Independent Doula Practice

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**Complete and email to Info@justuswomen.org** Date Click here to enter text.

Mother’s name: Click here to enter text.

Address: Click here to enter text.

Father’s name: Click here to enter text.

Phone: (home) Click here to enter text. Cell: Click here to enter text.

Email: Click here to enter text.

Emergency contact name: Click here to enter text.

Phone # Click here to enter text. Alternate # Click here to enter text.

**Part I: Contract and agreement**

***A signed contract and a deposit are required to hold your place on my calendar.***

**When to call your Doula:** Sometimes women have rapid labors. It is your responsibility to call me early when you think you are in labor, or your water has broken, even if you do not need me. Failure to do so may result in my delayed arrival resulting in me missing your birth. I will listen and support you over the phone until we decide if you need me now or if we should wait for further changes. I agree to arrive within 2 hours unless there are special circumstances. I do not transport clients so we will need to make prior arrangements for getting to your birthing location.

**On-call period:** I consider myself to be on call for a birth from 2 weeks before and after the due date. My phone service will be on and if for some reason you cannot reach me please leave a voice message and I will call you back within the hour. Include your name, a telephone number where you can be reached and the nature of your call. Please speak slowly and clearly and repeat your telephone number twice. You may also email me at [info@justuswomen.org](mailto:info@justuswomen.org).

**During your labor and birth:** The services you receive during your labor and birth will be based on the Doula package you have purchased. Each package includes unlimited email communication and limited phone communication throughout your pregnancy. Non urgent telephone hours are Monday through Friday 10am to 8pm, and Saturday and Sunday 12pm to 7pm. *24 hour phone support is available during early labor and postpartum 2 weeks before and after your estimated due date.* In case of a medical emergency please call your healthcare provider or 911 first to assess the situation then contact me as your doula to relay the necessary information.

**After Birth:** In general, I will support you for at least one hour after birth and up to two hours, unless you decide otherwise. I will assist you in initiating breastfeeding as needed.

**Postpartum follow-up:** I will visit you at home within 1 -2 weeks after you give birth.

**Back-up Doula:** In the event your birth extends beyond 24hours and I need to rest; at my discretion I will call in a back-up doula. This doula will support you in labor while I rest. It is important that I remain alert and fresh to assist you in your birth. This doula’s fee will be covered by me unless otherwise agreed and signed in a contract. In the event that I will be out of town during any days of your birth I will provide you with the specific dates and times and my back-up doula’s information including her skills, training and contact information. Her fees will be covered by me unless otherwise agreed and signed in a contract.

**Failure to provide Doula services:** I will make every effort to provide the services described here. If I, or my back-up, fail to make it to your birth due to our error, your inability to call me in a medical emergency or circumstances beyond anyone’s control (natural catastrophic events) you will not be liable for the balance of the fee beyond the retainer. If it is due to your failure to call me, a rapid labor, or an unexpected c-section, payment will be owed in full. It is your responsibility to call me early when you think you are in birth, or your water breaks, even if you don’t need me (When to call your Doula section).

**Scheduled Cesarean Clause:** Occasionally a woman will have something come up during her pregnancy that requires a scheduled medically necessary cesarean birth. If this decision is made two weeks or more before your due date, you may choose to cancel my services with no further payment owed beyond the retaining fee. This does not include an elective cesarean birth. Alternatively, you may choose to have me come with you to the hospital, accompany you during surgery or wait in the recovery room, and assist you with breastfeeding and adjustment in the first hours after your birth

**Emergency situations:** In the event of a rapid labor or emergency situation, I will call 911. In the event of an emergency delivery I will do what measures I am capable of to try to keep you and the baby safe and comfortable until EMT/EMS arrives. This will fall under The Good Samaritan Law.

**Services NOT provided, I do not: (1)** Provide clinical/medical care or a diagnosis **(2)** Guarantee birth outcomes **(3)** Speak to the staff instead of you regarding matters where decisions are made.

**Advocacy:** I advocate for you by encouraging you to use your voice to communicate your needs with the staff. I will discuss your options with you and remind you to use BRAIN to make decisions: Benefits, Risks, Alternatives, Intuition, and do Nothing. I will support you in your final decision

**Fees:** Sliding scale: see the chart for the price range

Other: Click here to enter text.

As a trained professional I ask for fair compensation for my services and time. I believe, however, that every woman deserves and should benefit from Doula care and I do not want financial need to make this service out of reach. In honoring this belief a sliding scale policy has been developed. All of our birth services use a sliding scale, meaning that everyone will pay an affordable fee based on their income.

This fee covers: up to 3 hours of prenatal visits, unlimited telephone and email support, being on call 24/7 two weeks before and after your due date, labor and birth support, immediate postpartum support and a postpartum home visit. Referrals will also be made as needed. My sliding scale is an honor system and I do not request income verification.

*Retainer and final payment*

50% of your fee is due as a retainer when you select me as your Doula. This fee is due at the first prenatal visit and will guarantee my availability to perform these services 2 weeks before and after your estimated due date. The final prenatal visit is done in the 36th week at which time the balance of your fee is due. This retainer included a non-refundable deposit of $125.

**Cancellation of services:** A $125 non-refundable deposit applies in each circumstance.

* Cancellation more than 4 weeks before your due date – full refund
* Cancellation between 3 - 4 weeks before your due date – 50% refund
* Cancellation 1 - 2 weeks before your due date – no refund
* Cancellations due to elective cesarean births are not classified as emergencies and will follow the above cancellation policy.

Please remember that the non-refundable deposit and the initial fees cover the prenatal visits, handouts, telephone and email support, being on call, and any other services rendered.

**Doula package selected: Check one**

[ ] Basic Birth Package [ ] Cesarean Birth Package

I have read and understand the contents of this contract. By signing this contract I am agreeing with the contents contained herein.

Client signature: Click here to enter text. Date Click here to enter text.

Father/Partner signature Click here to enter text. Date Click here to enter text.

***Office Use Only***

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Total due Click here to enter text.Deposit paid Click here to enter text. Date received Click here to enter text. Check Click here to enter text. Balance due Click here to enter text.

Additional payments: Indicate if final payment

Date Click here to enter text. Amount Click here to enter text. Check Click here to enter text.

Date Click here to enter text. Amount Click here to enter text. Check Click here to enter text.

**Part II: Scope of Practice**

*As your Doula*

* My services begin with getting to know you while you are pregnant and understanding your needs.
* During your pregnancy, labor, birth and postpartum period I will hold a space for you where you feel listened to, respected and safe.
* I am your advocate. In this role I offer my support often in difficult situations and use reflective listening to communicate with you. I will remind you to not make decisions based on fear or a lack of understanding, but based on your vision for your birth, your heart and sound evidence based practices.
* Continuous emotional, physical and intellectual support will be provided by me.
* I will provide you with evidence based techniques and skills for coping with labor using natural methods.
* I will provide you with evidence based information about medical interventions and the impact on labor, birth and the newborn.
* I support your labor and birth preferences as your personal choices regardless of my personal views.
* Knowledge is power I will do my best to provide you with as much helpful information and resources as possible so you can use that knowledge to claim your birth power.
* I will facilitate communication between you, the laboring woman, your husband/partner and clinical care providers by practicing reflective listening to communicate with you and asking you questions.
* I ask questions if there is something I don’t know or understand about your culture or practices.
* It is my job to know, understand and provide you with a copy of The Pregnant Patient’s Bill of Rights.
* It is my job to know, understand and practice the ten steps outlined in the Mother-Friendly Childbirth Initiative as they relate to providing you with support during the childbearing year.
* I will provide you with information about the personal skills you can use to assess yourself strictly for educational purposes.
* I will provide you with information about basic nutrition and exercise guidelines created for pregnant, postpartum and lactating women.
* I am not a clinical provider and will refer you to a qualified healthcare professional for your medical questions.
* I will role model appropriate behavior for your husband, partner and/or family members by offering encouraging words and reassurance to the mother.

**Postpartum specific**

* Help you identify your specific MotherBaby needs
* Support you with breastfeeding
* Share information and resources about mother-infant care
* Educate you on basic newborn care skills
* Listen

**Ethical code**

* Honest, respectful, professional
* On-time for appointments
* Practice confidentiality

**Client responsibilities**

My work with you (as your Doula) is based on a mutually agreed upon understanding and the following client responsibilities.

Clients must:

* Be active in educating themselves about their pregnancy and birth
* Take care of their body, mind and spirit
* Actively participate in their labor and birth
* Be the final decision maker in our client/support person relationship

I have read and understand this scope of services document. I have discussed the information with the Doula and clarified any questions or concerns. I do not have any additional questions at this time.

Client signature Click here to enter text. Date Click here to enter text.

Father/Partner signature Click here to enter text. Date Click here to enter text.

**A copy of this document will be kept on file for at least three years after the date signed.**

**I look forward to working with you.**