



# POSTPARTUM DOULA AGREEMENT

FAMILY NAME: \_\_\_\_\_ INFANT'S NAME & DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

EMAIL ADDRESSES: \_\_\_\_\_

## Role of the Postpartum Doula

The primary role of the postpartum doula is to assist the family as they adjust to their life with an infant by educating and supporting them so that they feel confident in caring for their newborn. The services I provide include but are not limited to:

- Emotional support for family
- Assistance with routine baby care (calming/soothing techniques, bathing, feeding)
- Guidance, support, and education for breastfeeding
- Facilitate bonding with newborn
- Allow rest/relaxation for parents
- Light housekeeping (loading/unloading dishwasher and/or laundry, organizing, meal preparation)
- Errands (groceries, dry cleaning, postal needs, etc.)
- Escorting parent(s) & baby to follow-up appointments
- Resource information (referral to appropriate support groups or specialists in the community)

## Limits of Practice

Postpartum doulas operate as independent service providers, not employees of the client. As such, the following services will not be provided and should not be expected:

- Deep cleaning/housekeeping (i.e. scrubbing floors, ovens, and bathrooms)
- Solo babysitting of infant and/or toddlers
- Pet care outside of feeding (i.e. bathing, grooming, walking, etc.)
- Transporting parent(s) and/or baby in personal vehicle (due to liability issues)

**\*\*I recognize the right of the doula to refuse to perform any duties that they deem outside of their scope of practice or may endanger their physical and/or personal well-being. I understand that any abuse by a client or family member will be reason for termination of this agreement without notice or refund of initial retainer.\*\***

Doulas are not licensed medical professionals and are not qualified to diagnose and/or perform or administer any medical treatments or procedures, or operate and/or monitor any medical devices.

*Please note that DRQDPT is a licensed physical therapist with a clinical Doctorate in Physical Therapy who specializes in pelvic health which includes pre- & postnatal rehabilitation and has had additional training and experience in pediatrics treating torticollis, plagiocephaly, and developmental delay. All physical therapy-related services (for either mother or baby) are available upon request at additional costs.*

*Please refer to the Concierge Physical Therapy Agreement and initial one of the following:*

I have read & understand the Concierge Physical Therapy Agreement and am not interested in receiving any physical therapy-related services.

I have read & understand the Concierge Physical Therapy Agreement and understand and agree that any physical therapy-related services received by myself or my child are wellness-based, are not of medical necessity, and were provided per my own voluntary request.

## Illness Clause

In the event that either the doula, the client(s), or any member of the household begin to show symptoms of illness, the respective parties will be notified immediately in order to reschedule the shift. I recognize the right of the doula to refuse services and reschedule the session(s) as needed in the event that she deems any members of the household as ill and/or contagious in order to protect her health and prevent contracting any illnesses that could be passed to other clients and infants.

## Emergency Clause

I recognize and understand that in the event of an emergency, urgent matter or unforeseen circumstances in which the doula is not able to provide services already scheduled and paid for, every effort will be made to schedule a future date of service or provide you with a previously agreed upon secondary/back-up doula. If, for any reason, the primary or secondary doula cannot provide services at the scheduled time, the amount of unserved hours will be deducted from the total hours at the end of the contract.

## Cancellation Policy

In the event of an emergency, urgent matter or unforeseen circumstances in which the client(s) are unable to keep any scheduled shifts, the client(s) shall notify the doula as soon as possible. I understand that any arrangements to cancel or reschedule an agreed upon shift must be made with at least 24 hours notice in order to avoid a penalty. I understand that failure to give at least 24 hours notice will result in forfeiture of the scheduled hours without refund, and any additional shifts scheduled in place of the cancelled shifts will require new payment.

## Anticipated Needs, Availability & Fees

I am available for 3–6 hours per shift with a minimum of 5 shifts. All scheduled hours and days are to be scheduled, agreed upon, and paid in full at the time of signing this contract in order to ensure my availability and secure the preferred days. My rates are as follows:

- HOURLY RATE: \$40/hr (Monday through Thursday), \$50/hr (Friday through Sunday)
- PACKAGED RATES: \$775 (18hrs), \$985 (24hrs), \$1400 (36hrs)
- DISTANCE FEE: additional \$10/shift for >20 miles of required travel (+\$5 for every 10 miles beyond initial 20)
- RETAINER FEE: 50% of the total cost (due at the signing of this contract)
- Remaining balance is due within 30 days of signing of this contract (regardless of start date)
- Contract may be extended based on availability and must be requested and agreed upon in writing

TOTAL WEEKDAY HOURS REQUESTED: \_\_\_\_\_ x \$40/hr = \$\_\_\_\_\_

TOTAL WEEKEND HOURS REQUESTED: \_\_\_\_\_ x \$50/hr = \$\_\_\_\_\_

DISTANCE FEE: \_\_\_\_\_ shifts x \$\_\_\_\_\_/shift = \$\_\_\_\_\_

GRAND TOTAL = \$\_\_\_\_\_

RETAINER FEE (50%) = \$\_\_\_\_\_

*\*\*In-home physical therapy services are available upon request, however these services are separate from any and all doula services. Please refer to the Concierge Physical Therapy Agreement for rates and policies.\*\**

Please initial and sign below:

- I have read and agreed to all the terms outlined in this contract.
- I agree to pay a retainer fee of \$\_\_\_\_\_ at the signing of this contract. I understand that this is non-refundable.
- I agree to pay the remainder of my balance within 30 days of signing this contract.

\_\_\_\_\_  
CLIENT'S NAME (PRINT)

\_\_\_\_\_  
CLIENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTNER'S NAME (PRINT)

\_\_\_\_\_  
PARTNER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
POSTPARTUM DOULA (NAME)

\_\_\_\_\_  
POSTPARTUM DOULA'S SIGNATURE

\_\_\_\_\_  
DATE