



Postpartum Doula Agreement

Mother's Name: _____

Partner's Name _____

Baby's Name: _____

Baby DOB: _____

Role of Postpartum Doula

The major role of the postpartum doula is to help the family make a smooth adjustment by educating and supporting the new parents so they feel empowered to care for their newborn with confidence. The services I provide include but are not limited to the following: mother care, including allowing mother time to rest, bathe, have personal time; infant care, including diapering, swaddling, bathing, and feeding (breast and bottle-feeding); grocery shopping and errand running; snack and meal preparation; light housekeeping and laundry; help with pets; escorting mother and baby to follow-up appointments; and providing educational resources.

Qualifications

DONA (Doulas of North America) Certified Postpartum Doula

Limits of Practice

Although I do not provide medical care and cannot diagnose medical conditions, I am well versed in the normal postpartum recovery period and infant care. Should I feel the course of recovery is not going as planned, I will advise you to contact either your physician/midwife or the baby's doctor.

The jobs I do not perform include scrubbing floors, bathrooms, or kitchen appliances (such as ovens and refrigerators). In addition, due to liability issues, I cannot administer any medications to anyone in the home. Furthermore, I cannot drive mother or baby to any location. A parent must be on the premises or within a short walking distance at all times while I am with the infant. I reserve the right to refuse to perform any duties that I feel are out of my scope of practice or may endanger my physical well-being.

Anticipated Needs and Fees

To be most effective in your home, I work a minimum of three hours and a maximum of 6 hours per day Monday through Friday. Because of my family's needs, I do not routinely work on Saturdays or Sundays, except by prior arrangement for occasional need.

*The daytime hourly fee for this service is \$30 for singletons and \$45 for multiples.

*There will be a non-refundable deposit of \$90 paid when you select me as your doula. The last week I work, this deposit will be deducted from that week's pay.

_____ hours per day days per week: _____

Client Signature Date

Partner Signature Date

Postpartum Doula Date

There will be a \$100 charge for all returned checks plus any other expenses incurred as a result. Please make all checks payable to Blessed Beginnings.