Postpartum Doula Contract
2021
Jodi Utter, CD, CPD, CBE, LE

Family Name:
Address:
Phone:
Estimated Start Date:
Anticipated Schedule:

We, the parent(s), have discussed and reviewed our wishes for Postpartum Care to be provided by Jodi Utter of Utter Comfort Doula Services, agree as follows:

1. The care provided by Jodi Utter, for our newborn shall include, but is not limited too: infant care, infant feeding support, postpartum support, errands, household organization, infant laundry and light meal planning/preparation.
2. If Jodi Utter works an overnight shift, she is allowed to rest when the baby is asleep, and all duties have been completed.
3. Postpartum care services will be provided at $40.00 per hour.
4. Jodi Utter shall provide a minimum of 4 hours of postpartum care during a day shift and a minimum of 8 hours for an overnight shift.
5. Postpartum services will be billed by Utter Comfort Doula Services on a weekly basis and are **due upon receipt**.
6. Client is responsible for any fees associated with Jodi Utter's parking.
7. Advanced notice of at least 48 hours will be given for cancellation, otherwise the full amount for scheduled shift will be billed.
8. A non-refundable retainer of services, equal to one week of support (24 hours) is required upon contract signing: **$**_____ This retainer will be applied to the final 24 hours of support.
9. Two weeks notice for the end of care is required.
10. Payments will be made by **cash for discounted rate, Venmo for regular full rate.**

We, the undersigned, have read this contract for postpartum care services. We accept and agree to the terms and conditions.

I (client) agree to the terms and conditions of this contract.

_____ _____ _____
First Name Last Name Date

_____
Signature

I, Jodi Utter, agree to the terms and conditions of this contract.
Jodi Utter, CAPPA Certified Postpartum Doula
Utter Comfort Doula Services
www.uttercomfort.com
Postpartum Doula