



550 E. Fullerton Ave  
P.O Box 87762  
Carol Stream, IL 60188  
312-600-7441  
[www.Thrivngwithbaby.com](http://www.Thrivngwithbaby.com)  
Info@Thrivngwithbaby.com

## Contract of Doula Care

What your doula will do for you:

- I will assist you in experiencing a safe and supported birth
- I will meet with you and your birth partner(s) in advance, in order to get acquainted and talk about your birth. If time and schedules permits, we will have two prenatal visits. Your doula can be available to accompany you during prenatal doctor appointments, but this will require an additional fee of \$50 per appointment.
- I will be available by phone and email to answer any questions/concerns before and after your birth.
- When in labor, I will meet you either at your home or at the hospital and stay with you throughout your labor and birth for 1 hour afterwards.
- I will make suggestions of techniques for labor progress and pain management
- I will encourage you to ask questions to make sure you feel informed.
- I will offer you physical and emotional support to you, as discussed during prenatal visits, during all three stages of labor.
- After the birth, I will visit you twice at your home for one hour to see how things are going, review what happened during your labor, and provide information and support for postpartum recovery.
- In the unlikely event that I am unavailable to come to you immediately, I will have a backup doula on call for you.
- I am an independent contractor. As your doula, I am working for you, not your medical caregiver or hospital.

What your doula does not do:

- I do not perform any medical task
- I do not make decisions for you.
- I do not replace your other birth partner(s). I am there to assist them in helping you.
- I do not speak to the staff on your behalf. I will discuss your concerns with you and your weigh the options, but you/your partner will speak directly to your providers.



**Thriving With Baby**

A community of support for families

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## Contract of Doula Services

What I ask of you:

- Keep me informed of your birth plan and any changes
- Contact me if you are advised to be hospitalized or induced.
- Call me as soon as you think you may be in labor ( even if you aren't sure and even if it is in the middle of the night) Your birth is important to me . I will be on call (ready to come support you) from 2 weeks before your due date until you give birth.
- Understand I may need to take a break to eat, stretch, or nap during labor, in order to maintain my ability to provide excellent support. I will also encourage other birth partners to do the same.

Payment:

- I ask for a fee of \$1000. I charge a non-refundable retainer fee of \$300 at the signing of the contract. You will not be considered a client until a signed contract and retainer fee are received. Payment of the remaining \$700 is required by 37 weeks. If a payment arrangement is made, an additional form will be signed.
- Refunds are not issued if I miss your birth due to fast progression of labor or lack of communication of labor. Family may be compensated with extra postpartum services.

Signature of Client: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature of Partner: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ Phone: \_\_\_\_\_



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## Payment Addendum

I, \_\_\_\_\_, agree to pay \$ \_\_\_\_\_ to Thriving with Baby in exchange for services provided. I will make \_\_\_\_\_ payments in the amount of \$ \_\_\_\_\_ in order to for my account to be considered paid in full by \_\_\_\_\_.

Form of payment: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Partner: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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