



Primary Doula:
Secondary Doula:

Phone:
Phone:

Email of primary doula:

Labour Doula Services Contract

Complimentary Consultation

This serves as a chance to get acquainted and for me to answer any questions you may have about my services. You are under no obligation to hire me as your doula after this meeting. I believe in the right doula for the right family.

Prenatal Visits

Two visits (in your home, at a cafe, etc.) time to discuss your pregnancy, review your birth plan, questions, concerns, labour prep, comfort measures for labour tutorial and more. (More visits available on separate fee schedule).

Continuous Phone/Email/Text Support

You will have access to me via phone, email & text throughout your pregnancy and postpartum period.

On Call Support 24/7 From 38 Weeks Until Your Birth

I am on call for you beginning four weeks prior to your estimated due date (EDD: _____), until the birth. You may contact me at any time during the day/night if you believe you are in labour, or if you need information/a question answered. If you believe you are in labour/if your waters break, please call at ANY time. I ask that clients call as soon as they know labour has started, or if their waters break. In the event of a false alarm and I have been called to the hospital and then sent home, there will be a \$30.00 fee due at the time of occurrence. This can usually be avoided with a phone call or visit to your doctor's office.

Once you decide you'd like me by your side, I will arrive at the birth within 1.5-2 hours, barring any unforeseen circumstances. Note: If you are to go into labour before your on-call period, I will make every effort to be present for your birth.

Unwavering Labour Support

Dedicated support for mom (and partner) during **active labour and birth** (at home or in hospital), including the use of various comfort measures such as massage, aromatherapy, breathing & relaxation techniques, positioning and more. **Please note:** I will remain by your side during your active labour for up to a total of **24 hours, at which point I will need to rest or call in a back-up for a short amount of time.**

Immediate Postpartum Support

I will remain by your side for postpartum support 1-3 hours after the birth, including assistance in establishing a breastfeeding relationship.

Postpartum Support

I will visit you at home/in hospital on one occasion to assist with breastfeeding and to offer support/information. We may talk about your birth, life with a newborn, babywearing, discuss community resources or anything else that may be of concern to your family. This visit generally last 1-2 hours and is scheduled at **your request** (More visits available on a separate fee schedule).

What Doulas Do Not Do

As your doula, I do not perform clinical tasks (blood pressure, fetal heart checks, vaginal exams, etc.). I am by your side to provide physical and emotional support, to facilitate with any questions you may have and to provide information. I do not make medical decisions on your behalf. I will help you to get the information necessary to make informed decisions. I will also remind you if there is a departure from your birth plan. I will discuss your concerns with you and suggest options, but you and your partner will speak on your behalf to the clinical staff.

Cesarean Clause

As a member of your labour team, I make every effort to provide the services discussed above and will assist you through your process, regardless of birth outcomes. Most hospitals only allow one support person in the operating room during a caesarean section. Most mothers prefer their partners or a family member to accompany them at this time. I will offer to support you during your surgery. If you elect to have your partner/ family member with you, I will meet you in the recovery room and I will help you to get comfortable and assist you with breastfeeding. Should you require a surgical birth my fees will stay the same. However, if an elective surgical birth is chosen and you do not desire my attendance, I require **30 days notice to cancel your contract and will retain your deposit.** Should you still desire my support through your elective surgical birth, my fee will remain the same, and I will provide additional postpartum support.

Failure To Provide Services

In the unlikely situation that I am unable to attend your birth, I as your doula, will arrange backup care. Every effort will be made in advance to advise you of this situation. In the instances of rapid labour, or failure to contact me, my fees will remain the same. In the extremely rare case that neither myself nor my backup doula are able to attend your birth, due to our error, half (1/2) of the balance of my fees will be returned to you. If your labour lasts less than one hour and I am unable to reach you before your baby’s birth, I will meet you at your home or hospital as soon as possible.

Cancellation of Services

If at any time the client chooses to cancel the services of the doula then the deposit will remain with the doula for services rendered to date (meetings, administration, lost opportunities with other clients). In the unlikely event that your doula needs to cancel her support then the client shall receive all paid fees back in full.

Fees

For my services, I offer a sliding scale of **\$600-\$1100 (including HST)** for the labour and postpartum services outlined above, including up to 24 hours of labour support without a back-up. Please choose the cost which best suits your family and situation. One half (1/2) of the fee is due at the time of contract signing and is non-refundable. The remainder is due 30 days prior to your estimated due date. Cash, EMT, Credit Card, PayPal or Cheque are all acceptable forms of payment (made to Doula Training Canada or Shaunacy King).

Fee: \$ _____

Deposit: \$ _____

Clients (print names & sign): _____ **Date:** _____

Doulas Name (Labour Doula, Doula Canada): _____

CLIENT HISTORY

DATE: _____

CLIENT'S FULL NAME: _____

PARTNER'S FULL NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE (RES): _____ CELL: _____

EMAIL ADDRESS: _____

CLIENT'S DATE OF BIRTH: _____ ESTIMATED DUE DATE: _____

DOCTOR/MIDWIFE NAME & ADDRESS (IF KNOWN): _____

_____ PHONE NUMBER: _____

IS THIS YOUR FIRST PREGNANCY?: _____

NUMBER OF PREVIOUS PREGNANCIES _____ NUMBER OF BIRTHS _____

NUMBER OF PREMATURE BIRTHS _____

CAUSE OF PREMATURE BIRTH _____

NUMBER OF MISCARRIAGES _____ AT WHAT WEEK? _____

PREVIOUS C-SECTION/S _____

CAUSE OF C-SECTION/S _____

WAS THIS PREGNANCY PLANNED? _____

PLEASE DESCRIBE ANY CURRENT HEALTH PROBLEMS YOU MAY HAVE:

ARE YOU CURRENTLY TAKING ANY MEDICATIONS - NATURAL OR PRESCRIBED? PLEASE LIST ALL OF THEM.

CHECK ANY OF THE FOLLOWING WHICH ARE APPLICABLE TO YOU:

- | | | |
|--|---|---|
| <input type="checkbox"/> TROUBLE SLEEPING | <input type="checkbox"/> SINUS CONDITION | <input type="checkbox"/> SKIN CONDITION |
| <input type="checkbox"/> PAST SURGERIES | <input type="checkbox"/> FREQUENT HEADACHES | <input type="checkbox"/> SEVERE HEADACHES |
| <input type="checkbox"/> ARTHRITIC | <input type="checkbox"/> PAST SERIOUS ILLNESS | <input type="checkbox"/> HEART CONDITION |
| <input type="checkbox"/> PAST SERIOUS ACCIDENT | <input type="checkbox"/> HYPOGLYCEMIC | <input type="checkbox"/> DIABETIC |
| <input type="checkbox"/> ALLERGIES | <input type="checkbox"/> BLOOD PRESSURE | <input type="checkbox"/> ASTHMA |
| <input type="checkbox"/> COMMUNICABLE DISEASE | <input type="checkbox"/> INFECTIOUS DISEASE | <input type="checkbox"/> OSTEOPOROSIS |
| <input type="checkbox"/> CANCER OR ANY OTHER SERIOUS MEDICAL CONDITION | <input type="checkbox"/> CHRONIC FATIGUE | |

CHECK IF YOU HAVE (OR HAVE HAD) PROBLEMS WITH THE FOLLOWING SYSTEMS:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> ENDOCRINE | <input type="checkbox"/> IMMUNE & LYMPHATIC | <input type="checkbox"/> RESPIRATORY |
| <input type="checkbox"/> URINARY | <input type="checkbox"/> MUSCULAR-SKELETAL | <input type="checkbox"/> NERVOUS |
| <input type="checkbox"/> CARDIOVASCULAR | <input type="checkbox"/> DIGESTIVE | <input type="checkbox"/> REPRODUCTIVE |

OTHER (PLEASE BE SPECIFIC):

IS THERE ANYTHING ELSE ABOUT YOUR HEALTH YOU WOULD LIKE TO DISCLOSE?

OCCUPATION: _____

ON A SCALE OF ONE TO TEN, HOW IS YOUR LEVEL OF STRESS AT THIS TIME? _____

ON A SCALE OF ONE TO TEN, HOW WOULD YOU DESCRIBE YOUR LEVEL OF PHYSICAL ACTIVITY ON A DAILY BASIS? _____

IS THIS NORMAL COMPARED TO BEFORE YOU WERE PREGNANT, AN INCREASE OR A DECREASE?

HOW MANY GLASSES OF WATER ARE YOU DRINKING ON A DAILY BASIS? _____

SINCE LEARNING YOU WERE PREGNANT, HAVE YOU PRACTICED HEALTHY PREGNANCY HABITS BY AVOIDING (OR GREATLY REDUCING) YOUR INTAKE OF ALCOHOL, TOBACCO, DRUGS AND CAFFEINE? PLEASE DESCRIBE.

WHAT WAS YOUR REASON FOR WANTING A DOULA?

REGARDING LABOUR AND DELIVERY, DESCRIBE YOUR GREATEST FEAR.

Clients (print names & sign) hereby acknowledge that the above information is accurate:

Date: _____

Doula, NAME (Labour Doula, Doula Canada): _____

Date: _____