

My Birth Preferences

DETAILS

Name: _____
Partner's Name: _____
Birth Place: _____
Provider's Name: _____
Doula: _____

HEALTH INFORMATION:

- Gestational Diabetes
- Group B Strep
- Rh Incompatibility with baby
- Allergies:

PAIN RELIEF

- Epidural
- Nitrous Oxide
- TENS
- Other
- Bath/Shower
- Movement
- Aromatherapy
- Massage

DURING LABOR, I'D LIKE:

- Natural or dim lights
- Music
- Intermittent monitoring (for baby and me)
- Minimal interruptions
- Minimal staff
- Students or residents are permitted
- Limited cervical checks
- Cervical checks at my request only
- To eat and drink normally
- To wear my own clothes

MY DELIVERY IS PLANNED AS:

- Vaginal
- VBAC
- C-Section
- Water birth

I WOULD NOT LIKE

- My pubic area shaved
- An IV unless I am dehydrated
- A hep/saline lock
- An enema
- An episiotomy

I'D LIKE MONITORING TO BE:

- Continuous
- Intermittent
- Internal
- External
- Only if I or baby are in distress

LABOR AUGMENTATION:

- Only if baby is in distress
- Membrane sweeping is OK
- AROM is OK
- Forceps are OK, if deemed necessary by my provider
- Suction is OK, if deemed necessary by my provider

DURING DELIVERY, I WOULD LIKE:

- To be in whatever position I'd like
- To push spontaneously
- To be directed when to push
- To push without time limits (as long as baby is not in distress)
- A mirror during crowning
- To catch my baby
- My partner to catch baby



IN CASE OF UNPLANNED C-SECTION, I WOULD LIKE:

- To make sure all other options have been used
- To be fully sedated
- To be conscious
- My partner to remain with me
- My doula to remain with me
- Explain the surgery as it's happening
- To have a clear drape
- To have the drape lowered so I can watch baby come out
- My partner to hold the baby immediately

IMMEDIATELY AFTER DELIVERY:

- Delayed cord clamping
- My partner to cut the cord
- Skin-to-skin
- Delivery the placenta spontaneously
- To see the placenta

PLEASE DO NOT GIVE MY BABY:

- Vitamin K
- Antibiotic eye ointment
- Hepatitis B vaccine
- Sugar water
- Pacifier
- Formula

I WOULD LIKE TO STAY IN THE HOSPITAL:

- As long as possible
- As briefly as possible

I PLAN TO:

- Breast/chestfeed
- Bottle feed
- Exclusively pump

FOR BABY, I WOULD LIKE:

- All medical procedures given in my/my partner's presence
- First bath given by me or my partner
- First bath given in my/my partner's presence
- Circumcision to be performed (if baby is male)
Circumcision NOT to be performed
-

I PLAN TO KEEP MY PLACENTA:

- YES
 - NO
- 