

## DOULA SERVICES CONTRACT

This agreement is between Emma Devin, the Bunky Bambino team and \_\_\_\_\_, for the purposes of providing postpartum support. We agree to provide non-medical, physical and emotional support and informational assistance for the duration of your postpartum period.

As birth and postpartum Doulas, it is our goal to provide you with all the support, guidance, and resources you could want throughout this exciting experience. The services included in the Postpartum Doula shifts are carefully crafted to cover all post natal bases, but feel free to communicate with us about any further needs or concerns you may have. We are independent and self-employed, and as such, am working for you, not your care provider.

### Our Role:

We are present to nurture you, your baby, and your family. As an educator, role model, and unbiased support; all while maintaining unconditional support. We will be there to answer questions and to provide assurance in a gentle, non-judgemental way. We will be available to provide telephone/texting support as required.

### Our Goal:

To help you better understand your baby's needs, encourage you to parent through instinct, all while tailoring our care to fit your baby, family and lifestyle. To guide you into creating a positive experience in your role as a new parent, and family. To offer you practical assistance and emotional support, which will enable you to feel more confident in meeting the challenges your new baby brings.

### Cancellation Policy:

If at anytime you decide for any reason that you do not wish to use our services; you must give 48 hours notice for a single visit. If there is a failure to provide appropriate notice, no refunds will be given and you will be charged for the full visit. Two week's notice must be given for cancellation of more than one visit. If there is failure to provide appropriate notice, you will be charged half the outstanding balance/booked visits. This policy reflects our commitment to be available to you as well as being payment for services rendered.

**Failure to Provide Services:**

We will make every effort possible to provide the services discussed. If we are unable to attend postpartum visits due to our own negligence (such as scheduling, illness, or a birth) we agree to refund the full visit's worth. Any other circumstances out of our control that result in our absence for postpartum visit(s) will be addressed on a case-by-case basis, and may or may not result in a partial or full refund.

**Illness and working with Doulas:**

As Doulas, we work with vulnerable families in their pregnancy, birthing and/or early postpartum period. On account of this, we request that if anyone in your family unit is actively ill or experiencing cold and flu symptoms you reschedule your postpartum Doula shift to when these symptoms/illness subsides.

**Continued/Extended Care and Doulas:**

Doulas may work with families for extended periods of time, depending on their availability and for up to one year postpartum. Families may not contact Bunky Bambino Doulas for nanny work, discounted rates or independent contracts. The timeline we prioritize for care is newborn up to 4 months of age. Once your child is 4 months of age, we prioritize Doulas to families of newborn children/families who are gestating.

**Fees:**

For the services described here, to be paid as follows:

\$ \_\_\_\_\_ + GST is our hourly rate for postpartum care, day and night.

**Commitment:**

Attached via email communication is the schedule for our commitment to each other. It includes the date and hours of each shift, as well as which Doula will attend. All contracts have a flexible start date, depending on baby's arrival. If you wish to extend your contract, reach out to [emma@bunkybambino.com](mailto:emma@bunkybambino.com)

I/We have read this contract describing the Doula care and agree to enter a client-doula relationship. We have read the above and understand the role of the professional postpartum Doulas and their limitations. They will accept no clinical responsibility for, and should not be held accountable for undesirable outcomes.

Date \_\_\_\_\_

Signature of Birther \_\_\_\_\_

Signature of Partner \_\_\_\_\_

