



# Cindy Jurado Doula

BIRTH, POSTPARTUM & BREASTFEEDING SUPPORT

*Mothering the mother - Supporting the Family*

## YOUR POSTPARTUM DOULA SERVICES

Cell 403-630-2297

www.soulsanctuaryblessing.com

Paypal or Etransfers: cinmae11@hotmail.com

### POSTPARTUM SUPPORT CONTRACT

Mother \_\_\_\_\_ Partner \_\_\_\_\_

Address \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Due Date \_\_\_\_\_ Hospital \_\_\_\_\_ Care Provider \_\_\_\_\_

Birth Doula (if applicable) \_\_\_\_\_

Start Date \_\_\_\_\_ Estimated End Date \_\_\_\_\_

#### **Fee Schedule:**

Fee is \$25.00 per hour - a \$250.00 deposit is due at contract signing; remainder of fee is to be paid weekly on every Friday, as hours are worked. The initial contract is for a minimum of three weeks, and a maximum of six weeks, after which time it may be re-negotiated.

#### **Postpartum Services (can include but not limited to):**

- Physical and emotional support of the new mother and family
- Demonstration of techniques for all aspects of baby care
- Comfort measures for the mother after birth
- Feeding support
- Postpartum mood disorder awareness and information
- Referral to community resources
- General tidying
- Basic Baby laundry
- Basic Food Preparation

MON

TUE

WED

THU

FRI

SAT

SUN

(Circle)

Day Shift(s) Times Required: \_\_\_\_\_

MON

TUE

WED

THU

FRI

SAT

SUN

(Circle)

Night Shift(s) Times Required: \_\_\_\_\_

Signature - (Mother) \_\_\_\_\_ Signature - (Partner) \_\_\_\_\_

Signature - (Doula) \_\_\_\_\_ Date \_\_\_\_\_

