



Birth Preferences

For the _____ Family

Labor Preferences

1. IV Preferences

- I would prefer to have hydration and food, if allowed for my circumstances.
- I would like to have an IV with fluids.
- I am comfortable with an IV port being placed and used if necessary.

2. Fetal Monitoring Preferences

- continuous electronic fetal monitoring (EFM) throughout my labor and would still like the option to move about.
- Continuous monitoring but with a wireless monitor, if possible.
- I would prefer intermittent auscultation with a handheld doppler.

3. Intervention Preferences (yes, no, or only if medically necessary)

- I am OK with a membrane sweep to begin induction of labor.
- I am open to receiving cervical ripening medications.
- I am comfortable with having a Foley Balloon as an induction method.
- I am open to receiving Pitocin as an induction medication.
- I am OK with nitrous oxide for pain management.
- I am open to pain medicine if needed.
- I am open to receiving an Epidural.
- I am open to having a urinary catheter with my Epidural.
- I am open to having my waters broken- if need be.

4. I would like the option to be able to walk and move freely about during labor if it is possible, given my situation.

5. I would like to limit my cervical checks if I am progressing well and if there is no medical urgency for the procedure.

6. I would like to wear my own clothing for personal comfort.
7. I would like to arrange the environment with softer lighting and music, for my comfort.
 - I would like to bring comfort items from home, i.e., the use of essential oils, a birthing ball, robes or fuzzy socks, small speaker or ear buds for your music, my own pillow or blanket, an eye mask, earplugs, affirmation cards, soft lighting like twinkle lights or LED candles.
8. I would like to limit my distractions while I am in transition if I am in a safe place.
9. I would like the freedom to be able to push in the position of my choice. I would also like some assistance with pushing in alternative positions.
10. I would like to avoid episiotomy, forceps, or vacuum delivery assistance.

Postpartum Care

1. I would like to practice optimal cord clamping for at least ____ minutes or until the cord is white and limp.
2. I would like to have immediate skin-to-skin contact with my baby if they are not in need of special care.
3. I would like to keep my placenta.
4. I would like active management of my third stage with gentle cord traction and the use of Pitocin OR I would like to have a physiological birthing of the placenta (on its own), if possible.

Unplanned or Emergent Cesarean Section Care

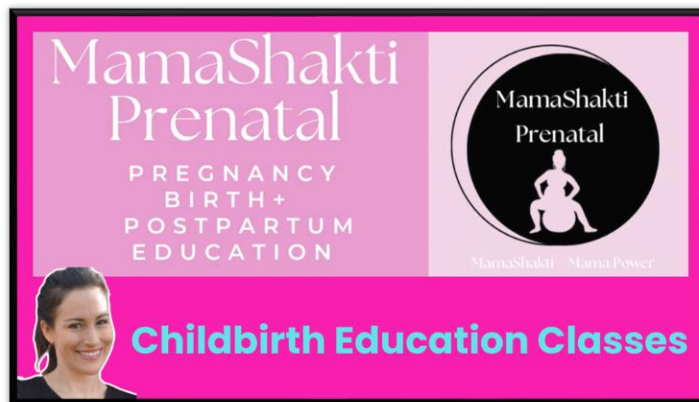
1. I would like to remain with my birth partner or support person throughout the procedure and request no loud music and minimal side conversations, please.
2. We would like immediate skin-to-skin contact and kangaroo care if the baby does not need resuscitation, please do not relocate our baby.
3. If the baby needs to be taken to the NICU, I request my partner escort our baby there. If I need to be separated from my baby for more than one hour, I request the use of the hospital pump to begin immediate pumping.
4. We would still like to allow for delayed or optimal cord clamping, if mother and baby are both doing well.
5. Would we be able to request to have a clear drape so we may watch baby emerge from my belly. This choice is a personal preference and one I suggest if you aren't sensitive to the sight of blood. Some hospitals allow for this style of cesarean birth, and some are not set up for this.

6. Maternal Assisted Cesarean is when the mother assists in the birth of her own baby. Not all hospitals are set up for this experience yet, but, as it gains more notoriety among obstetricians in the birth community, it may be something that your physician can request from their administrative team. It is always worth inquiring about if you feel strongly about wishing to be involved in your birth experience in this manner.

This birthing preferences sheet is a wonderful tool to guide conversations with your birth team and prenatal provider so that you are on the same page, when it comes to your birth experience. We all deserve compassion and care when ushering new life into the world.

If you would like to learn more about personalized childbirth education classes with Jessica Freedman, Spinning Babies® Certified Parent Educator, email me at info@mamashaktiprenatalyoga.com.

Congratulations on taking the first step to build your confidence towards your childbirth experience, happy birthing!



Notes

Questions for my provider