

Valley Medical Cares Doula Program Contract

Valley Medical Care thinks that doulas are a valuable part of your birth experience. To help families overcome financial obstacles to doula care, we offer twenty \$500 scholarships to help patients receive doula support during their pregnancy and birth. Please read through the following contract carefully. Both the doula and patient must sign the contract and return it to Valley Medical Care PRIOR to the birth to confirm a scholarship spot. Scholarships are awarded on a first come basis without any financial or medical screening.

Patients:

- 1) It is your responsibility to find a qualified doula available for your due date. Local doulas post their availability on www.doulamatch.net.
- 2) Once you have found a doula, please sign the Doula Program Contract with your doula and return it to Valley Medical Care, attention: Doula Program. We will notify you via our Valley Medical Care online Portal that we received your contract and that you have a scholarship spot if confirmed. If you haven't already accessed your patient information via our Portal, you will need to stop by our office and get a username and password (this is not something we can give you over the phone for security reasons).
- 3) It is your responsibility to schedule prenatal and postpartum appointments with your doula.

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 after delivery Valley Medical Care needs:

- 1) Signed contract, submitted to VMC prenatally.
- 2) Evaluation form submitted from client and hospital staff members (your physician **and** nurse).

3) Completed data collection form (done by the doula).

4) The evaluation forms (three in total: client, doctor, nurse) and the data collection form (done by the doula) should be submitted in one packet to facilitate reimbursement. When documents filter in individually, it does not trigger a reimbursement response. Valley Medical Care will mail payment directly to the doula. It is the doula's responsibility to make sure their address information is correct, or they will need to pay for canceled check costs.

Patient's Name (printed)_____ Patients Signature_____

Doula's Name (printed)_____ Doula's Signature_____

Doula's address for mailing payment_____

Doula's phone number_____

**Junzau Community Doula Network
Data Collection Form**

Please answer all questions to the best of your knowledge. Use one form per birth. Please call 796-2456 if you have questions about data collection.

Primary Doula: _____ Estimated Due Date: _____
 Prenatal Hours: _____ Birth Hours: _____ Postpartum Hours: _____ Date baby born: _____

<p><u>DEMOGRAPHIC INFORMATION:</u></p> <p>Referral Source: JFHBC Valley Medical SEARHC Childbirth Class Website Other _____</p> <p>Maternal Variables: Age: _____ Client co-parenting with FOB? Yes No</p> <p>Father's age: _____</p> <p><u>LABOR AND BIRTH:</u></p> <p>Length of labor Early labor (0-4cm) _____ 1st Stage (4-10cm) _____ 2nd Stage (pushing) _____ 3rd Stage (delivery of placenta) _____</p> <p>Mode of Delivery Spontaneous Vaginal Vacuum Extraction Planned Caesarean Reason: _____ Unplanned Caesarean Reason: _____ Other: _____</p> <p>Mother's Final Delivery Position: Semi-Sitting Hands and Knees Squatting Standing On Side On Back Stirrups Birthing Stool Water Birth Other _____</p>	<p>Comfort Measures in Labor (indicate any used): Tub/Jacuzzi Shower Massage Pressure/Counter Pressure Position Changes Visualization Tens Unit Other _____</p> <p>Medications: Yes No</p> <p>IV Pain Medication # of doses _____ Epidural Number of cms @ epidural _____ General Anesthesia Other _____</p> <p>Planned Place of Birth: Home Birth Center Hospital Other _____</p> <p>Actual Place of Birth: Home Birth Center Hospital Birth Center Transport? Yes No Home Transport? Yes No Other _____</p> <p>Medivac: Yes No Baby Mother Reason _____</p> <p>Care provider: (check all that apply):</p> <p>Midwife Family Practice Other _____</p>	<p>Attended By: Doula Co-Doula Partner Friend Single Family Other _____</p> <p><u>IMMEDIATE POSTPARTUM:</u></p> <p>Baby's Outcomes Apgar at 1 Minute _____ Apgar at 5 Minutes _____</p> <p>Birth Weight ___ lbs ___ oz.</p> <p>Baby skin to skin directly after birth? Yes No How long? _____</p> <p>Baby with mother 30 mins 1st hour? Yes No Special Care Nursery? Yes No Length of time? _____</p> <p>Exclusively Breastfeed at Discharge Some breastfeeding at discharge Other _____</p> <p><u>PREGNANCY INFORMATION:</u> History: (include current) # of pregnancies _____ # of births _____</p> <p>Complications: (as assessed by provider) None Breech at delivery Twins Gestational Diabetes GBS positive Pre-eclampsia HELP syndrome Pregnancy Induced Pre-term (<37 weeks) _____ weeks Post-dates (>42 weeks) _____ weeks</p>
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Maternal Stressors:

- Single parent
 - Depression
 - Financial stress
 - Traumatic event
 - Moving
 - Change of employment
 - Other: _____
-

Mother ranks her birth experience as:

- Did not meet her expectations
 - Met her Expectations
 - Exceeded Expectations
 - Other/comments: _____
-

Home Visits:

Did Client Receive Home Visits?

Yes No

Client received home visits from:

JCDN/total # hours _____

Other/total # hours _____

Total number of visits _____

Notes _____

Evaluation of Labor Support Services

Mother's Name: _____

Baby's Date of Birth: _____

Hospital or Birth Location, including City and State/Province: _____

Doula's Name: _____

DONA International would appreciate your taking a moment to evaluate your perception of the doula's role. Please circle the number which most closely reflects your opinion of her contribution.

	1	2	3	4	5
More harm than good					
Neither helped nor hurt					
Was a big help					
1. Were the techniques suggested by the doula helpful to the mother in handling the physical aspects of her labor?	1	2	3	4	5
2. Were the techniques used by the doula helpful to the mother in handling the emotional aspects of her labor?	1	2	3	4	5
3. Were the suggestions of the doula helpful for the father and/or other family members and friends present for the labor?	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?

- | | | | |
|--|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Midwife | <input type="checkbox"/> Nurse | <input type="checkbox"/> Other staff |
| <input type="checkbox"/> Baby's mother | <input type="checkbox"/> Father/Partner | <input type="checkbox"/> Other family | <input type="checkbox"/> Friend |

Your Name (optional): _____

Thank you very much for taking the time to complete this evaluation. Please return it to the doula so that she may use it for certification purposes.

Doula's address: _____

If you have further comments or questions, feel free to contact us at the address printed on the letterhead.