

Doulacindi@gmail.com

213-248-1731

MothersMilkyWay.com

DOULA SERVICE - CONTRACT FOR POSTPARTUM SUPPORT

This Agreement, made today _____, serves to confirm that we _____ (Name of Client (s)), have contracted Cindi Cnop (Doula) to provide postpartum doula service for us after the birth of our child (EDD _____). We, The undersigned, have read, understand, and agree to the following:

LIMITATION OF SERVICES

We understand that the Doula is not here to make decisions but to help us understand our options in caring for our child and ourselves. The Doula will not perform any medical procedures nor give medical advice such as examining the mother/baby, or taking temperature, blood pressure checks or any other type of postpartum clinical care. The Doula will provide us with informational, emotional and physical support only.

OBLIGATIONS AND SERVICES OF THE DOULA

The Doula will be on call 2 weeks prior to the EDD and will remain on call until the baby is born. The Doula agrees to work with us to the best of her ability for the term of the agreement. The Doula is committed to provide in-home care for a minimum of 4 daytime hours (8:00 a.m. - 6:00 p.m.) and a minimum of 8 nighttime hours (6:00 p.m. - 8:00 a.m.) on date worked. Scheduled work dates will be mutually agreed upon. If we release the Doula prior to the 4-hour minimum shift, we understand that the Doula will still be credited with 4 hours worked.

In-home care of the mother, newborn & family includes (but not limited to) assistance with bottle feeding, assisting mother in post birth recovery, diapering, bathing, teaching newborn care, newborn observation, baby wearing, preparation of nutritious snacks for mother/partner, assistance with meal preparation, support with sibling care and integration to the new family dynamics, infant laundry and other agreed upon tasks such as:

CLIENT OBLIGATION

We will communicate our needs and preferences with our Doula verbally and/or in a written form. We will call our Doula once the baby is born so she can make arrangements to attend to our family. We will inform our Doula if we are the carriers of any infectious diseases.

In the event that the Client requires the Doula's presence in any legal proceedings related to the Client, the Client agrees to pay the Doula's fees and all legal costs including attorney's fees and court costs.

Doulacindi@gmail.com

213-248-1731

MothersMilkyWay.com

FAILURE TO PROVIDE SERVICES OR TERMINATION OF SERVICES

If the Doula is unavailable due to illness or other emergency during the contract period, there will be no charge for the missed services, or the Doula will refund the fees for the missed services, or if there is a back-up Doula available, the Client may choose to have that Doula come in her place with the same fee obligation.

If either the Client or the Doula terminate this agreement up to two months before due date, the deposit will be returned. If cancellation is made less than two months before due date, the deposit will be forfeited. If the Doula terminates services, she will return the deposit in full and locate another doula to take her place. Either party must provide written notice of cancellation (e-mail is acceptable). Absent written notice of cancellation request on part of the Client will result in the obligation to pay the full agreement amount (deposit and balance) and no refund will be due. If, after Doula's first visit, Client wishes to terminate this service agreement, Client must provide written notice of cancellation after Doula's first visit (e-mail is acceptable). Upon receipt of the written notice, the deposit will be forfeited and no balance will be due.

FEES FOR DOULA SERVICE

- We agree to pay the fees as follows:
- An hourly rate of \$40.00 for _____ Day/Night hours.
- A deposit of 50% in the sum of \$_____ is due upon signing of this contract. The deposit will serve as payment for the final _____ hours of service to the Client .
- A balance of \$_____ is due upon commencement of services.
- Changes in the assignment that affect the doula's fees will be invoiced or credited to the parent at the conclusion of the contract.
- Payment to the Doula will be rendered weekly upon receipt of the invoice.

We consent to the release of this and all other information, pertaining to me, to the person designated as backup for this service.

Date: _____
 Client _____
 (Print) (Signature)

Date: _____
 Client _____
 (Partner) _____
 (Print) (Signature)