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

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 1\textsuperscript{st} meeting:______ 2\textsuperscript{nd} meeting:______ 3\textsuperscript{rd} 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?
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
Doula Birth Notes

Doula ________________________

Date and Location: ____________________________________________________________

Time of birth: ______ Baby’s name______________________ boy / girl

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Doula Postpartum Notes

Doula __________________________

Date and Location: ________________________________________________

Baby’s Full Name: ________________________________________________

Baby’s Birth Weight/Date/Time of Birth: ______________________________

Postpartum Concerns/Problems:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
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____________________________________________________________________

Resources (Referrals) or follow up needed:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
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 | Very Good | Satisfied | Poor | Very Poor
   5     | 4         | 3         | 2    | 1

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

   Great | Very Good | Satisfied | Poor | Very Poor
   5     | 4         | 3         | 2    | 1

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

   Great | Very Good | Satisfied | Poor | Very Poor
   5     | 4         | 3         | 2    | 1

4. Did you feel satisfied with your doula overall?

   Great | Very Good | Satisfied | Poor | Very Poor
   5     | 4         | 3         | 2    | 1

Thank You and Happy Birthing!!