



ZOE BIRTH

FROM CONCEPTION TO POSTPARTUM

SERVICE AGREEMENT

MY ROLE AS YOUR POSTPARTUM DOULA:

As your postpartum doula, my role is to provide non-medical physical, emotional, and informational support to you and your family during the postpartum period. My goal is to nurture the whole family as they adjust to life with a new baby.

My responsibilities include:

Emotional and Informational Support

- Offering a calm, non-judgmental presence during the transition into parenthood.
- Providing evidence-based information on newborn care, feeding, sleep, and recovery from birth.
- Supporting the emotional needs of the birthing parent and family members.
- Helping process the birth experience if desired.

Infant Care Guidance

- Assisting with newborn care basics such as diapering, bathing, soothing, and swaddling.
- Educating and guiding on newborn cues, development, and sleep patterns.
- Supporting parents in gaining confidence in caring for their baby.

Feeding Support

- Supporting your feeding choices—whether breastfeeding, formula feeding, pumping, or a combination.
- Offering practical help with latch and positioning (note: I am not a certified lactation consultant but will refer to one if needed).
- Helping to set up comfortable feeding environments.

Physical Support and Light Household Help

- Providing light meal preparation and snacks to promote postpartum healing and nourishment.
- Light housekeeping (e.g., dishes, laundry, tidying baby areas) to maintain a restful space.
- Running short errands, if discussed and agreed upon in advance.

Sibling and Family Support

- Assisting with sibling adjustment and including them in care when appropriate.
- Supporting partners and other family members in their roles.

Referrals and Resources

- Connecting you with trusted local resources (lactation consultants, therapists, pediatricians, support groups, etc.).
- Offering guidance without diagnosis, medical treatment, or clinical care.

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 that time we can discuss my fees. This meeting does not obligate you to use my services. If you choose to obtain my services, 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.



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SCHEDULE:

Together we will establish a schedule for the provision of services, taking into consideration the Client's needs and preferences. The schedule may be adjusted by mutual agreement.

OPTIONAL PRENATAL PLANNING MEETING:

To help you feel more prepared and supported, I offer an optional prenatal meeting to discuss your postpartum needs and expectations. This session is designed to help you and your family plan for a smoother transition into life with your newborn.

During this meeting, we may:

- Discuss your vision and preferences for the postpartum period.
- Explore your support system and how we can enhance it.
- Talk through newborn care basics and feeding preferences.
- Review signs of postpartum mood shifts and how to seek help if needed.
- Go over what to expect physically and emotionally in the first few weeks.
- Create a customized postpartum care plan based on your values, priorities, and household needs.

As a doula, I DO NOT:

While my role is supportive and nurturing, it is important to clarify what is outside the scope of postpartum doula care. I do not provide medical or clinical care. My support is non-medical and should not replace the advice or treatment from a licensed healthcare provider.

As your postpartum doula, I do not:

- Diagnose or treat medical conditions for the birthing parent, baby, or other family members.
- Offer medical advice or prescribe treatments or medications.
- Perform clinical procedures such as checking incisions, assessing healing, or taking vitals.
- Administer medications to anyone in the household.
- Act as a babysitter or primary caregiver in the absence of a parent or guardian.
- Perform heavy housekeeping, yard work, or deep cleaning tasks.
- Provide transportation services.

If any medical or clinical concerns arise, I will gently recommend that you contact your healthcare provider, pediatrician, or an appropriate specialist.

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:

The Restful Start Package – 12 hours (used within the first 12 weeks.) **\$400**

The Supportive Nest Package – 20 hours (used within the first 12 weeks.) **\$600**

The Flourish & Thrive Package – 36 hours (used within the first 6 months.) **\$1,000**

All packages include postpartum doula care as outlined above and may be used flexibly over multiple days or weeks, depending on scheduling availability and family needs.

Add on or purchase separately. Minimum 2 hours. **\$40 per hour**

CANCELLATION & REFUND POLICY:

A non-refundable deposit of 25% is required at the time of booking to reserve postpartum doula services. This amount is applied toward your total package.

The remaining balance is due before or at the start of services unless otherwise agreed upon in writing.

If you cancel services more than 7 days before your scheduled start date, any amount paid beyond the deposit will be refunded in full.

If services are canceled less than 7 days before the scheduled start date, 50% of the remaining balance (beyond the deposit) will be refunded.

If services have already begun, unused hours may be credited toward future postpartum support (within 3 months) but are not refundable unless special circumstances apply and are mutually agreed upon.

I understand that the postpartum period is unpredictable. I aim to be flexible while also honoring the value of my time and availability for other families. Communication is always welcome if changes are needed.

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:

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

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 (postpartum 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. 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. 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 with a licensed healthcare provider when postpartum 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 _____