



Postpartum Doula Contract

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Description of a Postpartum Doula

A postpartum doula is there to help a new family in those first days and weeks after bringing home a new baby. Services include, but are not limited to, help with self-care recovery, postpartum comfort measures, infant care, parenting information and assistance with learning to feed and take care of your baby, as well as other practical services. As a postpartum doula, it is my role to help you adjust to the many changes and new challenges you may encounter with a new baby. It is my hope that when you have support, those challenges can feel less overwhelming, your confidence may be higher and your new family can bond and flourish.

Postpartum doula services for a family last anywhere from a few days, up to a few months after bringing home a new baby. Postpartum doulas assist during the day, but also during the night to help the family transition more smoothly into the challenges of night time parenting.

Limitations

A postpartum doula does not dispense any medications (over the counter or prescribed) to any member of the family or diagnose any medical conditions in mother or baby. She is also not responsible for major housecleaning tasks, the discipline of other children, or transport any member of the client's family.

Disclaimer

Doulas are not doctors or midwives, and do not practice medicine, nor diagnose and treat postpartum related symptoms. Information presented in our meetings and conversations is not intended as a substitute for the medical advice of a properly licensed health care professional. In addition, doulas do not make specific health claims or promise medical results. We provide education and guidance, and postpartum mother and newborn support.

My services may include any of the following:

- Emotional support and guidance
- Bottle-feeding/Breastfeeding support
- Newborn care suggestions
- Telephone support for any questions or concerns at no additional charge
- Food preparation and light meals
- Providing rest or self-care time for the mother
- Grocery shopping (funds to be provided by client in advance)
- Light housekeeping (laundry, dishes, etc)
- Sibling entertainment
- Errands
- Overnight care

This is just a general list of ways that we can support you and your family during the postpartum period. It is not all-inclusive however, and the visits will be tailored, as much as possible, to fit your individual needs.

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Fees (chosen package(s) is marked):

- ☐ Tier 1- Includes 1 Prenatal visit and 2 Postpartum visits- \$275
- ☐ Tier 2- Includes 1 Prenatal visit and 4 Postpartum visits- \$425
- ☐ Tier 3- Includes 1 Prenatal visit and 6 Postpartum visits- \$500
- ☐ Overnight support (Provided from 8pm-6am at \$200 per stay.) - Number of stays _____

-Each postpartum visit lasts approximately 2-3 hours. Additional postpartum visits can be added on as needed at a rate of \$75 per visit. These will be noted in the Services section at the end of the contract.

Billing

- There is a \$100 deposit due at the time of signing this contract to retain my services. The remaining payment of _____ is due on _____.

Cancellation of service:

Please notify me 24 hours in advance if you need to reschedule a day of service. Once you have signed this contract if you decide for any reason, other than a hospitalization of the mom/baby, that the signed upon services are no longer needed you are still responsible for the full dollar amount of this contract. I will notify you 24 hours in advance if I need to reschedule service due to an illness. If I am called to a birth, a back-up doula will be provided for you, or you will have the option of rescheduling the visit.

Scheduling:

Estimated Due Date: _____

I ask that you notify me within the first 48 hours after the birth of your baby(s) so I can arrange my schedule. At this point, I will notify you of any possible scheduling conflicts. I require 48 hours notice prior to services beginning. Unless there is an already agreed upon schedule noted below.

Hours and services we have agreed I will provide:

Dates/Times:

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Services:

I/We have read this contract describing the agreed upon postpartum services to be provided by Birth Roots Maternity Services or an appointed back-up doula in the circumstances listed. I/We agree that we have discussed all the points herein and I/We understand that we are liable for all fees of the contracted services.

Client's signature (mother)

Date

Client's signature (Partner)

Date

Doula's signature

Date