

Your Birth Journey

Heidi Biddle

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CONTRACT FOR POSTPARTUM DOULA SERVICES

This agreement is between Heidi Biddle and _____ for the purpose of providing postpartum doula care.

Approximate dates/times of service:

Hourly Rate: \$

Terms of payment: A non-refundable deposit will be due upon agreement of this contract. This deposit will be applied to the first 3 hours of care. (or to pay for services in full, if hiring doula for one month or less). In the event that you choose not to utilize doula services the deposit will not be refunded. Services are expected to begin around the date of _____.

Payments will be due once per week at the end of each work week.

If doula is hired before the birth of the baby, the doula requires at least **24 hours**' notice prior to beginning services. The minimum number of hours per day is **3** and minimum number of days is **2**.

Please make payments by check to Heidi Biddle.

Responsibilities and Limitations of the Doula

Your doula agrees to provide non-medical physical, emotional and informational support after the birth of your baby. Your doula will help with self-care recovery, postpartum comfort measures, infant care, parenting information, and provides assistance with learning to feed and take care of your baby(ies). Practical support will include preparing light meals and snacks, getting drinks and running errands. The doula is also willing to do baby's laundry and put dishes in the dishwasher. The doula is willing to accompany you on outings but will not drive you in her car.

The tasks provided by the doula each day will depend on the priorities discussed by all parties before beginning services and on your particular needs that day.

The postpartum doula does **NOT** diagnose any medical conditions for mother or baby, but will refer you to an appropriate health care provider, if she notices anything of concern. She does **NOT** do major housecleaning tasks, such as mopping, washing windows, yard work or cleaning bathrooms. Postpartum doulas also never take over all care of the baby as a Nanny or babysitter would, but are happy to watch baby while you sleep or shower, etc.

Prior to signing this agreement, the doula shall disclose any potential scheduling difficulties she anticipates which may interfere with services. Clients are on a first come, first served basis. If the doula is ever unable to provide any postpartum support due to unpredictable scheduling conflicts, she agrees to either find a replacement doula or refund the deposit.

Client understands that scheduled services may need to be postponed or provided by an alternate doula if the hired doula is unable to make an appointment (due to personal/family illness or emergency, a

birth to be attended, weather). Though it's possible that notice will be last minute, the hired doula will attempt to give advanced notice when she is unable to work. Likewise, please be respectful of the fact that your doula is reserving her time for your family, turning away other potential business to be your doula. Therefore, any cancellations (as opposed to rescheduling) must be made with enough notice for the doula to replace the business hours and earnings lost. The amount of notice required is at the doula's discretion. Doula understands that emergencies do arise and will take that into consideration. However, you may be charged for hours reserved but cancelled with insufficient notice. If your family becomes ill your doula reserves the right to postpone work until you are all healthy again, usually 7-10 days post-onset.

With signing this contract you are committing to approximately ____ days per week for approximately ____ weeks. If you decide to end services early, payment will still be expected in full.

This agreement is meant to be fair to both parties, so that all parties may feel secure in their mutual commitment. In signing this contract, you agree to pay for services on the days that are mentioned above. In return, the doula commits to provide these services and not to accept future postpartum clients that would interfere with her ability to perform the scheduled services.

Mother's signature _____ date _____

Please print mother's name _____

Partner's signature _____ date _____

Please print partner's name _____

Doula's signature Heidi Biddle date _____

Address _____

Home Phone _____

Cell Phone(s) _____

Email Address(s) _____
