



## **Birth Doula Service Description and Agreement**

As a birth professional, I am dedicated to supporting and empowering women and families during the childbearing year. This service description and agreement explains my scope of practice and our agreement to work together before, during, and after the birth of your baby.

1. **My Role as a Birth Doula.** I am a professionally trained childbirth assistant who helps a mother during pregnancy, throughout labor, and after birth to provide emotional, physical and informational support. During pregnancy, I assist you with discovering your concerns and preferences about childbirth and provide information about holistic and natural remedies to minor pregnancy discomforts. I may also use relaxation techniques such as massage, acupressure, other physical comfort measures and breathing techniques prior to and during your birth.
2. **My Services.** I provide support via email, text, and phone, addressing any concerns you may have about your pregnancy and upcoming birth. We will have two prenatal visits, I will attend your birth, and we will meet for one postpartum visit. I would be happy to accompany you to one of your prenatal visits with your primary care provider if you wish. At these meetings we will accomplish the following:
  - a. At the first prenatal visit, I will gather information about you and your concerns about and preferences for your birth. We will also discuss procedures for contacting me at the onset of your labor. Based on a questionnaire you complete prior to our visit, I will offer you some resources for you to review prior to our next visit.
  - b. During the last four weeks of your pregnancy, we will meet to discuss your birth plan, practice comfort measures and ways your partner can support you during labor, and answer your questions.
  - c. When you believe you are in your labor, you will call me and I will plan to meet you 60-90 minutes from the time you request my presence either at your home, the birth center or hospital.
  - d. I will remain with you throughout your labor and up to two hours after the birth. If desired, I can assist you with initiating breastfeeding.
  - e. Within the first two weeks postpartum, we will schedule our final visit to discuss your birth experience, any questions you may have, and visit with you and your baby.
3. **Your Responsibilities.** You agree to participate in the planning of your birth and to communicate openly with me about any questions and concerns about your pregnancy and birth, including:
  - a. Any special needs, health issues, medical conditions, emotional situations or concerns
  - b. Any medical procedures or hospital visits during your pregnancy
  - c. Updates of your prenatal visits with your primary care provider



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During the course of working with me, you may have the use of items that must be returned to me at the end of our working relationship. Items may include books, videos, a birth ball, or other tools to be used prenatally or during birth. You understand that if any of these items are damaged or lost, you are responsible for replacing or paying the value of the item to me.

- 4. **Confidentiality.** You give me permission to take notes about you that you choose to disclose to me pertaining to you and your child with regard to your pregnancy, birth, postpartum period and any prior birth experiences. You understand that this information may be used by me or any backup doula that cares for you and your family. You also understand that this information will anonymously be used for my personal data collection for statistical purposes, and that I may use this information to provide you with a summary for your own personal use. You understand and acknowledge this and hereby consent to such use of your personal and medical information.
- 5. **Contacting Me.** Beginning three weeks before your due date, I remain on-call 24 hours a day, 7 days a week, and expect to be notified at the onset of your labor. If you go into you labor prior to 38 weeks, I will still be available. You will receive my contact information from me at our first prenatal visit. I must be notified early in your labor or if your water has broken to allow time for me to arrange to meet you at home or the hospital/birth center.
- 6. **Backup Doula.** In the event that I cannot attend your birth due to illness, an unusually long labor, or other emergency, a backup doula will be provided. I will compensate her directly for attending your birth.
- 7. **Fees.** My fees are outlined below. A detailed description of my fees is included separately in my *Menu of Services*. I accept cash, personal checks made out to Kate Jones, or online payment via PayPal. A \$25 returned check fee applies.

Please select one of the following Service Packages:

- ❖ Basic Doula Services Package - \$325 \_\_\_\_\_
- ❖ Enhanced Doula Services Package - \$450 \_\_\_\_\_
- ❖ Premium Doula Services Package - \$600 \_\_\_\_\_
- ❖ Additional Services:\$\_\_\_\_\_ \_\_\_\_\_
- ❖ Additional Services:\$\_\_\_\_\_ \_\_\_\_\_

- 8. **Other Providers' Charges.** Any medical services you receive by medical providers, holistic care providers or other pregnancy- or labor-related expenses incurred during the pregnancy or the birth are your responsibility.
- 9. **Unexpected Circumstances and Termination of Services.**
  - a. If my failure to attend your birth is due to circumstances beyond anyone's control, your failure to contact me, or you do not contact me in time to arrive at



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the birth, no refund is due. In the event that this occurs, I am happy to schedule a second post-partum visit.

- b. If my failure to attend your birth is due to my error, I will refund the Birth Support Services fee, *unless a back up doula has been arranged for you.*
- c. You may decide not to use my services for any reason and you may terminate this agreement by notifying me in writing. You will forfeit any payments you have issued to me at the time of termination.
- d. I may terminate this agreement at any time for any personal medical or family emergencies, if you fail to keep your appointments, you do not make timely payments or you engage in any drug or alcohol abuse or other behaviors that put you or your baby at risk during your pregnancy.

**10. Insurance.** You understand that I do not accept insurance, but I will provide you with receipts that you may submit to your insurance company or employer cafeteria plan. I cannot guarantee that the insurance company will reimburse you for my fees or for any related expenses you may incur for the pregnancy and birth.

**11. Understanding of Services.** You understand that as a birth doula:

- a. I am not trained in any medical specialty as a health care professional and do not perform medical assessments or medical procedures. My role is to provide services of support, encouragement, and supplemental education.
- b. I do not make decisions for you. I will help you get the information necessary to make your own informed decisions. I will also remind you if there is a departure from your Birth Preferences.
- c. I will not speak for you to medical staff regarding matters where health care decisions are being made. I will discuss your concerns *with you* and, when asked, suggest options. I can support you in discussions with staff as your advocate, making sure you have the opportunity to discuss any concerns. You or your partner will speak on your own behalf and make decisions for yourselves.

You understand that birth is a natural process, and in order to have the birth you desire, you must be willing to participate fully in education, prenatal meetings, and communication with all who are involved. You accept full responsibility for the decisions that are made on your or your child's behalf and recognize that a variety of unforeseen circumstances could arise during pregnancy or your labor that require medical intervention or emergency medical treatment which could preclude your ability to have the delivery and outcome you desired or expressed in your Birth Preferences. You acknowledge that these events are out of my control. You understand that you assume primary responsibility for the birth of your child and to the extent permitted by law, you will not hold me or my practice responsible for any outcomes resulting from complications that are outside my control.

**You acknowledge that you understand these risks by initialing here. \_\_\_\_\_**



12. **Entire Agreement.** This agreement reflects the entire understanding between us and may only be changed in writing and signed by both of us. If any of the terms are considered enforceable by a court, we agree that these terms will be severable from the agreement and all other terms of our agreement will remain in effect.

**Payment Terms**

- Upon signing this agreement, you will pay a 50% non-refundable **Prenatal and Postpartum Services Fee** .
- The remaining 50% balance is a **Birth Support Services Fee** and is due by the 36<sup>th</sup> week of pregnancy or the second prenatal visit, whichever is later.

Credit card payment through PayPal is accepted.

Please acknowledge your agreement and understanding of these terms by signing below.

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Partner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Doula's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Kate Jones, SBD  
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www.confluencebirthworks.com

Package Selected: Basic: \_\_\_\_\_ Enhanced: \_\_\_\_\_ Premium: \_\_\_\_\_

Additional Services:  
\_\_\_\_\_  
\_\_\_\_\_

Date Deposit Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ FOP/conf#: \_\_\_\_\_

Date Balance Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ FOP/conf#: \_\_\_\_\_