

**Beautiful Beginnings Doula Services**

**Jocelyn Skinner CD(DONA) ProDoula, LCCE**

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[**www.bbdoulaservices.com**](http://www.bbdoulaservices.com)

Letter of Agreement for TRICARE clients,

Describing Services, Limits and non-covered services,

As a birth doula, I, Jocelyn Skinner, accompany women in labor to help ensure a safe and satisfying birth experience. I have received education for the doula role from “The Simkin Center” at “Bastyr University” and advanced doula training seminars from PALS, NAPS and DONA Doulas. I am certified with DONA International. I follow DONA International's Standards of Practice and ‘Code of Ethics’ for birth doulas. I draw on my knowledge and experience to provide emotional, physical and informational support and will help you advocate for your birth preferences during your labor and birth. I use relaxation, massage, positioning, rebozo, and other pain coping techniques. I am independent and self-employed, I am working for you, not your caregiver or hospital. **Your eligibility for the Childbirth and Breastfeeding Support Demonstration will be established prior to entering into this contract**.

**Covered Services**

* Two prenatal meetings to discuss your preferences, needs, and concerns for support and comfort in labor
* Personalized informational support: Explanation of medical terms, finding citations for evidence based care, and researching community resources that fit your needs
* Help preparing your birth preference plan
* Borrowing privileges from my reference library
* 24-hour availability
* Every effort to provide back-up support will be made but it isn’t guaranteed
* Continuous support during your labor
* Birth notes
* Photos of your birth if you so choose, with your camera
* Two postpartum visits to your home

**Non Covered Services**

* I charge a flat fee of $100 for clients over 40 miles from my home.
* Childbirth education classes, see website for classes and cost details.
* Additional Postpartum Doula services, see website for details.

\_\_\_\_\_\_ , \_\_\_\_\_\_\_ initial

**Availability and On-Call Period**

I am on-call for your labor and birth 37 weeks gestation, or if you begin showing

preliminary signs of labor before 37 weeks. I remain on-call for you until your baby is born.

**Late pregnancy**

Once you reach 37 weeks, I prefer you keep close contact with me, texting or emailing every week to let me know how you’re doing. I can make suggestions for increasing physical comfort during this time, help you negotiate birth preferences with your health care provider and let you know what physical and emotional signs to look for that could herald impending labor.

**When you are in labor**

I prefer that you call or text me when you think you are in labor, even if you do not yet need me. I can answer

questions and make suggestions over the phone. We will decide if I should come right then or wait for

further change. I usually need approximately one and a half to two hours to get to you from the time

you ask me to come. We will also decide where to meet: at your home, the hospital or the birth center.

Except for extraordinary circumstances, I or my back-up will remain with

you throughout labor and birth.

* I understand that it may take Jocelyn more than the 90 minute response time if the Hood Canal Bridge is closed and I live or am delivering on the Olympic Peninsula. \_\_\_\_\_\_, \_\_\_\_\_\_\_ initial
* I understand that it may take Jocelyn more than 90 minutes response time if I am living or delivering more than 40 miles from her residence. \_\_\_\_\_\_, \_\_\_\_\_\_\_ initial

**After the birth**

I will remain with you for one or two hours after birth, until you are comfortable and your family is ready for quiet time together. I can also help with initial breastfeeding, if necessary. I will usually come to your home for your first post-partum meeting within 2-4 days after you are home and the second visit will occur within 4 or 5 weeks of your baby’s birth. At this point I will have your birth notes finished.

**Limitations of Practice**

As a doula, I do not:

* Perform clinical tasks, such as blood pressure, fetal heart checks, vaginal exams, and others. I am there to provide only physical comfort, emotional support, information, and advocacy.
* Make decisions for you. I will help you get the information necessary to make an informed decision. I will also remind you if there is a departure from your birth plan.
* Speak to medical staff regarding matters where decisions are being made. I will discuss concerns with you and suggest options, but you or your partner will speak on your behalf to the medical staff.

\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ initial

**Fees and Deposit**

A refundable retaining fee of **$500** is due with your signed agreement and will be refunded when I receive payment from TRICARE. The retaining fee becomes non-refundable if you fail to inform me, post week 37, that you feel you are laboring or are laboring and are traveling to the hospital, or if your labor is precipitous (rapid birth), and I don’t attend your birth because of this. If your situation changes and you have a scheduled cesarean birth I can still provide support at the hospital before, possibly during, and after your cesarean birth. Communication is mandatory and essential to this relationship. Failure to pay the retaining fee will release me from this agreement and I will not attend your birth.

**Certification of Acknowledgment and Acceptance of Services**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client's Partner

HIPPA Compliance and Client Confidentiality

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address)

and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone), give my permission for Jocelyn Skinner to take notes about me, including personal information I choose to disclose to her, and information regarding the labor, birth and the postpartum period pertaining to myself and my child. I understand that Jocelyn may share this information with her back-up partner. Jocelyn will share your first name and address with my husband, Robert Skinner, so he knows where I am while I’m working. I understand that Jocelyn will not share my information with anyone else without my expressed verbal consent.

**By signing this agreement you are agreeing to all the terms and fees listed within this document.**

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| --- | --- | --- |
| Doula name: Jocelyn Skinner | Date: | Signature: |
| Client Name: | Date: | Signature: |
| Client’s TRICARE Benefit Number (DBN): |  | TRICARE Policy Holder’s Full Name: |
| Estimated Due Date: | Planned Birth Location: |  |
| Maternity Care Provider (s): |  |  |