare event that I am not available to attend your birth (I am very ill/contagious, I have a family emergency/obligation, I’m at another birth, etc.), a back-up doula will be provided. I will be personally responsible for compensating her. If you refuse to utilize the back-up services that I arrange, no refund will be issued. If failure to attend your birth or arrive prior to your baby being born is beyond my control (you have a very precipitous birth, you fail to call me in a timely manner, there are severe weather conditions that impair my ability to safely reach you, there are hospital policies that restrict visitors from physically accompanying you, etc.), I will join you as soon as I possibly can and provide postpartum support, immediate and extended, and no refund will be issued.**

**Prenatal Visits:** Our 2 prenatal visits are scheduled for 27-28 weeks and 35-36 weeks, last about 1.5-2 hours and will typically include but are not limited to:

* Discussions about the role in which you desire me to have during your labor and birth
* Discussions about your wishes for labor and birth and help developing a written “birth preferences” document
* A general overview of the birth process, regarding both the physical and mental/emotional aspects (please note, this does not replace a childbirth preparation course)
* A review of relaxation/comfort measures and positions for labor & birth

Labor Support: Please call me when you suspect you are in labor and/or if your water breaks.

**DO NOT \*TEXT MESSAGE\* ME ABOUT ACTIVE LABOR OR AN URGENT NEED IN THE MIDDLE OF THE NIGHT!**

During early labor, I am happy to answer questions/make suggestions over the phone. I will join you in person once active labor has definitively begun and you feel you need me to be physically present. Please keep in mind that I typically need approximately 1-2 hours to get to you, depending how far away you live and where I am when you request that I come. I may need to arrange childcare for my children. Do not wait until you are on your way to or have already arrived at the hospital/birth center.

Postpartum Support: I will remain 1-2 hours immediately following your birth, depending on your preferences/needs. I will text/call at approximately 24 & 72 hours postpartum, to see how everyone is doing and if you have any questions. We will schedule a postpartum visit for 10-14 days after your birth. This visit is a time for us to process your birth and to answer any questions you may have.

Breastfeeding Support: I will offer personalized breastfeeding support during the first 3 months postpartum. This could be done over the phone, via email or in person.

Surgical Birth/Transfer of Care: There are situations when 1) an emergency/scheduled surgical birth is medically necessary and/or 2) a transfer of care (from a home/birth center setting) is medically necessary. In these situations, my support is still offered but may require flexibility, depending on your unique situation. In either case, I will do my best to serve you and to remain physically present for as long as possible. My policies in these situations are as follows:

* If the need for scheduled surgical birth and/or transfer of care arises prior to 35 weeks and you decide you do not want me to continue serving as your doula either by being physically present at the hospital and/or providing postpartum services, no further payment will be due, and no further services will be rendered. Your non-refundable retainer fee will not be refunded.
* If the need for scheduled surgical birth and/or transfer of care arises during labor, I will remain with you and continue supporting you as I am allowed/physically able, per current hospital policies. If necessitated by hospital policies, I will offer virtual support (phone calls, text messages and/or FaceTime sessions) per your preference. In this situation no refund will be issued, and postpartum services will still be offered/provided.

**Services I will NOT provide as a Birth Doula:**

* I will not perform any clinical tasks such as: vaginal exams, monitoring fetal heart tones, palpating fetal position, etc. I will not prescribe/diagnose/treat any medical problems or interpret diagnostic findings.
* I will not make decisions for you or contradict medical advice from your care provider. I can help you gather information to make an informed decision and can gently remind you if something is a deviation from your original birth plan. You are the one responsible for making informed decisions and expressing that to your care provider.
* I will not promise any specific outcomes for your labor/birth or outcomes for you and/or baby.
* I will not take the place of your spouse/partner. I am there as a support person for both of you.
* I will not provide in person support during labor/birth if you or your spouse have active symptoms of an infectious/highly contagious virus that could seriously compromise my physical wellbeing and my ability to provide safe in person support for my other clients. If this turns out to pertain to you, I will offer virtual support (phone calls, text messages and/or FaceTime sessions) and no refund will be issued.

**Client Responsibilities:**

* Review all pages of this letter of agreement before signing/paying the retainer fee, fill out the attached intake form honestly and return all documents in a timely fashion. I ask that you promptly contact me with any questions.
* Read all pages of the provided New Client Welcome Letter.
* Educate yourself! All families that have not done so in the past are asked to take an out-of-hospital childbirth course. There are many course options, and I can help you find something to accommodate your budget/schedule.
* Clearly communicate your decisions/preferences/needs to your care provider and doula.
* Care for yourself and your baby with good nutrition, exercise, sleep and relaxation.
* Keep me updated after prenatal appointments so that I am aware of any changes in your pregnancy and/or health.
* Call me as soon as you think you are in active labor, even if you are not sure that you want in person support at that time. This enables me to get to you promptly as I can start planning for my family and reschedule appointments if needed.
* Pay for the replacement of lost or damaged lending library materials, if applicable.

**Your Investment:** Please read very carefully before making a payment and/or signing this contract

My fee for birth doula services is $750. A non-refundable retainer fee of $250.00 (which acts to reserve your space on my calendar) is due when services are secured. The remaining balance is due on or before 35 weeks. If you birth before 35 weeks and have not completed payment by that time, the full balance is due by 1 month postpartum. If you decide at any point after hiring me that you no longer want/need my services, no refund will be issued for any payments that have already been made. Prior to this decision, I have been available for consult and/or spent time with you. Most importantly, I have set aside a spot for you in the month you are due and thus turned away other potential clients.

***I/We have read this Letter of Agreement describing the services provided by Robin Spaid of Raining Graces Birth Services. We agree to the above terms and acknowledge that we are fully responsible for all decisions and that Robin will not be held accountable for any outcomes or consequences of these decisions.***

Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father (Partner)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doula\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Client Intake Form

### Personal Information

Mother’s Name and Age:

Partner’s Name and Age:

What do you and your partner do for a living?

What are your hobbies/special interests?

How is your general health?

Any allergies and/or special dietary concerns?

Describe your typical diet including all supplements or medications:

Do you exercise regularly?

### Prenatal Information

What is appealing to you about your care provider and place of birth? What drew you to them? Why are they a good fit for you?

Do you feel safe – emotionally, spiritually, and physically - where you are choosing to birth and with whom you are choosing to care for you?

Please describe all previous pregnancies and births in a detailed fashion (gestation, induction, complications, length of labor, baby’s weight, interventions, etc.):

How is your health with this particular pregnancy? Any special concerns?

Is this a VBAC? If so, how many previous cesarean births have you had? Explain the details/circumstances surrounding the surgical birth. Why are you choosing VBAC?

How are you planning to feed your baby? If you will be breastfeeding, have you ever breastfed before? If you have, have you experienced any issues with breastfeeding?

### Labor & Birth Information

Who will attend your birth?

How are you planning to prepare for this birth? Examples: attending a childbirth class, if so what class? Reading a childbirth book, if so what book?

What are your hopes/desires/goals for this birth?

Are you having any fears and worries about this birth? If so, explain.

Do you feel that your birth wishes are supported by your family members?

Where do you usually hold your stress/tension (jaws, shoulders, hands, etc.)?

What brings you comfort or helps you relax when you experience stress or pain (such as, distraction, movement, prayer, words of affirmation, bath/shower, music, massage, aromatherapy, etc.)?

What are your expectations for your doula?

Are there any cultural/religious choices/preferences that are important to you and/or may affect your birth?

I am happy to snap pictures/short videos during your labor when I have the availability to do so. What are your documentation preferences and how important is it to you? (for example: lots of photos of laboring and birth, only posed photos, photos of our family after the baby has arrived, no documentation, etc.)

## Raining Graces Birth Services -Photography/ Social Media Permission Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), allow Robin Spaid of Raining Graces Birth Services to take photographs/short videos during the birth of my child.

I give her permission to use non-explicit (approved) photos from our labor/birth on her website and professional Facebook page. I give her permission to include an announcement of our child’s birth on her professional Facebook page. This announcement will not include any personal or identifying information. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initial)

I understand that Robin is not a trained/professional photographer and that I will not be financially compensated for the use of the photographs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initial)

I understand that Robin’s first obligation is labor support and that she may not have the ability or time to get the quality or number of photos that I may desire or expect. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initial)

Signature of client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of doula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Raining Graces Birth Services -Mother’s Worksheet-

Birth is an emotionally powerful and vulnerable event. There is a possibility that strong feelings and fears will be triggered during your labor and birth. This often affects labor progress and outcome. I strongly encourage you to be open and honest with me when answering the following questions. Doing so will help me to serve and support you to the best of my abilities!

How do you handle emotional challenges?

Do you have a history of mental/emotional challenges and/or illness?

Do you currently suffer from anxiety/depression?

Have you experienced postpartum depression before?

Have you ever been molested, sexually abused, raped? Almost?

Did you suffer physical or emotional abuse/neglect as a child?

Have you suffered physical or emotional abuse/neglect as an adult?

The following is a list of stressors that can have an impact on your pregnancy, birth, and/or postpartum period. The consequences of these can cause deeply rooted trauma. Please indicate all that may apply to you and feel free to add details and/or comments that would be pertinent.

* Navigating serious financial troubles
* Acting as caregiver to someone ill or impaired
* Experiencing the sudden/traumatic death of a loved one
* Parents being separated/divorced
* Being separated/divorced yourself
* Witnessing domestic violence
* Family member jailed/being jailed yourself
* Witnessing/being part of a natural disaster