



As Coulee Health postpartum doula, we provide emotional and physical support to a pregnant person during the postpartum phase. We support movement throughout the postpartum phase (in an intentional way). We support you in getting comfortable with hard work, thriving on education, wanting to have FUN throughout your journey into parenthood. This is not for everyone, but is for those that choose to rock their postpartum experience instinctively.

Welcome to the Coulee Health community. You are a ROCKSTAR!

A postpartum doula is a non-medical assistant in the days, weeks and/or months following the birth or adoption of a baby or babies.

#### Services Provided

A postpartum care plan is individualized to the family's specific needs and desires providing unbiased, caring, and supportive services to all types of families. Supports offered include but are not limited to:

- Support in physical and emotional recovery of birth
- Breastfeeding and/or bottle feeding support
- Light housekeeping + healthy meal preparation
- General infant care (bathing, diapering, massage, swaddling, comforting, babywearing)
- Referral to local resources for parenting class, support groups, lactation support, mental health support and pediatricians
- Available by phone or email during normal working hours 7a-9p Mon-Fri, when not with client in person

#### **Scope of Practice**

As a Doula we are not trained or authorized to perform the following:

- Clinical tasks, such as blood pressure, fetal heart checks, vaginal exams, or other medical procedures that fall under the legal definition of practicing medicine.
- Provide information, dosages or advice concerning prescription or alternative medication, or medical advice pertaining to you or your baby.

- Make decisions for you. We will help you get the information necessary to make an informed decision. We will also remind you if there is a departure from your Birth Plan.
- Speak to the staff on your behalf. We will discuss your concerns with you and suggest options, but you or your partner will speak on your behalf to the clinical staff.

### **The Coulee Health Doula Team**

At Coulee Health, we work as a team. What this means is that you have access to knowledge from multiple doulas with varying experiences.

### **Waiver of Liability**

As the expressed condition of my performance of services under this agreement, you agree, on your own behalf and on behalf of all persons or entities you may bind under Wisconsin law to waive and hereby do waive any rights, claims or causes of action that you may have against your doula now and in the future with respect to your pregnancy, birth, postpartum period or the services Coulee Health may provide and/or fail to provide you. You understand that, as a Coulee Health Doula Team, we are not medical professionals experienced in childbirth or postpartum, and therefore, cannot and will not provide you with medical care or advice.

### **Dispute Resolution**

We agree, in the unlikely event that a dispute should occur between us, that all disputes shall be resolved pursuant to Wisconsin law within the County of La Crosse and that, except as otherwise indicated below, the parties to this agreement are not entitled to and shall not receive attorney's fees and/or expenses arising from any such dispute. We further agree to mediate any dispute arising out of this agreement before resorting to arbitration or court action. Mediation fees, if any, shall be divided equally.

### **Disclosure of Communicable Diseases**

You agree to disclose any communicable diseases that you have so that we can take appropriate precautions.

### **Fees**

The full fee for postpartum doula services must be paid in full at the start of postpartum care . An initial deposit of 50% is due upon and along with a signed copy of this letter of agreement. This will reserve our services for your postpartum window. The deposit is nonrefundable. Once paid, the fee for postpartum doula services is nonrefundable. If your deposit has not been paid, we are not obligated to be present or honor the rest of the contract.

If travel over 30 miles is necessary for doula support: Client will cover a mileage fee of **.60 per mile.**

Please know you can use your HSA or CSF to cover the investments listed below.

## **Coulee Health Doula Packages**

- **Postpartum Doula Support - Natalie Connell, Renee Jakobi, Brooke Newberry**
  - **4 hours: \$160/\$200**
  - **8 hours: \$310/\$350**
  - **12 hours: \$460/\$500**
  - **16 hours: \$610/\$650**
  - **20 hours: \$760/\$800**

**\*Daytime: 8a-8p**

**\*Nighttime: 8p-8a**

920 W Cty Hwy 16, Ste A

West Salem, WI 54669

(608) 612-0777

[www.couleehealth.com](http://www.couleehealth.com)



I/we have read and understood this letter describing the Coulee Health doula services and agree to its terms. I/we consent to the release of this and all other information pertaining to me to the person(s) designated as backup doula for my birth.

Date: \_\_\_\_\_

Estimated Due/Birth Date: \_\_\_\_\_

BIRTHING PARENT:

PRINT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PARTNER:

PRINT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COULEE HEALTH DOULA:

PRINT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

\_\_\_\_\_

Please sign and return.

Checks to be made out to Coulee Health or paid in office via CC or online at [couleehealth.com](http://couleehealth.com)

Payment record ~ Total agreement: \_\_\_\_\_

Deposit: \_\_\_\_\_ Date: \_\_\_\_\_

Balance: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo/Video Release Form Coulee Health**

I, \_\_\_\_\_ (please print), grant permission to Coulee Health and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Coulee Health and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during an interview or guest lecture, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

**I acknowledge that I am**

**[ ] over the age of 18**

**[ ] the legal guardian of the following**

**If legal guardian of model(s), please list name(s) here:**

Name(s): \_\_\_\_\_

Model/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_