

Mama Love Placenta Encapsulation

PlacentaService@gmail.com
310-560-8599



The Contract

Placenta encapsulation is the act of taking a fresh, raw placenta, washing the placenta, steaming or slicing the placenta raw, dehydrating, grinding, and putting the placenta powder into consumable capsules. All processes are done with respect and education of that placenta and in a sanitary environment. My business is adhering to strict OSHA guidelines and I am following proper food safety standards. The placenta capsules that are being prepared are for your (owner of the placenta) consumption only and are not designed to reverse medical conditions or ailments from pregnancy, treat postpartum depression, ensure normal milk supply, or replace medical attention.

I am not a licensed medical professional such as a care provider or physician and cannot diagnose, treat, or prescribe for any health condition. Services and fees are for the service of encapsulating your placenta, not for the sale of the capsules. Each woman will react to her placenta capsules in different ways. Some of the ascribed benefits of placenta consumption are supported by ongoing research, however, these benefits have not been evaluated or approved by the United States government or the Food and Drug Administration. It is your responsibility to determine whether using placenta capsules can be beneficial to your well-being postpartum.

_____ (Client's Initials)

Client Responsibility

It is your responsibility to notify me within 8 hours of the birth so we can work together to make arrangements for pickup or drop off. Failure to do so may result in delayed placenta preparation and encapsulation and may cause decreased potency of nutrients, hormones, and other beneficial attributes of the placenta. Improper storage of the placenta before pick up may result in spoilage. It is your responsibility to discuss the release of your placenta from the facility where you will give birth during the prenatal period and to ensure proper storage of your placenta in a refrigerator or cooler. This can be done by placing the placenta on ice until it can be retrieved for preparation and encapsulation. _____ (Client's Initials)

It is also your responsibility to inform me of any known blood-borne illness(es) or other health issues (such as HIV, hepatitis, etc.) that could place me or any others who may come in contact with your bodily fluids (specifically maternal and fetal blood as well as amniotic fluid) at risk. Some specific sexually transmitted diseases such as Hepatitis or AIDS/HIV may preclude me from offering placenta encapsulation in my home. _____ (Client's Initials)

My responsibilities include maintaining client confidentiality, committing to preparing and returning your capsules within 72 hours of receiving your placenta (usually within 36-48 hours), and upholding the highest standards of cleanliness, safety, and quality of professional placenta preparation services. In the rare event that I am unable to be available for your placenta encapsulation, I will provide a backup placenta specialist who is capable of providing services. _____ (Client's Initials)

It is important to understand that there may be circumstances in which your placenta cannot be used. Significant abnormalities of the placenta may necessitate your doctor or midwife to send your placenta to Pathology for further examination. Once the placenta has been released to Pathology, I will not be able to encapsulate it without an additional waiver. Other conditions, such as signs of infection in the mother during labor, may mean that consuming your placenta could be harmful to your health. I will always consult with you prior to making a choice on whether or not your placenta is viable for ingestion. It should be possible to claim your placenta after cesarean surgery. It is important that you let me know if you have any health concerns or conditions that may affect the health of your placenta or the health and safety of anyone who may come into contact with your placenta. _____ (Client's Initials)

Fees

My fee for the services described here is, to be paid as follows:

\$25 Non-refundable deposit (holds your date) due as a retainer fee when you decide to hire me.

\$300 (The remaining portion of the total fee) is due 2 weeks before your due date. You may pay sooner. _____ (Client's Initials)

\$5 more if you are requesting 1/2 TCM Heated and 1/2 Semi Raw 160 degrees capsules.

_____ (Client Initials).

*If you have already given birth and are just now requesting my immediate service, you may pay when I pick up your placenta or drop off your capsules. _____ (Client Initials)

Your total fee is \$325 _____ (Client Initials)

Your total fee is \$330 _____ (Client Initials)

Payment options:

- Zelle 310-560-8599 or mamalovemer@gmail.com
- Apple Pay 310-560-8599
- Venmo @meriah-davis
- Pay Pal mamalovemer@gmail.com

Refunds

In the event, that your placenta is unavailable to you (ex. sent to Pathology and not released) or if your placenta has been contaminated with a bacterial infection, you will be entitled to a refund (of \$300). If you choose to terminate this contract due to a change of mind within 7 days of your estimated delivery date, then you are no longer eligible for a full refund. If I have already taken possession of your placenta and you choose to not go forward with services, I will return your placenta to you for disposal. There will be no refund and payment will be due in full once preparation has begun, even if you choose not to take delivery of the finished capsules. _____ (Client's Initials)

I have read, understood, and agreed to the above information. I accept the responsibility of gaining possession of my placenta and notifying my placenta specialist within 8 hours of my birth. I understand the importance of appropriate handling and storage of the placenta. By signing below I authorize the release of my healthy placenta to Meriah Davis/Mama Love Placenta Encapsulation for placenta encapsulation and keepsake preparation for my own personal use.

This contract is entered on _____ (today's date). All parties are legally bound to the services outlined and agreed upon within this signed contract.

_____ Client Name Printed

_____ Client Signature

Meriah Davis _____ Placenta Specialist

_____ Placenta Specialist Signature

_____ Estimated Delivery Date