Independent Doula Practice

Tamara Wrenn, Just Us Women Productions, LLC

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***Please print***. Date Click here to enter text.

Click here to enter text.

Mother’s name and address, including zip code

Click here to enter text.

Father’s name and address, including zip code, if different

**Part I: Informed Disclosure**

**Introduction**

I am working with you to provide Professional Labor and/or Postpartum Support, widely known as Doulaservices.  In this capacity I provide continuous support to women during the labor and birth process.  As a postpartum doula I provide support to women after the birth of the baby.  This postpartum support is based on the needs of the MotherBaby dyad and may include: breastfeeding support; early parent education; and basic newborn and infant care instructions. My role as your Doula is a very private relationship. In order to meet your needs it is important that we have a system of informed consent that helps to build trust and clearly defines the scope of services being provided, Doula training and skills, practice guidelines, confidentiality and other pertinent information. It is my responsibility to promote and educate women and families on the normalcy of pregnancy and childbirth.  Pregnancy is not an illness to be cured and managed, but a normal part of a woman's life cycle if she chooses.  Unless her pregnancy, labor or birth deviates from a natural and predictable physiological course she should be encouraged and empowered to use her inner strength and instincts to give birth with a conservative use if any, of medical and technological interventions.

**Overall experience**

I have over 20 years of maternal and child health experience. This includes working with mothers prior to pregnancy and beyond childbirth and varying ages.

**Doula Training**

* Mercy in Action Midwifery Assistant Workshop
* Birth Arts International Monitrice (Birth and Postpartum) and Midwives Assistant Training Program
* WomanCraft Midwifery Beginning Midwifery Workshop
* The Swedish Institute Professional Labor Support Training with Niara Healing Arts
* Debra Pascali Bonaro, Mother Love Doula Training (DONA)

**Related Certifications & Trainings**

* Certified Birth and Postpartum Doula – Birth Arts International
* Certified Infant Massage Teacher - Liddle Kidz Foundation
* Certified Cooperative Childbirth Educator - Childbirth Education Association of Metropolitan New York
* CPR/AED Certified – Adult/Infant/Child
* Healthy MOMS Perinatal Fitness Professional
* Standard Days Method of Natural Family Planning

**Birth experience**

* Routinely updated, provided during interview

**Services Provided**

As a labor and birth doula I provide continuous support during the labor and birth process. This support is unique to each woman based on her needs, history and personal preferences, and it incorporates my professional training. Postpartum doula services include: helping mom to initiate breastfeeding and on-going breastfeeding support, basic newborn care instruction, and supporting mom in her transition into motherhood based on her individual needs and personal preferences. I do not provide clinical or medical services and will refer you to a qualified healthcare professional for your medical questions.

**Structure of practice**

I operate an independent doula practice. I work with a back-up Doula on a case-by-case basis. In those instances you will be informed of the name of the Doula on call and provided with information about her training and skills, as well as her contact information.

**Transportation policies**

I do not drive clients to the place of birth.

**Affirmation**

I have read and understand this informed disclosure 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’s signature: Click here to enter text.           Date: Click here to enter text.

Father’s signature (optional): Click here to enter text.      Date: Click here to enter text.

**Part II: Informed Consent**

I request the doula services of Tamara Wrenn of Just us Women Productions, LLC.

**CLIENT HISTORY & THE RIGHT TO WITHDRAW**

In view of all of the above, I understand that in receiving doula services from your practice you will rely on my medical history and the information about myself that I provide. I affirm that such information is and will be correct and accurate to the best of my knowledge. I understand that I may voluntarily withdraw from your services at anytime I wish upon written notice to you. Please initial \_\_\_\_\_

**HIPAA COMPLIANCE**

At leisure, I have read and understood the Notice of Practice Practices. Please initial \_\_\_\_\_\_

I understand that my insurance company may request copies of personal information from my records in order to process claims on my behalf. It is my responsibility to inform the doula, or her billing agents, if I wish to review any information prior to its being provided to my insurer. Please initial \_\_\_\_\_

\_\_\_\_\_ I do want to review such information \_\_\_\_\_ I do not want to review such information

**AFFIRMATION**

At leisure, I have read and understood this *Informed Disclosure & Consent* document. I have discussed any questions to my satisfaction with the company and do not have any further questions regarding its content at this time. We, the undersigned, understand the operation of this practice and its limitations. I affirm that I have read and fully understand all of the above.

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

Father’s signature (optional): Click here to enter text. Date: Click here to enter text.