

## Valley Medical Care's Doula Program Contract

Valley Medical Care offers \$500 in scholarship funds to help patients receive doula support during their pregnancy and birth. We have a limited number of scholarships available. Please read the following contract carefully and submit it as early as possible. Both the doula and patient must sign the contract and return it to Rachel Hurst at least 30 days PRIOR to your estimated delivery date.

### **Patients:**

- 1) It is your responsibility to find a qualified doula available for your due date.
- 2) Once you have found a doula, email Rachel your signed contract at rachhurs@valleymedicalcare.com. Rachel will email a signed final copy in return indicating we have a scholarship available for you. If you do not receive a signed copy from Rachel within 14 days, contact the office to follow up 907-586-2434.
- 3) It is your responsibility to schedule prenatal and postpartum appointments with your doula, and to make sure that Rachel has an original copy of this contract prior to the birth of your baby.

### **Doulas:**

- 1) Doulas are not employees of VMC.
- 2) Doulas are responsible for maintaining a business license and filing their own taxes.
- 3) Doulas and patients are responsible for negotiating any other financial compensation in addition to the \$500 in scholarship funds.
- 4) VMC expects doulas to develop a relationship with the families that they are supporting (for example meeting a couple of times both prenatally and postpartum).
- 5) Doulas must be present for the birth of the baby to receive compensation.
- 6) Doulas are responsible for getting evaluation forms from both client and hospital staff, and filling out a completed data collection form.

### **For reimbursement Rachel needs:**

- 1) Signed contract, submitted to VMC prenatally.
- 2) DONA Evaluation form emailed to Rachel from client and hospital staff member.

Patient Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doula Name: \_\_\_\_\_ Doula's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Doula's address for mailing payment \_\_\_\_\_

Reviewed and Approved by Rachel Hurst \_\_\_\_\_ Date: \_\_\_\_\_

## EVALUATION OF LABOR SUPPORT SERVICES

Client's name \_\_\_\_\_

Baby's/babies' date of birth \_\_\_\_\_

Hospital or birth location, including city and state/province \_\_\_\_\_

Thank you for taking the time to evaluate your perception of the doula's role.

Complete this form only if you have been able to observe and interact with the doula during the labor and birth repeatedly and/or over a period of time.

Please circle the number which most closely reflects your opinion of the doula's contribution.

	More harmful than helpful	Not helpful	Neither helped nor hurt	Helpful	Very helpful
1. Were the techniques suggested by the doula helpful to the birthing person in handling the physical aspects of their labor/birth?	1	2	3	4	5
2. Were the techniques used by the doula helpful to the birthing person in handling the emotional aspects of their labor/birth?	1	2	3	4	5
3. Was the presence of the doula helpful for the partner and/or other family members and friends present for the labor/birth? <b>-OR-</b> If you are the partner and/or other family member or friend, was the presence of the doula helpful to you?	1	2	3	4	5
4. Overall, how would you evaluate the usefulness of having the doula present?	1	2	3	4	5
5. Do you have any other comments or suggestions?					

What was your role?

\_\_\_Client \_\_\_Partner \_\_\_Family \_\_\_Friend \_\_\_Doctor \_\_\_Midwife \_\_\_Nurse

Thank you very much for taking time to complete this evaluation. Please return it to the doula so that it may be used for certification purposes. If you have further comments or questions, feel free to contact us at the address printed on the letterhead.