



ZOE BIRTH

FROM CONCEPTION TO POSTPARTUM

SERVICE AGREEMENT

MY ROLE AS YOUR DOULA:

As a Doula, I accompany women in labor to help ensure a safe and satisfying birth experience. I draw upon my knowledge and experience to provide emotional support, physical comfort, and assist you, the client, with information to make informed decisions as they arise in labor.

I provide reassurance and perspective to you and your partner during labor. I suggest labor progress and help with relaxation, massage, positioning, and other techniques for your ultimate comfort. My goal is to help you have a satisfying birth as you define it. I will be on call for you 24 hours a day beginning three (3) weeks before your estimated due date (EDD) _____ up until labor begins. Please note that I am independent and self-employed. As your Doula, I work for you, not your caregiver, hospital, or birth center. Therefore, please know that I cannot - and do not - guarantee a specific outcome for your birth.

CHOOSING A DOULA:

I prefer to meet with you and your partner at least once via (video chat or in-person) before agreeing to work together to become acquainted, to explore and discuss your priorities, fears, or concerns, and to plan how we might best work together. At which time we can discuss my fees. This meeting does not obligate you to use my services, but if you retain my services, I want to become familiar with your birth plan.

I want to become aware of your preferences regarding pain relief options, including invasive ones such as IVs, narcotics, and epidurals. In addition, we can discuss non-invasive methods such as massage, birth ball, water, position changes, walking, music, and any other methods you may choose. I want to be familiar with the best ways for you to cope with stress, pain, or fatigue in your daily life and how you and your partner would like to work together during labor and birth. I will inform you of any times when I am unavailable and when I have arranged for backup Doula support in my absence. However, you have the option to choose anyone for backup Doula support.

PRENATAL VISIT:

It is important to meet two (2) times before the labor to explore and discuss your priorities and to plan how I can help make this an empowering experience for you and your partner. During the prenatal meetings, we will review your preferences for labor and birth. I will ask about the expectations you have of your partner and myself during the birth, plus the roles of anyone else that will be attending the birth. The more we explore this in advance, the better I will be able to fulfill my role to support you.

ON CALL:

I am available for phone and email consultations immediately from the date that the signed contract is returned to me and receipt of payment of the Retainer Fee is confirmed. I encourage you to contact me with questions, concerns, and any updates. I will get back to you as soon as I can - this will usually be immediately, but definitely within 24 hours. I also require you to inform me of and about your meetings with the midwife or responsible doctor to discuss any appointments and if you have any concerns so that I am up to date with all relevant details throughout the pregnancy. It is important that we keep in contact with one another and communicate in the best way we can by keeping the channel of communication open and constant. At 37-42 weeks, I will consider myself on call for you and will be available for you by phone at all times. If for any reason, I do not answer when you call, please leave a message and I will return your call as soon as possible.



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WHEN YOU ARE IN LABOR:

When you think labor has begun, you must contact me as soon as possible, even if you are unsure whether you are really in labor. Again, the more notice I have, the better prepared I can be. Once you confirm that you are in labor, we will plan to check in with one another every hour, or as often as you prefer, by phone. It is up to you to decide at what point in your labor you want me to come and be with you. Once you make that choice, barring any unforeseen circumstances (traffic, emergencies, etc.), I will be there within 1-2 hours (usually less, depending on distance). If your labor goes beyond 24 hours, I may need to call for backup doula care. Although I like to space my clients to ensure that I am available to attend every birth, the nature of birth means that there is a rare occasion in which I may be at another birth when a client goes into labor. I will arrange for you to meet a backup doula just in case this happens.

AFTER BIRTH:

I generally remain with a client for 1-2 hours after birth until you are comfortable and your family is ready for quiet time together. I can also help with initiating breastfeeding.

POSTPARTUM VISIT:

My services include one (1) postpartum visit within the first two weeks after the birth. During the visit, I can answer any questions, offer baby care tips, referrals to community resources, and a chance to discuss your birth experience.

AS A DOULA, I DO NOT:

- Perform clinical tasks, such as taking blood pressure, fetal heart check, or vaginal exams. I am there to provide comfort and support.
- Make decisions for you.
- Speak to the staff on your behalf. I will discuss concerns with you and suggest options, as well as encourage you to voice your opinions.
- Deliver the baby. If the baby is born on my watch at home, in the car or it is coming quickly, I or your partner will immediately call the ambulance to further assist you. I will not act as a midwife or doctor, but in the meantime, I will help keep you calm and guide you until they come. I am not a trained medical professional.

I/we have read this letter describing doula services and agree that it reflects our discussion and I/we agree to such service.

Client Name _____

Signature_____ Date _____

Partner Name _____

Signature_____ Date _____

Doula Name _____

Signature_____ Date _____



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FINANCIAL AGREEMENT

SERVICE FEES:

My total fee for the service described here is \$1,100. A retainer fee of \$300 is due when you select me as your Doula. The remaining balance of \$800 is due at your second prenatal appointment or 37 weeks. (This includes a 4hr block of Postpartum Care: after birth in the hospital and home visit.)

(Doula services consist of 18 hrs of active labor. The option of on-call virtual and phone support will be provided at no additional charge. If labor exceeds 18 hrs, there will be an additional charge of \$75 per hour thereafter for physical support. (Balance will be due at postpartum visit within two weeks of arriving home.)

FAILURE OF THE DOULA TO PROVIDE SERVICE:

I will make every effort to provide doula services. However, there are circumstances where it is impossible to attend a birth, such as very rapid labor. If I decline to come to your home, hospital, or birth center when you request me and miss the birth, there will be no charge for my services. If it is due to your decision or failure to call me, then the fees will remain the same.

CANCELLATION BY CLIENT:

If you decide not to employ me as your Doula after signing this contract, the following will apply:

- Cancellation more than 4 weeks before your due date – 50% refund
- Cancellation between 4 weeks and 2 weeks before your due date – 25% refund
- Cancellation less than 2 weeks before your due date – No refund
- Cancellation of antenatal classes only – No refund

I/we have read this letter describing doula service fees and agree that it reflects the discussion we have had, and I/we agree to such service.

Client Name _____

Signature_____ Date _____

Partner Name _____

Signature_____ Date _____

Doula Name _____

Signature_____ Date _____



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CONFIDENTIALITY/MEDIA RELEASE FORM

DOULA/CLIENT CONFIDENTIALITY/MEDIA RELEASE FORM I, _____, give my permission for my doula, Katelyn Myers to take notes about me, including personal information I choose to disclose to the doula, and information regarding my labor, birth, and postpartum experience, as well as any information regarding my child or children.

I understand that this information may be used for the purpose of doula certification or recertification and will be shared with the certification committee of the applicable certifying institution or organization. I acknowledge that this information will be shared with any doula that may be providing backup support.

I also understand that this information will anonymously be used by my doula for statistical purposes and that my doula may use this information to provide me with a summary for my own personal use.

I also understand that Katelyn Myers, owner of Zoe Birth, operates as a business providing the same or similar services to other clients, by sharing with others their experience with me, my spouse/partner, and my baby will allow others to know about the business and positive client experiences.

I also understand that at all times Katelyn Myers will disclose only the information which I have specifically allowed to be disclosed in this release.

To that end, I allow my doula to share with others, including on social media websites, the following information about my labor, birth, and postpartum experience:

Check the categories of information which you are permitting your doula to share with others:

- Date of birth
- Time of birth
- Location of delivery
- Baby's name
- Baby's first initial
- Mom's name
- Dad's name
- Natural vs. Medicated
- Vaginal vs. C-section
- Attending midwife's or physician's name
- Length of labor
- All pictures from birth
- Pictures that don't include any exposed body parts!

I/we have read this form and agree with the terms.

Client Name _____ Signature _____ Date _____

Partner Name _____ Signature _____ Date _____

Doula Name _____ Signature _____ Date _____



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RELEASE OF LIABILITY

A contract for Doula services (labor support) is being entered into on _____ (date)

by Katelyn Myers (Doula)

and _____ (Client)

I/we hereby acknowledge that during the performance of this contract, services may be provided to me/us in my/our home, traveling to a medical facility, hospital, and/or a birth center. We understand that Katelyn Myers has a limited role pursuant to the description of task outlined in the above referenced contract where services may be provided to me/us. Katelyn Myers has not represented to me/us that contracting for her services guaranteed in any way a risk-free or emergency free labor and birth experience. I/we understand my/our Doula does not make medical or nursing decisions on my/our behalf, to include the decisions when to seek medical care at a hospital or birth center when labor support services are provided in my/our home. When services are performed in my/our home or a medical facility, I/we acknowledge that Katelyn Myers is not responsible for the performance of clinical tasks to include medical or nursing decisions regarding the inclusion or exclusion of treatments available to me/us and my/our baby.

Now, therefore in consideration of the above acknowledgments, I/we (both jointly and separately) on behalf of myself, ourselves, my/our heirs, personal representatives, and executors assigns to **RELEASE AND FOREVER DISCHARGE** Katelyn Myers from all damages or causes of action, either at law or in equity, which I/we may have or acquire or which may be accrued to me/us, my/our heirs, administrators, personal representatives, executors, or assigns as a result of using the doula services of Katelyn Myers. I/we intend this to be a **COMPLETE RELEASE AND DISCHARGE** her from all liability whatsoever.

I/we have read, understand, and agree with all statements contained in our contract for Doula services.

Client Name _____

Signature _____ Date _____

Client Name _____

Signature _____ Date _____

Parents of Minor Child _____

Doula Name _____

Signature _____ Date _____