

BIRTH DOULA CONTRACT

THIS DOULA SERVICES AGREEMENT IS ENTERED INTO BY KRISTEN ESSICK CD, REFERRED TO HEREIN AS "I," AND _____, REFERRED TO HEREIN AS "YOU," WITH THE UNDERSTANDING AND ACCEPTANCE OF THE FOLLOWING TERMS AND CONDITIONS BY BOTH PARTIES:

BEFORE BIRTH:

- WE WILL HAVE AN INITIAL MEETING TO DISCUSS YOUR PRIORITIES, BIRTH PLANS, AND PROVIDE EVIDENCE-BASED INFORMATION.
- WE WILL SCHEDULE UP TO TWO ADDITIONAL MEETINGS TO COVER CHILDBIRTH PREPARATION, ADDRESS ANY QUESTIONS YOU MAY HAVE ABOUT PREGNANCY/LABOR, AND STRATEGIZE ON HOW TO COLLABORATE EFFECTIVELY AND MAINTAIN COMMUNICATION DURING THE LAST FEW WEEKS OF PREGNANCY AND LABOR.
- I WILL BE ON CALL FOR YOUR BIRTH STARTING AT 36 WEEKS OF PREGNANCY AND/OR WHEN FEES ARE PAID IN FULL. I AM AVAILABLE TO PROVIDE CHILDBIRTH PREPARATION EDUCATION AS NEEDED, AND CAN ASSIST IN CREATING A BIRTH PLAN ACCORDING TO YOUR PREFERENCES.

DURING LABOR:

- PLEASE NOTIFY ME WHEN YOU BELIEVE LABOR HAS BEGUN, AND I WILL MAKE EVERY EFFORT TO ARRIVE AT AN AGREED-UPON TIME AND LOCATION.
- I WILL OFFER CONTINUOUS SUPPORT DURING LABOR AND BIRTH, PROVIDING PHYSICAL COMFORT, EMOTIONAL ASSISTANCE, AND AIDING COMMUNICATION BETWEEN YOU, ADDITIONAL SUPPORT PERSONS, AND THE HEALTHCARE TEAM.

AFTER BIRTH:

- I WILL REMAIN PRESENT FOR UP TO 2 HOURS AFTER BIRTH UNTIL YOU AND BABY ARE COMFORTABLE, FEEDING WELL, AND READY TO REST.

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- IN THE FOLLOWING DAYS, I WILL SCHEDULE A POSTPARTUM MEETING TO REVIEW THE BIRTH EXPERIENCE, BREASTFEEDING, AND PROVIDE GUIDANCE ON BABY CARE AS DESIRED.

LIMITATION OF SERVICES:

- AS A CERTIFIED BIRTH DOULA, I ADHERE TO DONA INTERNATIONAL STANDARDS AND DO NOT PERFORM CLINICAL TASKS, MAKE DECISIONS ON YOUR BEHALF, COMMUNICATE WITH MEDICAL STAFF, OR PROVIDE MEDICAL ADVICE.

EXTENUATING CIRCUMSTANCES:

- IN THE EVENT OF CESAREAN SURGERY OR A PLANNED CESAREAN, I WILL CONTINUE TO PROVIDE SUPPORT.
- IF A PRECIPITOUS BIRTH OCCURS IN A LOCATION OTHER THAN PLANNED, I OFFER EMOTIONAL SUPPORT VIA TELEHEALTH TO YOU AND YOUR FAMILY UNTIL I AM ABLE TO GET TO THE BIRTHING FACILITY OR IT IS DETERMINED THAT MY PRESENCE IS NOT NEEDED.

CLIENT RESPONSIBILITIES:

- IT IS THE CLIENT'S RESPONSIBILITY TO PROMPTLY INFORM ME OF ANY HEALTH COMPLICATIONS THAT MAY ARISE DURING PREGNANCY. ADDITIONALLY, THE CLIENT AGREES TO KEEP ME UPDATED ON ALL PRENATAL APPOINTMENTS.
- IT IS THE CLIENT'S RESPONSIBILITY TO INFORM THEIR HEALTHCARE PROVIDER OF THEIR DECISION TO HIRE A DOULA FOR SUPPORT DURING CHILDBIRTH.

FEES

- THE FEE FOR DOULA SERVICES OUTLINED IN THIS CONTRACT IS \$1300. A \$500 DOWN PAYMENT IS REQUIRED UPON CONTRACT SIGNING, WITH THE REMAINING \$800 DUE BEFORE 36 WEEKS OF PREGNANCY. REFUNDS ARE NOT AVAILABLE UNLESS CONTRACT TERMS ARE NOT MET. EVERY ATTEMPT WILL BE MADE TO ARRANGE A BACKUP DOULA IN THE EVENT OF MY UNAVAILABILITY.

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- IN THE EVENT OF A PRECIPITOUS BIRTH OR A RECOMMENDED CESAREAN BIRTH, YOUR DETERMINATION THAT MY PRESENCE IS NOT REQUIRED DOES NOT RESULT IN A REFUND OF ANY FEES.

LIABILITY

- THIS CONTRACT ACKNOWLEDGES THAT SERVICES MAY BE PROVIDED IN VARIOUS LOCATIONS. IT DOES NOT GUARANTEE SPECIFIC BIRTH OUTCOMES OR A RISK-FREE EXPERIENCE. THE DOULA DOES NOT ASSUME RESPONSIBILITY FOR MAKING MEDICAL DECISIONS ON YOUR BEHALF.

RELEASE AND DISCHARGE:

- BY SIGNING THIS CONTRACT, YOU RELEASE AND FOREVER DISCHARGE KRISTEN ESSICK, OPERATING AS FLOWER CHILD BIRTH AND BREASTFEEDING, FROM ALL DAMAGES OR CAUSES OF ACTION RESULTING FROM UNEXPECTED BIRTH OUTCOMES THAT FALL OUTSIDE THE SCOPE OF PRACTICE FOR BIRTH DOULA SERVICES.

BY SIGNING BELOW, BOTH PARTIES ACKNOWLEDGE AND AGREE TO THE TERMS OUTLINED IN THIS DOULA SERVICES AGREEMENT.

SIGNED:_____

DATE:_____

SIGNED:_____

DATE:_____

SIGNED:_____

DATE:_____

THANK YOU FOR CHOOSING ME AS YOUR DOULA. I LOOK FORWARD TO SUPPORTING YOU AND YOUR FAMILY DURING THIS SPECIAL TIME.