



# Labor Doula Services Agreement

We/I \_\_\_\_\_ agree to the following:

## I. The Prenatal Visit

1. The Orchid Nest will provide up to two visits prior to the birth at which times the parties shall discuss a proposed birth plan that reflects the needs and desires of the mother and partner.

## II. The Doula

2. The doula works for the mother and her partner.
3. The doula will support the decisions of the mother and partner within the limits of the doula's expertise.
4. The doula will articulate and explain all available options and birth-plan choices during the birth-plan session.
5. The doula will remain with the mother once active labor has begun or earlier as requested by the mother.
6. The doula will not perform any medical procedures or make decisions regarding medical care for the mother and/or baby.
7. A doula will be on call 24 hours a day starting after the contract is signed.
8. The doula that is on call will attend the birth. If the doula cannot attend, a backup doula will attend.
9. The doula shall strive to create a calm and peaceful environment within the circumstances allowed by location.
10. The doula will remain with the mother for at least one hour after the birth of the baby.

Clients Initials \_\_\_\_\_

11. The doula will provide an optional one hour follow-up postpartum visit within 10 days after the birth of the baby. At this meeting, the doula will answer any and all questions regarding the birth and care of the newborn. Additional postpartum doula services can be arranged through the Orchid Nest.

### III. Mother and Partner

12. The mother agrees to contact the doula at the onset of labor, even if the doula is not needed yet. The mother will advise where the doula should report to begin the labor support. The doula will report within two hours of the mother's request, usually sooner.

### IV. Fees for Service

13. The fee for labor support is \$1250. The payment amount includes one/ two prenatal visits, 1 postpartum follow-up visit (limited to 1 hour), unlimited telephone support and face-to-face labor support not to exceed 24 hours per doula. The client shall pay a deposit of \$650 at the time of signing the contract and the balance must be paid in full by 35 weeks of pregnancy. *Please note that this service and payments are non-refundable.*

14. Additional face-to-face labor support beyond the 24 hours per doula contracted will be billed at the rate of \$40 per hour. These fees will be billed after the birth and are due within 10 days of the delivery date.

15. At the signing of this contract it is assumed that none of us can anticipate the type of labor and birth you are going to experience. As a business, we can only contract with a small number of clients in any particular time frame (for fear of missing someone's birth and/or not meeting their needs). We cannot fill our calendar and then change/refund fees according to how a particular birth turns out. We are as committed to short-laboring clients as we are to long-laboring clients, and have been considered tremendous assets to families that are in need of a cesarean section, as recovery, bonding and breastfeeding can be challenging in this case. We are 100% committed to providing the support we promise.

Clients Initials \_\_\_\_\_

16. Should the mother or partner fail to notify the doula 2 hours prior to the requested report time, and the doula misses the birth, the full fee will be retained by the Orchid Nest.

17. The full fee will be refunded if the doula misses the birth as a result of reporting to the birth more than two hours after the request for support.

18. Force Majure – The doula shall not be responsible for failure to fulfill obligations due to causes beyond the doula’s reasonable control, including without limitation, acts or omissions of government or military authority, acts of God, transportation delays, fires, floods, riots, wars, terrorist acts, or any other causes, directly or indirectly beyond the reasonable control of the doula, so long as the doula has used her best efforts to remedy such failure or delays.

19. Release, Indemnity and Hold Harmless – You agree to release, indemnify and hold harmless from and against any claims, demands, actions, liens, rights, surrogated or contributed interests, debts, liabilities, judgements, cost and attorney’s fees, arising out of, claimed on account of, or in any manner predicated upon the doula’s participation prior to and during the birth process, including loss or damage or personal injury or death of any person which may occur as a result of the doula’s participation prior to and during the birth process.

**20. We, the undersigned, have read this Labor Doula Contract. We accept and agree to the terms and conditions.**

Doula/Orchid Nest: \_\_\_\_\_ date: \_\_\_\_\_

Mother Signature: \_\_\_\_\_ date: \_\_\_\_\_

# Payment Information

Today's Date \_\_\_\_\_

Name of Labor Doula: \_\_\_\_\_

Baby's estimated due date \_\_\_\_\_

Planned place of birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Is this a cell phone? yes \_\_\_ no \_\_\_

Email (personal) \_\_\_\_\_

Partners/spouses name \_\_\_\_\_

Phone number \_\_\_\_\_ Email (personal) \_\_\_\_\_

Referred by? \_\_\_\_\_

## Labor Doula Payment Information:

Total fee: \$1250.00

Deposit amount: \$650.00

Balance due: \_\_\_\_\_ on \_\_\_\_\_ (35 weeks)

Payment Method:

Check enclosed \_\_\_\_\_

Credit Card number \_\_\_\_\_

Date of Exp \_\_\_\_\_ CW2 \_\_\_\_\_

Billing info if different from above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like us to automatically bill your credit card for the remaining balance due? Yes \_\_\_ No \_\_\_

**\*\* Please make a checks payable to Orchid Nest**

Mail to: The Orchid Nest, 525 SE 6th Avenue, Suite B, Delray Beach, FL 33483