



INDIGEMAMA

ancestral healing

Full Spectrum Doula Agreement

I, _____, agree to pay Indigemama: Ancestral Healing, a services fee of _____ due by _____ for full spectrum doula services. Indigemama will be on call 24 hours for your birth, starting two weeks before and ending two weeks after your estimated due date. If, due to illness, natural disaster, or prior agreement, your primary doula is not available, a capable back-up doula will provide services until your primary doula is available. Your doula will join you in active labor (when your contractions are four minutes apart, four minutes long for at least an hour), and stay with you for 16 hours. If your labor exceeds 16 hours, your doula has the option to take a break and go home. A capable backup doula will provide you with continuity of care. You will not, at any point be left without a doula, unless it is your wish.

Indigemama agrees to provide postpartum care for mom and baby immediately after birth, and three days of afterbirth care. This includes preparing soothing liniments and compresses to facilitate healing, tying your *faja*, serving a warming postpartum herbal infusion and nutritive *caldo* (soup), support with initial breastfeeding, an herbal strengthening and healing bath with a *sobada* for vitality, tying of the *faja*, light cleaning and the ritual *cerrada de caderas* for the new mother.

Client Responsibility

I agree to disclose any communicable diseases so that my doula(s) may take appropriate precautions.

If my doula fails to attend my birth due to a rapid labor (baby born less than one hour after I speak with my doula and ask her to come), I agree to receive three hours of postpartum care in exchange, once I am discharged from the hospital.

My doula will make every effort to provide the services described here. If my doula fails to attend my birth due to her error, there will be no charge for her services and she will refund the fee, minus the deposit of _____.

Any other circumstances out of my doula's control that result in my doula's absence at my birth will be addressed on a case-by-case basis, and may or may not result in a partial or full refund (minus the deposit).

Fees

I agree to pay Indigemama in full. The first payment is a non-refundable deposit of \$____, when you decide to hire me. This will ensure my on-call availability, and avoid overbooking. The second payment will cover the rest of the doula service fee of \$____, due by____, on your 37th week. If the fee is not paid in full by this time, you are not entitled to a refund and Indigemama is in no way obligated to be present at your birth or postpartum.

Please note that all fees will be applied in full if you fail to call me in time to attend your birth.

I, the client understand that there will be a \$20- charge plus any additional bank fees incurred for any returned checks.

I, the client understand that an additional processing fee of 2.9% of the total payment will be charged for any payments made via PayPal.

As a doula I do not:

1. Perform clinical tasks, or provide medical care, such as taking blood pressure, fetal heart checks or vaginal exams. I am here to provide physical comfort, emotional support and facilitate communication between you, your partner and/or the staff.
2. Make decisions for you. I will help you get the information you need to make an informed decision. I will remind you if there is a departure from your birth plan.
3. Speak for you. I will advocate for your desires. I will discuss your concerns with you, suggest options, as well as encourage you/your partner to voice your opinions, questions and concerns to the staff.

Unforeseen Circumstances

As a doula, I will do my best to help you prepare for your birth, but I cannot guarantee that your birth will go exactly as planned. If you plan a vaginal delivery and a cesarean is performed after the onset of labor, I will continue to provide support during the cesarean surgery (as allowed by hospital and/or doctor policies) as well as immediately after to help with your comfort. Postpartum care will be accommodated, according to your circumstances.

Date

Signature of Mother

Signature of Partner

Signature of Birthing Professional