



MarleneNatale.Doula@yahoo.com | 410.802.9303 | [www.BaltimoreDoulaCare.com](http://www.BaltimoreDoulaCare.com)

## | OUR MISSION

Our goal is to provide the highest quality care for your family during your birth and postpartum journey. We aim to ease anxiety associated with caring for your newborn and provide you with the support you need to get the most out of this important time in the life of your family. Our team will always respect your family, your home, and your views and do all we can to help your family gain confidence and create an environment where your child can flourish.

## | OUR PEOPLE

Marlene Pettine-Natale

Shawna Bruce - independent contractor

Ruth Stewart - independent contractor

## | OUR SERVICES

- emotional support and guidance during your journey
- 3 days of 24 hour care on immediate discharge from the hospital
- daytime and overnight care for your newborn
- support with newborn nutrition and breastfeeding
- administering over the counter or prescription medication at request of family
- guidance and suggestions concerning the care of your newborn
- help with errands such as grocery shopping or pharmacy runs (funds for purchases can be provided by client in advance or added to weekly invoice)
- additional services such as care for your newborns clothes and bottles as well as light food preparation
- telephone support for any questions or concerns is provided at no additional cost

## | OUR FEES AND BILLING INFORMATION

	<i>Single Child</i>	<i>Twins</i>
Overnight Care	\$230	\$250
Extended Care	\$25/hour	\$30/hour
Lactation Consultation	\$25/hour	
Friday and Saturday	\$250	\$270

### **24 Hour care available**

New Years Eve, New Years Day, Memorial Day, Labor Day, July 4th and Easter **\$350**  
Thanksgiving, Christmas Eve, Christmas Day **No Service**

Services are invoiced for payment weekly. or bi-weekly. Once the payment has been settled, the family may contract the Baltimore Doulas for further services beyond those set out in this agreement subject to availability.

A nonrefundable deposit of **\$175 (\$200 for twins)** is requested to initiate our services or to ensure that we hold your spot and do not take other families in your place.

## | OUR CANCELATION POLICY

We know that caring for a newborn child is an exciting and, at times, unpredictable time. We try to work with our families to adapt to and meet their changing needs. In the interest of being able to provide the greatest support to the families that we serve we do ask if, for any reason, you require a change in your scheduled service that you contact us 24 hours in advance. Out of respect for our staff and the other families we serve those who do not give adequate notice may be subject to a \$50 cancellation fee. To avoid this occurrence and to assure that we are providing your family the support you need please do not hesitate to call us if you have any questions. For the safety of our team, in case of inclement weather the doula will reschedule.

### ACKNOWLEDGEMENT

THIS AGREEMENT IS MEANT TO BE FAIR TO BOTH PARTIES, SO THAT ALL PARTIES MAY FEEL SECURE IN THEIR MUTUAL COMMITMENT. IT IS UNDERSTOOD THAT NEITHER BALTIMORE DOULAS OR ITS REPRESENTATIVES ARE TO BE HELD RESPONSIBLE OR LIABLE FOR ANY UNDESIRABLE OR UNEXPECTED OUTCOME RESULTING FROM POSTPARTUM SUPPORT. SHOULD A DISAGREEMENT OCCUR, THE UNDERSIGNED AGREE TO RESOLVE ISSUES AMICABLY THEREFORE EXCLUDING BALTIMORE DOULAS AND ITS REPRESENTATIVES FROM ANY PENALTY OR FAULT. THE SIGNATURES BELOW INDICATE BOTH DOULA AND CLIENT UNDERSTAND THE CONTENT AND TERMS HEREIN.

We look forward to serving your family. Having reviewed this information and discussed any particular needs or concerns we ask you to sign this agreement acknowledging your agreement to the terms we have discussed.

\_\_\_\_\_  
CLIENT NAME

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DOULA NAME

\_\_\_\_\_  
DOULA SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DOULA NAME

\_\_\_\_\_  
DOULA SIGNATURE

\_\_\_\_\_  
DATE

# BALTIMORE Doula



Client Name		Age	Due Date
Partner Name		Home Phone	Cell Phone
Street Address			
City, State, ZIP			E-Mail
First Baby? <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Scheduled C-Section? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which of the following are you planning on doing? <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Bottle Feeding <input type="checkbox"/> Pump and Feed <input type="checkbox"/> Formula Only			
Smokers in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pets in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind?	
Who can we thank for referring Baltimore Doula?		If there are other children, please list names and ages	
In what areas do you feel a doula will be able to provide you the most support?			
<input type="checkbox"/> Infant Care <input type="checkbox"/> Breastfeeding Support <input type="checkbox"/> Nursery Organization <input type="checkbox"/> Emotional Support <input type="checkbox"/> Laundry <input type="checkbox"/> Errand Runs <input type="checkbox"/> Companionship <input type="checkbox"/> Catching-up w/ Sleep <input type="checkbox"/> Safety Tips			

Do you have any physical, emotional or medical conditions we should be aware of?

Yes  No

*Please Explain*

Do you or any family members have any dietary restrictions, food allergies or a particular style of cooking you prefer?

Yes  No

*Please Explain*

Please list two emergency contacts:

Deposit Paid: \$

Date

Checks payable to: Baltimore Doulas LLC

#### POSTPARTUM SCHEDULE DESIRED

How long do you anticipate needing doula care? Number of Days \_\_\_\_ Weeks? \_\_\_\_  
Months \_\_\_\_

Desired shift 9pm-5am? 10pm-6am?

Extended hours needed? Yes or No

Desired nights Sunday \_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_

\*Friday \_\_\_\_

\*Saturday \_\_\_\_

\*Additional fees applies