



Postpartum Doula Contract

We/I (mother/partner), have chosen for care to be provided by Orchid Nest after the birth of our baby/ babies and agree as follows:

1. The care provided by the doula after the birth of the baby/babies shall include: infant care, sibling care, breastfeeding support, postpartum support, errands, light laundry and meal preparation.
2. The client agrees to notify the doula and/or our office (561-865-5692) when she has given birth and anticipates the initiation of services, providing at least 24 hours advance notice.
3. In the event that the doula works an overnight shift, the doula is permitted to sleep when the baby/babies is (are) asleep and all duties have been completed.
4. Postpartum services will be provided at \$40 per hour (one baby) or \$45 per hour (twins) with a minimum of 8 hours total. A deposit of 50% of anticipated hour will be billed upon the signing of the contract, the balance of contract hours will be billed weekly. This contract is binding and total fees due for contracted hours must be paid.
5. All contracted hours must be used within 6 weeks of commencement.
6. Orchid Nest regrets that sometimes the doula will not be able to provide postpartum services as scheduled due to unforeseen circumstances (i.e.: family emergency, illness, weather or labor support). Orchid Nest will make all attempts to schedule an alternate doula to cover the shift.
7. Failure by the client to cancel a scheduled shift with less than 24 hours notice prior to the start of the scheduled shift will result in being billed for the requested hours.

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8. Orchid Nest encourages a mutually friendly, trust-based relationship between client and doula. Orchid Nest doulas are not for private hire and we ask that clients please respect our policy.

9. All initially contracted hours must be used within one month of start date.

10. We the undersigned have read this contract for postpartum services. We accept and agree to the terms and conditions.

Doula/Orchid Nest: _____ date: _____

Mother Signature: _____ date: _____

Partner Signature: _____ date: _____

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Today's Date _____

Name of doula _____

Baby's estimated arrival date _____

Mother's name _____

Date of birth _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Is this a cell phone? yes ___ no ___

Email (personal) _____

Partner's/spouse's name _____

Phone number _____

Referred by _____

Do you have any concerns about your or your baby's current health status?

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Payment Information:

Total estimated hours: _____ Total estimated fee \$_____

Total due: \$_____

Credit Card number _____ Date of Exp _____

CW2 _____

Billing info if different from above: _____

** Please make all checks payable to Orchid Nest

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