



Insured
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GRATEFUL DOULA SERVICES
Postpartum Doula Agreement

Angie Dobbins-Frisbie, PCD(NAPS & DONA), PDT(DONA)
(206) 898-9793 – angie@gratefuldoula.com

As a Postpartum Doula, I provide non-medical physical, emotional, educational and family support after the birth of your baby (or babies, here throughout referred to as ‘baby’). I will help with self-care recovery, postpartum comfort measures, infant care, parenting information, and provide assistance with learning to feed and take care of your baby. I will also provide assistance with siblings, pets, and household organization.

I do not diagnose any medical conditions for mother or baby, but will refer you to an appropriate care provider if I notice anything of concern. I do not take over care of your baby; however, will assist you in learning to care for your baby’s needs. I do not perform any major housecleaning tasks, such as mopping, cleaning bathtubs, toilets, window washing or yard work.

I agree to work for you on a pre-determined schedule, subject to availability and mutually agreeable hours. I realize that needs change once the baby has arrived, and as such, remain flexible regarding the pre-determined schedule. For billing purposes, an hour is considered to begin when I arrive at your home. If prior arrangements have been made for me to run an errand on my way to your home, the hour begins when I arrive at the first stop. Additional hours will be subject to availability and mutual agreement. I kindly request a two-week notice when services are to end.

In the event of unpredictable scheduling conflicts, I will attempt to find a qualified back-up doula for you.

My hourly fee for postpartum doula services is \$35.00 per hour. Upon hiring, there will be a two-hour, Intake Session to determine your needs of my services – \$50.00 – payable upon visit. I require a non-refundable retainer equal to 25% of desired services. The retainer fee will be applied to the final hours of service. Hours worked will be calculated upon the last day of work in each week. An invoice will be provided to you at that time, which will be due in full at such time.

Should you decide for any reason that you do not wish to use my services once we have entered into this agreement, no refunds will be given on the retainer. The retainer reflects my commitment to be available to you, as well as your commitment of payment for securing my services.

I kindly request notice of cancellation for any scheduled hours to be made 24 hours prior to the start of that shift. Should you cancel after the 24-hour period, you agree to pay for the time scheduled.

Expected date and times services are to begin: _____

Client Signature(s) Date

Angie Dobbins-Frisbie, PCD (DONA & NAPS) Date