



**DOULA CONTRACTS AND  
INFORMATION**



## BIRTH & POSTPARTUM DOULA CONTRACT

I, Grace Wursthorn, agree to provide (Client) \_\_\_\_\_ with non-medical labor support for the labor and delivery of her child due: \_\_\_\_\_

I agree to provide my client with non-medical labor support for her labor and delivery. As non-medical support, it is clearly understood that I will in no way direct the medical care of my client, or perform any clinical task, nor will she or her family ask me to do so. It is understood that I work only for my client, not the caregiver, the hospital, or the birth center. It is also understood that I am a breastfeed mother. Every 3-4 hours 10-20 minutes will be taken to feed the baby.

### SERVICES OF A BIRTH DOULA:

**Prenatal visit.** One to discuss the client's desires and possible childbirth preparation, and two to engage in pre-birth exercises and to discuss any unresolved questions or concerns before delivery.

**Phone and email support** as needed during pregnancy and immediate postpartum.

**Emotional and physical support** during labor and birth.

**Patient advocacy** during labor and birth.

**Lactation education** as needed before and after delivery.

Birth Doula Package: \$800

### SERVICES OF A POSTPARTUM DOULA

A Postpartum Doula works with each family individually to find out their particular needs. Some of the postpartum services that a doula will perform include:

- Breastfeeding support
- Help with the emotional and physical recovery after birth
- Light housekeeping so that mom does not feel so overwhelmed
- Running errands
- Assistance with newborn care (diapering, bathing, feeding, comforting, etc.)
- Light meal preparation
- Baby soothing techniques
- Sibling care
- Referrals to local resources such as but not limited to parenting classes, pediatricians, lactation support and other parenting support group

Postpartum Package - \$1,000 or \$1,900

Birth & Postpartum Package - \$1,600 or \$2,500 (\$200 discount on postpartum services.)

TO RECIEVE THE CHEAPER PRICING, it must be understood that my children will be on site. Childcare is expencive and my children are very young. For the \$1,000 pricing, they will attend postpartum care with me and quietly help me or bring a small bag of activities while I care for the postpartum mother.

- Package:
- Birth Doula - \$800
  - Postpartum Doula - \$1,000
  - Postpartum Doula (without children) - \$1,900
  - Birth and Postpartum - \$1,600
  - Birth and Postpartum (without children) - \$2,500

The fee for the chosen services described above is \$\_\_\_\_\_, to be paid as follows: \$\_\_\_\_\_ as a non-refundable retainer fee, due when you sign this contract. \$\_\_\_\_\_ due by or at the postpartum visit. Payment is to be in cash or check, unless otherwise specified, I do not accept credit cards.

Please note, that scheduling an c-section does not nullify this contract. If you choose not to have me attend your scheduled csection, or your physician does not allow me to attend, you will not be refunded the retainer fee, however, you will not be charged the remaining \$\_\_\_\_\_. If you have a c-section after receiving labor support, the remaining balance will be due.

**POSTPARTUM SERVICES**

Services are to be provided to \_\_\_\_\_(herein after known as the Client).

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

\_\_\_\_\_

\_\_\_\_\_

Grace Wursthorn, the postpartum doula, will be on time for the new mother's care and stay the entire agreed upon time. If the Postpartum Doula is unable to come, she will inform the new mother or a designated representative of her family, (name)\_\_\_\_\_ (phone number)(\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ as soon as the Postpartum Doula knows she is unavailable. The Postpartum Doula will always keep the Client's parenting style in mind and not force her opinions on the Client(s).

The Postpartum Doula will be available by phone and e-mail during regular business hours when she is not with the Parent during the period of employment by the Client(s). The Postpartum Doula will be flexible so the Client's needs can be met.

**OBLIGATIONS TO THE DOULA**

The Client(s) need to let the Postpartum Doula know of any special needs or customs they may have during the postpartum period. The Postpartum Doula asks for the Client(s) to be flexible as well since sickness and other events could happen in her life.

As noted in the descriptions and pricing on previous pages, as a young mother and to keep pricing down, my children will be in attendance unless client has paid the higher price for childcare.

**DOULA TERM OF PRACTICE**

A Postpartum Doula provides evidenced based information on things such as infant feeding, emotional and physical recovery from birth, mother – baby bonding, infant soothing, and basic newborn care. The Postpartum Doula is there to help a new family in those first days and weeks after bringing home a new baby.

A Postpartum Doula is not a housekeeper, nor a medical practitioner, and will not perform any clinical procedures, outside of weighing the baby and assisting with breastfeeding and breastfeeding education.

A Postpartum Doula does not assess for recovery of vaginal tears or cesarean incision recovery of the mother although she may provide traditional methods of helping the mother recover from birth, whether cesarean or vaginal, and will observe for signs of infection and/or postpartum depression, educating the mother on signs and symptoms regarding these issues. A Postpartum Doula may provide information for the new mother's partner in order to assist in observation for signs of infection and/or postpartum depression.

**FAILURE TO PROVIDE SUPPORT**

The Postpartum Doula will make every effort to be with the Client at the scheduled times. If she is not able to come due to sickness or other emergencies (including attending another birth as a Birth/Labor Doula if she is on call.) The Client(s) will be informed in advance if there is an overlap and the Postpartum Doula is on call for another family as a Birth/Labor Doula and the Postpartum Doula will provide support on another day, or provide a backup caregiver for that particular day if possible.

**HOURS & SCHEDULE**

The Postpartum Doula's minimum hours per day is 3 hours per day.

The Postpartum Doula will work 2 days a week for 6 weeks beginning starting the day of or the day after delivery. Weekends are not available.

Scheduled hours are \_\_\_\_\_ to \_\_\_\_\_ on these two days of the week \_\_\_\_\_ and \_\_\_\_\_. Fees will be adjusted if time goes past the three hour mark.

If postpartum doula needs to breastfeed her own baby, she will be allowed to take time to feed her own baby. Extra time will be allotted to the day if necessary.

Extra days may be added, and The Postpartum Doula will try to be flexible to allow for this.

The any remainder of fees will be paid within seven days of the baby's delivery on the basis of what is laid out above.

If mother/partner decides to contract the Postpartum Doula for more hours after the completion of this contract, she may do so pending the Postpartum Doulas availability. This may occur once this contract payment is satisfied and then contracting another set of hours with 50% down at that time.

Please sign below indicating that you have read and agree with this three page letter describing services, limits, and fees.

I/We have read this contract describing the Doula's services (birth & postpartum and agree that it reflects the discussion we had with the Doula.

I/We agree to payment for Doula services as described above.

Signed (*Client*): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (*Spouse or Guardian*): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (*Doula*): \_\_\_\_\_ Date: \_\_\_\_\_



# CLIENT INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Esti. Due Date \_\_\_\_\_

Partner's Name \_\_\_\_\_ Partner Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Doctor/Midwife: \_\_\_\_\_ Baby's Doctor: \_\_\_\_\_

Birth Location \_\_\_\_\_ Referred by \_\_\_\_\_

Breast/Bottle feeding \_\_\_\_\_

Baby's Name (if known) \_\_\_\_\_ boy / girl (if known)

Names and ages of other children \_\_\_\_\_

Previous birth experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional parties attending birth: \_\_\_\_\_

Reason for requesting Doula care \_\_\_\_\_

\_\_\_\_\_

Backup Doula \_\_\_\_\_

## PRENATAL WORK

Welcome packet sent on \_\_\_\_\_

(Intro letter, brochure, needs assessment, supplementary materials)

Contract signed on \_\_\_\_\_ Payment received on \_\_\_\_\_

Prenatal visit(s) scheduled:

Date	Topic
1.	1. Intro/Review Packets/Questions
2.	2. Birth Plan/Address Questions

If a home birth, but NOT at your home address, please write the location address here:

**ABOUT YOUR HEALTH**

Have you ever been treated for infertility? \_\_\_\_\_

If so, please describe the treatments or procedures and when they occurred.

---

---

---

Please list any allergies or illnesses (chronic or otherwise) of which your Doula should be aware.

---

---

---

Please list any prenatal testing and the results.

---

---

---

Year of Birth	Year of Birth	Year of Birth
Male/Female	Male/Female	Male/Female
Name		
Weight/length	Weight/length	Weight/length
Vaginal/Cesarean	Vaginal/Cesarean	Vaginal/Cesarean
Comments:	Comments:	Comments:



Explain in detail any complications with this pregnancy and any restrictions placed on you by your caregiver, including listing any medications you are currently taking.

---

---

---

**PREVIOUS BIRTH EXPERIENCE**

The number of previous pregnancies \_\_\_\_\_  
The number of miscarriages \_\_\_\_\_  
The number of stillbirths \_\_\_\_\_  
Have you had any abortions? If so, when? \_\_\_\_\_  
Have you ever relinquished a baby for adoption? \_\_\_\_\_

**PREVIOUS BIRTH DATA** *(please include any other births on back)*

**PREPARATION FOR BIRTH**

Have you taken any childbirth education classes? Please explain the philosophy.

---

---

---

Please list any other classes in which you are currently enrolled (breastfeeding, infant care, infant CPR, etc.)

---

---

---

Are you preparing a birth plan? Do you need my assistance?

---

---

---

What is your philosophy toward medical interventions including medications?

---

---

---

Which comfort measures do you wish to try during labor (circle all that apply)?

- Hot/cold      Yoga      Therapy Massage      Counter-pressure*
- Labor Tub (if available)      Visualization      Shower*
- Relaxation breathing      Patterns      Walking/Position Change*
- Birth Ball      Distracting Activities      TENS Unit*
- Aromatherapy*

Other: \_\_\_\_\_

When nervous/in pain/previous labor, how does your body typically react?

*(1=strongly agree; 2=mostly agree; 3=agree; 4=disagree; 5=strongly disagree)*

- |                           |                           |
|---------------------------|---------------------------|
| Fast heart beat 1 2 3 4 5 | Chills 1 2 3 4 5          |
| Shaking 1 2 3 4 5         | Nausea 1 2 3 4 5          |
| Vomiting 1 2 3 4 5        | Clenched Fists 1 2 3 4 5  |
| Sweating 1 2 3 4 5        | Tapping Feet 1 2 3 4 5    |
| Restless Legs 1 2 3 4 5   | Nail Biting 1 2 3 4 5     |
| Grinding teeth 1 2 3 4 5  | Nervous Stomach 1 2 3 4 5 |

List ways you typically cope with stressful or painful situations?

---

---

---

Are there any situations in your personal history that your doula may need to know about that traumatic memories may be triggered by your labor experience?

---

---

---



## CLIENT CONFIDENTIALITY FORM

I, (client) \_\_\_\_\_ give permission for (Doula), \_\_\_\_\_, to take notes about me, including personal information I choose to disclose to her, and information regarding my personal health, labor, birth, and postpartum, as well as any information regarding my children.

My Doula has permission to share my basic information with her back up doula in order to provide better care in the event that transition of care needs to happen (emergency situations, Doula need for rest in an extended labor over 18 hours, etc.)

I also understand that this information may anonymously be used for data collection for statistical purposes, and that my Doula may use this non identifying information to provide me with a summary for my own personal use. I also understand that my Doula will glean lessons that she learned as a Doula during her experience serving myself any my family, and may post them on her blog, or may discuss with her trainer for peer review purposes.

No names or highly detailed descriptions of the labor and birth will be mentioned in her blog entry nor any peer review. I understand and acknowledge this and hereby consent to such use of my personal and medical information.

Signed (Client): \_\_\_\_\_ Date: \_\_\_\_\_



## PHOTOGRAPHY CONSENT AND RELEASE FORM

I, \_\_\_\_\_ give permission for Grace Wursthorn to take and share photos of my birth, new baby, and family present during delivery or postpartum visits on:

Facebook

Instagram

Website

Blog

Newsletter

Mentioning our names with the photograph:

Yes

No

Use of photos for marketing purposes:

Yes

No

Signed (*Client*): \_\_\_\_\_ Date: \_\_\_\_\_