

**Beautiful Beginnings Doula Services**

**Jocelyn Skinner**

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Letter of Agreement

Describing Services, Limits and Fees

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. I do not feel comfortable attending planned, unattended births.

**My 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, with back-up support available
* Continuous support during your labor
* Birth notes
* Photos of your birth if you so choose, with your camera
* Two post-partum visits

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

**Availability and On-Call Period**

I am on-call for your labor and birth two weeks before your due date, 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 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 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, or prohibitive covid protocols, I or my back-up will remain with

you throughout labor and birth.

**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.

**Fees and Deposit**

My fee is $1400.00. A nonrefundable retaining fee of $700 is due with your signed contract and the remaining $700 birth fee is due no later than the second prenatal visit. Your birth fee will be

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

refunded if you change your mind regarding my services for any reason, and you give me notice at least three weeks before your due date. The retaining fee is nonrefundable. Failure to inform me you are in labor, if your labor is precipitous, and I don’t attend your birth because of this, are not causes for a refund. If I am unable to attend your birth in person due to hospital policies I will provide virtual support during that time. Failure to pay the birth fee will release me from this contract and I will not attend your birth.

I offer a 10% discount for active military, veterans and law enforcement families. Repeat clients also receive a 10% discount.

I do offer a sliding scale, if you are in need of this service please let me know.

Sliding scale fee amount agreed to $ \_\_\_\_\_\_\_, initial \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

Doula’s signature \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification of Acknowledgment and Acceptance of Services**

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

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

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

HIPPA Compliance and Client Confidentiality (doulas are not legally bound by HIPPA)

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. I understand that Jocelyn will not share my information with anyone else without my expressed verbal consent.

**By signing this document you are agreeing to all the terms of the document and are agreeing to pay the fees and deposit listed in this document.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Doula signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Partner’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Financially responsible party (if different from client)

Due Date: \_\_\_\_\_\_\_\_ Planned Birth Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Providers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_