



Doula - Client Contract

I, (print mother's name) _____ have chosen as my doula, _____ to support me/us through labor and early postpartum. I understand that my doula, during prenatal and postpartum visits, will provide emotional support, teaching pain-coping techniques, assistance with breastfeeding, newborn care, and postpartum recovery and transition.

I understand that my doula will meet me either at home or at my birth place (hospital or birth center) depending on her judgment from talking with me and/or my partner on the phone. I understand my doula will make every effort to get to the hospital as soon as she can make arrangements to do so.

In labor, I understand that my doula will provide emotional and physical support, and will guide and encourage me to cope with and progress in normal labor using non-pharmacological methods.

Should my doula need a break, become ill or be unable to provide continuous labor support, she will call a back-up doula (at no extra cost to me, the client).

I understand that my doula cannot and will not provide medical advice or perform medical procedures (e.g., taking blood pressures, performing vaginal exams or checking fetal heart rate), and therefore my doula is not responsible for the medical management of my pregnancy, labor, or postpartum, the outcome, or any complications thereof.

I understand that my doula's role is not to make decisions on my behalf or speak directly to the medical staff on my behalf. She will discuss the situation with me and/or my partner, provide information and summarize all options being presented by the medical birth team, but my partner and/or I will speak directly to my medical caregivers.

I have agreed to pay my doula the: **(Circle a package) Please take note of travel fees.**

- **Basic Package fee- \$825** which includes 2 prenatal visits, support throughout labor, birth and the first few hours postpartum, and two postpartum visits/calls; one a few days after birth and a phone call or visit/ massage a few weeks postpartum. **Includes 2 bodywork sessions (prenatal and postpartum).**
- **Standard Package with Online Childbirth & Postpartum Courses- \$944** (Register via online.) Doula clients get a discount on the courses.
- **Deluxe Package fee- \$1400** includes online courses, bodywork, and birth photography. **Please contact Laura at lauraswiftphotography@gmail.com to ensure her availability for you birth! Let her know I am your doula and you are paying for this package.**
- **Travel fee of \$75** will apply to over 30 mile radius from Christiansburg.

Total Fee: \$_____.

As a sign of our agreement to enter into this relationship, and to retain you as my doula, I agree to pay a retainer fee of 1st online payment (package of your choosing) at time of contract. **I prefer online payments.** If choosing online packages, a monthly automatic payment will be made. If paying by check, please let me know.



Doula - Client Contract

Refund Policy: I understand that in retaining my doula, she may have declined other clients. I understand that if, for any reason, I fail to keep my prenatal or postpartum appointment, the baby is breach (or other medical concern) and a cesarean becomes necessary, preterm induction, or to call my doula in labor, that the doula fee is non-refundable.

I understand if, for any reason, my doula terminates services or fails to attend the birth and fails to send a back-up doula, she will return half of the retainer (or a fair refund of the fees). If she fails to attend my birth due to unforeseen circumstances such as impassable road conditions, she shall keep the retainer fee.

Release of Liability: I understand that BIRTHING FROM WITHIN, RHYTHM OF BIRTH, the business or Training Program, and any persons associated with BIRTHING FROM WITHIN and RHYTHM OF BIRTH, bear no responsibility or liability for any aspects of my, or my baby's, medical care or treatment provided by my chosen health care professional(s) or hospital during my pregnancy, birth or postpartum.

Photo and social media release: I give Rhythm of Birth permission to post photos/ comments on social media and website provided they are modest and respectful of our birth. Rhythm of Birth will only post with parents' permission and photos given by the parents and/or ones screened by the parents. If you do not want photos/comments posted, please make a note.(initial)_____

Mother's signature date

Father or Partner's signature (s) date Doula signature date

(Sign two copies: one signed copy for the client, one for the Doula)

Primary Doula Contact Information: Name: _____

Phone Numbers:

Email: _____

Back-Up Doula Contact Information: Name:

Phone Numbers:

Email: _____