

BIRTH PREFERENCES FOR _____

DOULA/ADDITIONAL SUPPORT: _____

BABY'S NAME: _____

Thank you for supporting us through this journey.

Provider:

I prefer my care to be supervised by a/an

- OBGYN
- Midwife
- Collaborative Care

Clothing:

I prefer to wear

- My own birth gown
- My own clothes from home
- The Hospital Gown

Movement:

Freedom to Move Around

Limit Movement

IV Fluids & Saline Lock

Continuous Fluids Preferred

Saline Lock Preferred

No IV Preferred

Eating & Drinking in Labor

Eat and Drink Freely

No Eating or Drinking

AROM

I prefer SROM

I am open to AROM

Fetal Heart Monitoring

Continuous Monitoring with

Stationary monitor

Portable/Telemetry Monitor

Intermittent Monitoring with

Stationary monitor

Portable/Telemetry Monitor

Intermittent Auscultation

Internal Continuous Monitoring

Pain Management Preferences

(I am open to all of the selected upon request)

Non-Pharmacological Pain Relief

IV Narcotics

Epidural

Epidural after 6 cm

Please do not offer methods left unselected

Cervical Exams

Check Cervix Routinely

Limit Vaginal Exam

Augmenting Labor

If labor is stalled I would prefer

Natural ways to speed up labor

Use medications to speed up labor

Birth Position

I prefer to push/birth in whatever position feels right to me

I prefer instruction on birth positioning

Coaching/Pushing

I prefer to push spontaneously in response to my body's urges

I prefer coaching on how to push as effectively as possible

Perineal Care During Birth

Stretch/tear naturally

Episiotomy Preferred

Warm compresses & perineal support

Perineal massage & stretching

Slow delivery of the baby's head

Hands off in the second stage

Other

_____ would like to catch the baby

_____ would like to announce the sex

_____ would like to cut the cord

We plan to keep the placenta Yes No

Betadine wash Yes No

Only necessary personnel in the room

Additional Birth Considerations

Skin to Skin

Skin to Skin & delay newborn procedures

Newborn Procedures First

Clean baby before placing skin to skin, delay newborn procedures

Delayed Cord Clamping

Clamp immediately

Bank Cord Blood

Delay cord clamping for _____ minutes or until cord stops pulsing

Suctioning

Avoid Routine Suctioning

Suction Baby

Management of Third Stage

Active Management

Expectant Management

CESAREAN BIRTH PREFERENCES FOR

DOULA/ADDITIONAL SUPPORT: _____

BABY'S NAME: _____

Thank you for supporting us through this journey.

Please allow my partner, and any other support people to remain with me

Please use a clear drape or lower the drape when baby is born

Please allow me to do skin to skin in the OR

I would prefer my EKG leads to be placed on my sides or back

Please help me create a calming environment (Ex. allowing me to play music, essential oils, etc)

Please narrate what is happening throughout the surgery

Please provide warm blankets

Please allow my arms to remain free

I would like at least 1 minute of delayed cord clamping

I would like breastfeeding support in the OR or shortly into recovery

I prefer minimal separation from my newborn, and minimal time spent at the warmer before initiating skin to skin

Please transport my baby with me

I would like _____ to announce the sex of the baby

I would like _____ to take photos of the birth

I plan to keep my placenta