

Carriage House BIRTH

Letter of Agreement Describing Postpartum Doula Services, Limits and Fees

The birth or adoption of a baby presents a profound life change for the parents and other family members. After many months of pregnancy and the stresses of labor and/or birth and or adoption process, a family is born or enlarged. For new parents the challenges are numerous:

- Recovery from childbirth
- Total responsibility for a tiny dependent person
- Sleeplessness
- Emotional adjustment
- Mastery of infant feeding and care
- Understanding of and adjustment to the unique personality of the baby
- Household and nursery organization

The ways in which the parent(s), baby, and siblings make the transition to a new family unit have a long-term impact on their physical and emotional health. The postpartum doula fills a large gap in maternity care and is able to facilitate a smooth and rewarding transition.

The Postpartum Doula Focus

A postpartum doula focuses on the needs of the new parent as well as the newborn. They are there to nurture the family by offering them practical assistance as well as emotional support, enabling them to recover faster and feel more confident in meeting the challenges a new baby brings.

A postpartum doula is a mentor who answers your questions and provides much needed assurance in a gentle, non-judgmental way, allowing you to develop your own unique parenting style.

Services Provided

Each family has different needs that may change from day to day. It is important that communication remain open, as clients' needs, or priorities may change with time or experience. The postpartum doula anticipates these changes and will be prepared to remain flexible in the role. Services that are often provided include:

- Infant feeding support (referral to a lactation consultant if needed)
- Education on infant care including soothing and comfort skills
- Support for emotional and physical recovery after childbirth
- Foster family bonding
- Spend time with baby so family will have time to peacefully rest



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- Run errands and household organization
- Organize nursery for optimal infant care
- Shop for groceries and nutritious food preparation
- Offer a listening, non-judgmental ear
- Phone contact as needed

Scheduling

Please call, text or email your postpartum doula when you know that you/your partner is going into labor, or shortly after. This will allow your doula to rearrange their schedule to best suit your needs. Please give 48 hours notice for any schedule changes if at all possible.

Fees: Postpartum packages and overnights

- Daytime and evening postpartum packages are sold in 16 hour increments priced at \$_____ per hour. There is a 3 - 4 hour minimum depending on location.* Any left over hours will expire after 2 weeks unless otherwise specified
- Postpartum overnights consist of 10 hours (9 pm - 7 am) and are \$_____ per night. *

By signing this contract, you agree to pay for services as detailed below. In return, I make a commitment to provide these services, provide reasonable back up support, and not to accept clients that would interfere with your expected date of delivery within reason. I look forward to helping you and your family in the upcoming months! Please note, I require 48 hours notice for schedule changes while I am working with you.

Total fee for the services described here is _____ hours at a rate of \$____per hour, for a total of \$_____, and _____ overnights at a rate of \$_____ per night, for a total of \$_____, to be paid as follows:

- A non-refundable retainer fee equaling 50% of the total guarantees your booking. If you hire your doula after your expected date of delivery the total fee for the booking is due upon signing this contract.
- Services are not guaranteed until a signed contract and retainer fee are received. Please include both the client name and the doula's name in the note section.
- Please indicate how you plan to pay:
 - ACH bank transfer (free)
 - Credit Card
 - Gift certificate please write the code here _____ value of certificate



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I have read this letter describing the doula's services and agree that it reflects the discussion I have had with them.

Client's Name Printed

Signature

Date

Carriage House Doula Printed

Signature

Date



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Please fill out the following information for your doula's file:

How many hours (16, 32, 80, 160, etc...) or overnights would you like to book?	
Parent's name Parent's email Parent's phone number	
<i>If applicable</i> Name of partner Partner's email Partner's phone number	
Expected date of delivery	
Names and ages of other children	
Home address including cross streets and closest public transit if applicable	
How did you hear about Carriage House Birth?	



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ADDITIONAL TERMS AND CONDITIONS

I _____ hereby acknowledge and agree to these additional terms and conditions:

Confidentiality

I hereby give permission for my doula to take notes about me, which may include personal information regarding my family, labor, birth and postpartum experience, as well as information about my child(ren). This information will be used primarily for the purposes of providing doula services, and will be shared with any doula that provides backup support. The information may also be used anonymously for purposes of doula certification or recertification, and/or for statistical purposes.

Acknowledgement that a Doula is not a Medical Professional

I acknowledge and agree that my doula, back up doula and Carriage House Birth LLC are separate entities of each other and are not medical professionals, do not provide clinical services, and will not make medical decisions for me or my family. My doula will not communicate with doctors, birthing facility staff or other clinical care providers on my behalf.

Acknowledgement that this hired Doula is an independent contractor and not an employee of Carriage House Birth LLC

I acknowledge and agree that my doula, back up doula and Carriage House Birth LLC are separate entities of each other, that Carriage House Birth is a referral agency only and is not responsible for how the referred doula conducts themselves professionally or privately.

Premature Birth, Failure to Communicate, or Medical Emergency

In the case of a premature birth, failure to clearly communicate with my doula on my own behalf, or a medical emergency, I understand that it may be impossible for my doula and/or Carriage House Birth LLC to provide all of the agreed services.

Release

I acknowledge and understand that pregnancy, labor and delivery may expose me to certain foreseeable and unforeseeable risks of bodily injury, and hereby release and discharge my doula and Carriage House Birth LLC from any and all claims arising from your pregnancy, labor, delivery, and postpartum medical issues that may arise to the fullest extent permitted by law. This includes but is not limited to claims arising from the outcome of my child's birth (interventions, surgical birth, treatment by birth facility personnel, etc.)

I agree to be verbally and physically respectful to my doula. If I or any member of my family or birth support team becomes verbally or physically abusive, my doula may immediately terminate our agreement without recourse.

I have read and understood the foregoing, and acknowledge my consent to the terms of this Release by signing this Release.



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Signature of Client:

Date:

