

Please print, fill out the following form and return via mail to:

Cindy lou Burgess
216 Lawncrest Dr
Southington, Ct 06489

Training and Education

- 1 A.L.A.C.E./ T.O.L.A.B.O.R. Labor Assistant Certified, August 2002-Present
- 2 D.O.N.A. Labor Assistant Training, February 2005- Certified
- 3 C.N.A. certified in 1999

Description of services

- 1 One in-home interview, three in-home visits and two post-partum visit after the birth of your baby.
- 2 During the pre-natal visits we will engage in conversation about your birth, your partner's role and how I can best support you together during the process.
- 3 Unlimited phone consultation .
- 4 Assistance with birth plan development.
- 5 Pre-natal education, discussion of medical tests and procedures.
- 6 Continuous emotional, physical, and informational support during labor for mother and birth partner during labor, beginning at home .
- 7 Assistance in advocating during birth.
- 8 Community resource referrals.

What I do not do

- 1 Speak for you or your partner. This is your birth and your health-care providers want to hear from you.
- 2 Take over the birth partner's role unless your partner is absent or chooses not to participate.
- 3 I am not your health-care provider, I cannot provide medical advice. I will provide information that I know to be medically accurate/evidenced based and participate in a dialogue with you about procedures, tests and interventions. I will assist you in researching any questions or concerns that may arise. Any medical decisions should be made by you and your birth partner in consultation with your health-care provider.

Labor Support Services Agreement

- 1) I am independent and self-employed. I will be working for you, not your care provider or chosen health-care facility. I provide physical, emotional, and educational support to laboring mothers and their partners. While it is important that I have an understanding of your physical well-being, I do not perform clinical tasks such as blood pressure, cervical assessment or fetal heart rate monitoring.
- 2) We will meet for four pre-natal visits (including initial visit) and at least two post-partum visit (more can be arranged).
- 3) I will join you in labor, either at your home and stay with you during the immediate post-partum period.
- 4) I will be on call for you 24 hours a day for two weeks prior to your estimated due date. I carry a cellular phone at all times.
- 5) You agree to pay an on-call fee of \$_____, with a deposit of \$_____ and the full balance to be paid at 38 weeks.
- 6) If you plan a Cesarean birth, I will join you at the hospital to provide support before, during, and after the surgery. Please check with your care provider and anesthesiologist for their policy on labor assistants in the operating room.
- 7) You agree to contact me in a timely manner to advise me when you are in labor or are undergoing unplanned surgery.

Refund policy

Unless a back-up doula has been arranged for you, I will provide a refund for half of the agreed upon fee if I am unable to attend your birth due to a fault on my part. In the following instances no refund is due as pre-natal services may have been provided and you will still receive post-partum services: precipitous labor and birth or maternal/fetal medical emergency or if you do not alert me in a timely manner that you are in labor.

Doula		Date
Mom		Date
Birth Partner (if applicable)		Date
		Mom's Due Date