

Slo Doula

Labor, Lactation and Postpartum Doula Services

by Lisa Boyd

Cell or text: 805-235-5790

Website: www.SloDoula.com

email: SloDoula@gmail.com

As your Postpartum Doula:

- ♥ I will respect you, your family, your home and your parenting styles
- ♥ I will not make decisions for you or speak for you; however, I will assist you with information or gently remind you of your decisions we have previously discussed.
- ♥ I will provide you with non-medical, physical, emotional and informational support.
- ♥ I will not provide clinical tasks, medical assessments or evaluations, nor do I provide medical advice or diagnoses for mother or baby
- ♥ My support services do not replace care from your medical provider
- ♥ I will provide you with self-care, recovery, postpartum comfort measures, infant care, parenting information and provide assistance with learning to feed and care for your baby.
- ♥ Support may include preparing simple meals and snacks, assisting with light household tasks, errands and organization and other forms of support as appropriate or necessary
- ♥ I do not provide deep cleaning services but am happy to provide you with referrals if you so wish
- ♥ I am not legally able to provide transportation for mother, baby or family members.
- ♥ If I am unable to provide any postpartum support due to unpredictable scheduling conflicts, I agree to either find a replacement doula or refund your deposit
- ♥ In the event of illness, emergency or severe weather, every effort will be made to reschedule services as soon as I am aware that I cannot keep our appointment. Payment for that day will be applied to future services if already paid.

As my Client:

- ♥ I will communicate my needs as her duties will depend on my priorities and particular needs of that day
- ♥ If I am unable to keep my appointment with Lisa, I agree to give her at least 24 hours notice. If I do not, my deposit will be non-refundable
- ♥ In the event of an illness, emergency or severe weather, every effort will be made to reschedule services as soon as I am aware that I cannot keep our appointment. Payment for that day will be applied to future services if already paid

Service Details:

- ♥ Free consultation to discuss your needs, proposed schedule and to ensure compatibility
- ♥ Prenatal visit at your home (baby care, sibling preparation, childproofing, tailored education, relaxation)
- ♥ Continuous physical and emotional support (listening to whatever is on your heart, observing postpartum recovery, etc.)
- ♥ Baby care education and support {assistance with bathing, feeding, comforting the baby, trimming baby's nails, diapering, organizing the nursery, your home, etc.)
- ♥ Breastfeeding support and resources
- ♥ Preparing simple, nutritious meals and snacks, assisting in meal planning.
- ♥ Maintaining basic housework {baby laundry, vacuuming, emptying garbage, straightening up the house, dusting, dishes, etc.)

- ♥ Caring for baby and/or older children so Mom / Dad / Partner can rest
- ♥ Lending library of parenting books, DVD's and resources
- ♥ Referrals to other professionals as needed
- ♥ Unlimited telephone, text and email contact as needed

Fees, Policy, Deposits, Payments & Refunds

I request a deposit of \$150 due upon contract signing to reserve your spot on my calendar. My fee for Labor and Delivery is \$800. Postpartum Doula Support is \$35/hr. (\$40/ for night shift). Payment by arrangement: cash, check or credit & debit card (Venmo, Square Cash app, Paypal). Your deposit will be applied to your final week's balance unless a payment does not clear, you cancel within 24 hours of our scheduled appointment or you are not home at the day / time of our appointment.

This agreement is meant to be fair to both parties, so that all parties may feel secure in their mutual commitment. By signing this contract, you agree to pay for services on the days mentioned above. In return, Lisa Boyd commits herself to provide these services and not to accept additional clients which would interfere with her ability to perform scheduled services. It is understood that neither Lisa Boyd, nor representatives are to be held responsible or liable for any undesirable or unexpected outcome resulting from postpartum support. Should a disagreement occur, the undersigned agree to resolve issues amicably, thereby excluding Lisa Boyd from any penalty or fault. The signatures below indicate both postpartum doula and client understand the content and terms herein.

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| Client's Name | Signature | Date |
|---------------|-----------|------|

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|--------------|-----------|------|
| Doula's Name | Signature | Date |
|--------------|-----------|------|

{ } I understand that Lisa Boyd will make every reasonable effort to maintain my privacy coinciding with HIPAA regulations intended for hospital and clinic patient confidentiality.

Schedule: S M Tu W Th F Sat Hours: _____ Due Date: _____

Services are expected to begin around: (Date) _____ and continue until _____

Services & Details: Deposit \$_____ Fee: \$_____ /hr

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|---------------|-----------|------|
| Client's Name | Signature | Date |
|---------------|-----------|------|

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|--------------|-----------|------|
| Doula's Name | Signature | Date |
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