

Postpartum Doula Service Agreement

Natalie Doyen, PCD(DONA)

The undersigned contract(s) Natalie Doyen for postpartum doula care for their family, with an estimated due date of _____.

Anticipated needs: **Morning** **Afternoon** **Evening**
For _____ Days/Weeks

(I understand that it’s hard for you to know what your exact needs will be, and fully expect that they may change. However, it is necessary that we have an idea of your wishes for scheduling purposes.)

Fee Schedule for Doula Services:

Fees are agreed to based on selected package, additional visits, excessive mileage (beyond 50 miles) and extra services.

- The TOTAL AMOUNT due shall be remitted at 38 weeks.
- 50% of the total due at 30 weeks.
- A non-refundable retainer fee of \$150.00 is due upon signing of contract. This will be applied towards Total Amount.

You agree to notify me within 24 hours of the birth of your baby/babies.

In order for me to be able to meet your needs, it is imperative that you notify me within 24 hours of the birth of your baby/babies. I ask that at this time you present me with a schedule of the days you’d like me to work in the coming week. I understand that your needs may change, and agree to be as flexible as possible. The more notice that I have of your desired schedule; the better I will be able to meet your needs.

Please inform me each Thursday of your anticipated support needs for the following week.

Postpartum Doulas commit their time to guarantee that they are available to serve you when you need them, often by turning down other opportunities for employment.

Cancellation Policy:

I understand that your needs may change after the birth of your baby/babies, and agree to be flexible in the event that you desire more or less doula hours. A non-refundable deposit of \$150.00 will ensure the availability of your doula. This will serve as a credit toward doula hours. Once care is underway, one half of a shift’s wages will be assessed for cancellation with our rescheduling. Please provide me with as much notice as possible if you decide that you need less care than was originally discussed.

Parent: _____ Date: _____
 Parent: _____ Date: _____
 Doula: _____ Date: _____

