



Birth Doula Service Agreement

The following is a summary of the prenatal and birth support services I (the Doula) agree to provide in exchange for my service fee.

Prenatal education and support details:

Prenatal visits will be ___ to ___ hours long (or less depending on your preference). On top of getting to know you and your partner (should you have one) better, they can consist of (but are not limited to) any of the following in any order you choose:

- ✓ - Discussing your ideal birth experience
- ✓ - Discussing and working through any fears or anxieties (you or your partners)
- ✓ - Discussing and practicing comfort techniques
- ✓ - Running through the stages and phases of labor
- ✓ - Creating a birth and/or postpartum plan

I will be giving you my personal contact information for 24/7 informational/emotional support from the time you hire me. Feel free to call, text or email me any time with any questions, concerns, or for encouragement.

On-Call Agreement:

I will NOT be considered on-call until all fees have been paid and my service contract has been signed.

Provided all fees are paid in full, I agree to provide 24/7, on-call support from ___ weeks gestation until the birth of your baby.

I agree to be reachable by phone, text message, or other messaging services within ___ to ___ minutes.

I agree to be on my way to you within ___ Hour(s) of your call/message. Clear communication is important for me to be able and prepared to come to you as soon as possible.

I agree to stay within ___ hour(s) of your location during the on-call period

I agree to clearly communicate to you if I need to go beyond that distance for any reason.

I agree to make you aware of any emergency or extraordinary circumstance beyond my control that might impact my ability to attend to you as soon as possible after your call/message.

Before the on-call period, the best time to reach me is between ___ and ___.

Labour/Birth Support Details:

I agree to meet you at the hospital/birth center

- After you have been admitted
- Immediately on your arrival

I agree to meet you at your home

- To support your homebirth
- Prior to your departure for the hospital/birth center

Physical supports I can provide during your labour and birth include but are not limited to:

- ✓ - Massage/counter pressure
- ✓ - Acupressure
- ✓ - Homeopathic support
- ✓ - Birthing ball positions
- ✓ - Suggesting and assisting with position changes
- ✓ - Creating a calming environment (lights, curtains, etc)
- ✓ - Water therapy (bath, shower)
- ✓ - Assisting with Hypnobirthing techniques
- ✓ - Hydrating and feeding birther
- ✓ - Hands-on infant feeding support.
- ✓ - Anything else you feel will help you have the positive birth experience you desire

- It is important to note that my job as your Doula is NOT to speak for you or your partner (should you have one) in the birth space but to give you the information, validation, and support you need to effectively advocate for yourself whether you are having a home or hospital birth.

- In the event that your birth be longer than ____ hours, I reserve the right to switch out with a chosen backup Doula in order for me to rest, look after personal matters, and return to you fit to continue support. This is at my discretion and dependent on the following factors.

- Estimated time left until birth
- Time of day
- Weather
- How I am feeling physically

I agree to provide _____ minutes (up to ____ hours) of immediate postpartum assistance after the birth.

I agree to be mindful of your postpartum space and agree to leave the birth space on your request regardless of how soon after birth you wish me to leave.

Postpartum/Follow-up visit(s) Agreement:

___ Postpartum visits are included in your selected services.

These visits will be made on arranged dates between ___ to ___ days after the birth.

During this visit, I can (but am not limited to):

- Check on breastfeeding progress (should you choose to breastfeed)
- Check on Infant feeding progress (aside from human milk feeding)
- Discuss questions or concerns
- Help you debrief after the birth
- Assist with some light housework and tidying (get things back in order)
- Prepare a meal (should you want help with that)
- Care for baby while you shower or sleep
- Assist with anything you feel will help you settle in and feel supported in the postpartum period

I agree NOT to attend any follow-up visits if I am sick or have symptoms of illness.

If you or any family member is sick or having symptoms of illness I require that you communicate this to me in a timely manner prior to my visit. I will decide at my discretion whether it is best to postpone or if I am comfortable going forward with the visit.

Additional postpartum support shifts can be purchased.

I agree to support you in finding a qualified postpartum Doula should you need/want.

Part of my responsibility as a trained professional is to ensure the safety and well-being of all members of the family I have been hired by. In the event that I am witness to any instances of abuse or neglect, I have an obligation to report it to the relevant and appropriate authorities and family services.

I agree to be clear and forthcoming about any concerns (should I encounter any).

In the event that I feel unsafe or threatened in the home, I reserve the right to leave immediately and terminate further services without penalty and with no obligation to provide any kind of refund or replacement of services.

It is important to note that as a Doula it is not within my scope to provide childcare while a parent is not in the home, to do any heavy cleaning or organizing, or to give any medical advice with regards to your postpartum healing.

Other Terms, conditions and services discussed in relation to this contract:

Doula/Client Expectations

What you can expect from me:

- I will keep you and your partner informed and educated via prenatal meetings through each milestone of your pregnancy and postpartum journey.
- I will help you find evidence-based information about different options in pregnancy, childbirth, and postpartum.
- I will be an unbiased resource.
- I will provide you, and your partner if you have one, reassurance and encouragement
- I will provide a caring and empathetic attitude
- I will help you and your partner work through fears and self-doubt about pregnancy and birth.
- I will help you, and your partner if you have one, debrief after birth.
- I will provide physical support during your labour and birth

What I expect from you:

- I hope that you will have an open and receptive attitude towards your prenatal education.
- It is your responsibility to obtain medical prenatal care from a trusted healthcare provider.
- I understand that pregnancy and birth are emotionally charged journeys! I ask that respectful language and communication be used at all times.
- I hope that you will be direct with me should you have any complaints.
- Please ensure that payments are made on the agreed-upon dates and that you communicate clearly if you are in need of accommodation.
- Please respect my personal time by keeping calls to reasonable hours outside of the on-call period.
- I hope that you will feel comfortable enough to be open and honest about your needs along the way.

Confidentiality Statement:

All of your personal information will be kept private and will never be shared with anyone. and will be used solely to help me best support you.

I agree to dispose of your personal information after the conclusion of our contract unless given your express permission to keep it on file for future services should you want them.

It is your right to omit any sensitive information from the intake questionnaire that you are uncomfortable disclosing.

It is your responsibility to share any and all relevant medical information with your healthcare provider.

Financial Agreement & Refund Policies

Service Package Selected: _____

For the services you have selected, my total fee is \$_____.

Total Service Fee: \$_____ Booking Fee:\$_____. Agreed to be fully paid on or before _____ weeks gestation.

I agree to provide you with a receipt for all payments received for these services.

Fees are final and deposits are non-refundable. I do not offer refunds unless I fail to provide services due to my own error and/or negligence. In the event that I am unable to attend your birth **due to suspected or confirmed illness*, injury, family emergency, or other circumstances outside of my control or foresight**, postpartum support hours will be offered. Alternatively, a refund of up to ____% of your fee (not including the non-refundable deposit) can be negotiated **at my discretion**.

***Including but not limited to the Covid-19 Virus**

As your Doula, it is my job to ensure that you are supported emotionally, physically, and informationally no matter what type of birth you are planning. Regardless of the outcome of your birth, I commit to supporting you in every way I am qualified and capable of as per our agreement. It is important to note, however, that **I am NOT in control of or responsible for outcomes**. Therefore, should your planned vaginal birth or vaginal birth after a cesarean (VBAC) result in a cesarean, there will be no refund.

In the event I am unable to attend a birth due to illness or other extraordinary circumstances, the birth will be attended by the following backup Doula: _____

Please indicate here if you would like to meet with my backup Doula before your birth:

This contract is drawn up and agreed to by the following persons as designated by their signatures below:

_____ Date: _____
_____ - Doula

(please print names here)

Signatures of Birther (and partner if they have one) Date: _____

New Client Intake Questionnaire

Please answer each question to the best of your ability. Feel free to omit any information you wish not to share with me. Collecting this information helps me to provide you with the best possible support. I commit to keeping your personal information confidential.

Personal & Contact Info

Name(s): _____

Pronouns: _____ Clients Birth Date: _____ Due date: _____

Address: _____

Email Address: _____ Phone Number: _____

Partners Phone Number: _____ Calls, texts or emails preferred? _____

Emergency Contact Name _____ Relationship: _____

Phone Number: _____ Alt. Phone Number: _____

About Your Pregnancy

This is a Singleton Twin Triplet pregnancy.

This is baby # _____ Do you have a history of miscarriage or stillbirth? YES NO

Have you received fertility treatments? YES NO

If YES, which ones and for how long?

Have you ever had a C-section? YES NO

If yes, for what reason(s) and how long ago?

Who is your care provider? Midwife OB (obstetrician) GP (general practitioner)

Name(s) of healthcare provider(s):

Important Medical Information

Where do you plan to have your baby? Home Hospital Birth Center

What is the name of the hospital/birth center? _____

Do you have any prenatal complications with this pregnancy?: YES NO

If yes, check all that apply:

Group B Strep Preeclampsia Gest. Diabetes IUGR Multips Pregnancy

History of Preterm Labor STI (please specify) _____

Other (please specify) _____

Do you have any other medical conditions I should be aware of, including allergies to essential oils or honey? YES NO

If yes, please specify:

Do you currently see any of the following practitioners: YES NO

Chiropractor Pelvic Floor Therapist Physiotherapist Acupuncturist Aroma Therapist

Dietician/Nutritionist Naturopath Psychologist Psychiatrist Other (please specify):

If _____ yes, _____ for _____ what _____ reasons?:

Insurance & Benefits

Do you plan on claiming birth doula support on your benefits/insurance plan? YES NO

Will you be needing a receipt in order to be reimbursed for birth doula support by your insurance/benefits company? YES NO

Is there anything else you need in order to claim birth doula support in any way? (please specify):

Tell me about yourself!

What are your feelings about labour and delivery?

What is your biggest fear about labor and delivery?

What kinds of sounds and smells are comforting to you?

When you are in pain what types of personal comforts do you like to use? Eg. A quiet room, dim lighting, heat, cold, words of affirmation, etc.

What phrases help you feel powerful? Either when spoken to you or when you say them to yourself?

Where do you usually hold tension in your body?

How would you most like to be supported during labour?

Anything you would like to add?

Thank you for taking the time to fill out these forms!

Birth Photo, Video & Media Release

I/we, the client(s), agree to the following (check all that apply):

- I would like photographs to be taken.
- I would like video to be taken.

I would like photos/video taken:

- during labor
- during birth
- after birth

I would like to use:

- my camera
- her camera
- intended parents camera

Preferences surrounding graphic/intimate photos:

- No intimate or graphic photos, please
- I don't mind intimate or graphic photos being taken

Please Initial to indicate your understanding of the following:

I understand that policies at my birthing facility may forbid video or photos to be taken at certain times. I understand that it is my responsibility to negotiate the photo/video policy with facility staff, not my Doula's.

I give permission to my Doula to use photos of me and my baby in printed materials. (Each photo will be subject to your approval, and your permission may be revoked at any time.)

I give permission for my Doula to use photos of me and my baby on her website or online social media. (Each photo will be subject to your approval, and your permission may be revoked at any time.)

I understand that photography and video are not my Doula's main focus in the birth space.

As your Doula, I commit to keeping your personal information private and will not under any circumstances share that information with anyone. I respect your family's privacy and right to announce the long-awaited arrival of your baby, and will not share any type of announcement without your express permission.

This birth photography and video release form has been reviewed and agreed to by the following persons as designated by their signatures below:

_____ Date: _____
_____ - Doula

Signatures of Birther (and partner if they have one) Date: _____



Please keep in mind, I am not a photographer, but I will do my best to capture certain moments, if desired.

Requested Captures

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Birth Doula Evaluation Form

Clients Name: _____

Partner's Name: _____

Service Package Provided: _____

Baby's Date of Birth: _____(d) _____(m) _____(y)

5 - Strongly agree, 4 - Sort of agree, 3 - Neither agree nor disagree, 2 - Sort of disagree, 1 - Strongly disagree

My Doula provided helpful and informative prenatal appointments..... 5 4 3 2 1

My Doula suggested useful pain management techniques during the birth..... 5 4 3 2 1

My Doula suggested useful emotional coping techniques for labour and birth..... 5 4 3 2 1

My Doula provided support to my birth partner/intended parents (If I had one) that enabled them to participate in the birth..... 5 4 3 2 1

My Doula worked well with my Midwife, Doctors, Nurses, etc..... 5 4 3 2 1

The prenatal education provided by my Doula was useful in the birth space..... 5 4 3 2 1

The information that my Doula provided was current and evidence-based as it pertains to labour and birth..... 5 4 3 2 1

My Doula was able to provide me/the intended parents with the information and tools I needed for decision-making at every stage..... 5 4 3 2 1

During the birth, suggestions my Doula made were helpful for my partner, the intended parents, and/or other support persons..... 5 4 3 2 1

My Doula was a helpful addition to my care team..... 5 4 3 2 1

Overall, my Doula contributed to my having a positive birth experience..... 5 4 3 2 1

I would recommend my Doula to others..... 5 4 3 2 1

Birth Doula Client Comments

Did your Doula do anything specific during pregnancy, birth, and immediately postpartum that was particularly helpful or outstanding?

Thinking back on your experience with your Doula, what would you have changed? Is there anything you would have wanted more/less of?

Is there anything you feel your Doula could improve in the services that they provided?

Anything you would like to add?

Thank you for taking the time to share your feedback with me! I am committed to reflecting on my client's experiences in order to improve my practice, build on my skills, and grow as a Doula.