

YoGILA

HOLISTIC BODYWORK, HEALTHCARE, YOGA & DOULA SERVICE BIRTH DOULA/LABOR SUPPORT CONTRACT

Gila H. Shire (DOULA) agree to provide _____, _____ (clients name and birthday) with non-medical labor support for the labor and birth of her child due _____ (name and estimated due date).

I agree to provide my client with non-medical labor support for her labor and birth. As non-medical support, it is clearly understood that I will in no way direct the medical care of my client, nor will she or her family ask me to do so. It is also understood that I work only for my client, not the caregiver, the hospital, or the birth center.

Services provided:

- Prenatal visit, helping you to create a vision for your birth plus a birth vision and preference list (aka 'birthplan').
- Phone, email and virtual support as needed during pregnancy and immediate postpartum.
- Emotional, physical & spiritual support during labor and birth.
- Patient advocacy during labor and birth
- Providing a bottle of "Gentle Baby/Baby Soft" essential oil
- YoGila's Yoga Nidra Meditation CD for baby & you
- A postpartum visit sometime between two weeks and one month after delivery. Ask any questions you may have regarding the baby, lactation; to review the birth and to give me feedback regarding my role.

The fee for the services described here is \$1100, to be paid as follows: 50% as a non-refundable retainer fee, due when you sign this contract. 50% due 4 weeks prior to EDD .

Please note, that scheduling a c-section does not nullify this contract. If you have a c-section after receiving labor support, the remaining balance will be due. I will not leave your side while you are in the OR (and hopefully even be in the room with you, depending on hospital policies) If I am not allowed into your birth space due to the Corona Virus Situation, I will support you virtually via Facetime, Skype, whats app or any other virtual platform. The fee will remain the same.

I/We have read this contract describing the doula's services and agree that it reflects the discussion we had with the doula.

I/We agree to payment for doula services as described above.

Signed (Client): _____ Date : _____

Signed (Spouse/Guardian) _____ Date : _____

Signed (Gila H.Shire, Doula, LMT, RYT,Nurse) _____ Date: _____

I am looking forward to providing you with emotional and physical support, advocating your needs and wants and educating you to aid in your informed decisions about your birth. Some of the things I can provide are massage, music, aromatherapy, acupressure, help with relaxation and visualization, breathing techniques, advice on optimal fetal positioning, suggestions for labor positioning, hot/cold packs, assistance with staying hydrated and nourished, information on herbs and help with backache relief measures.

I am independent and self-employed. As your doula, I am working for you, not your caregiver or hospital. I am available 24 hours a day once you have signed this contract. You will be given my home and cellular phone number as well as those of my backup doula.

I prefer that you call me even if you think you are going into labor. I can answer questions and make suggestions over the phone. We will decide then if I should come over right away or wait for further change. I will remain with you throughout active labor and birth. If, due to extraordinary circumstances, I am unable to be with you, my back up doula will come. You will never be left alone. Even if we communicate via a virtual platform. I do reserve the right for you to call my back up doula if I become ill, if your labor extends longer than 24 hours, or if we agree that I cannot properly support you.

This is in your best interest and protects your birth experience. I usually remain with you 1-2 hours after the birth, to make sure you are settled and comfortable and your family is ready for some quiet time together. I am available by phone and email to answer any questions you may have and can help you with referrals if I am unable to help. I will contact you after the birth to schedule the postpartum visit. This visit is to see how you are doing, review the birth, admire your baby, and obtain feedback from you about my role.

Limitations of a doula practice:

As a doula, I do not perform clinical tasks such as blood pressure, fetal heart checks, vaginal exams, and other such duties. I do not make decisions for you. I will help you get the information necessary for an informed decision. I will also remind you if there is a departure from your “ideal birth vision.” I do not speak to the staff on your behalf regarding matters where decisions are being made, nevertheless I will be a sounding board for your thoughts. I will discuss your concerns with you and suggest options, but you or your partner will speak on your behalf to the clinical staff.

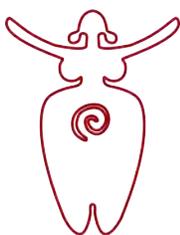
As a trained and experienced doula, my capacity will be to offer suggestions and present options, not to make clinical assessment or decisions concerning your labor and birth. I will make every effort to provide the services described here. Should this be impossible and I, or my back up fail to attend your birth, you will not be charged the remaining fee. I assume no responsibility for the outcome of your birth.

Other important questions:

Occasionally, I offer the opportunity to a new doula to come and observe or shadow me at a birth. I believe strongly in supporting doula’s in training.

- Should the occasion arise would you allow a student doula to attend your birth? YES NO
- If yes, would prefer they just observe or assist me in attending to you? Assist Observe Only

Have you had any traumatic experiences in your life? Addictions? Eating Disorders? Abuse? If possible, please share:



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Other things to be considered or I need to know of like medication, therapy etc:
