

# BIRTH PACKING LIST

## BASIC INFORMATION

MOTHER: \_\_\_\_\_

FATHER: \_\_\_\_\_

### PLACE OF BIRTH

- ☐ Hospital
- ☐ Homebirth
- ☐ Birth Center

### BIRTH TEAM

- ☐ Father of baby
- ☐ Maternal mother
- ☐ Maternal father
- ☐ Maternal grandmother
- ☐ Paternal mother
- ☐ Paternal father
- ☐ Paternal grandmother
- ☐ Sister(s)
- ☐ Friend(s)
- ☐ Doula
- ☐ Birth photographer

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### ENVIRONMENT

- ☐ Dim lightening
- ☐ Soft music
- ☐ Privacy
- ☐ Aromatherapy
- ☐ Quiet

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### TYPE OF BIRTH

- ☐ I want a waterbirth
- ☐ I do NOT want a waterbirth
- ☐ Elective cesarean
- ☐ Elective induction
- ☐ VBAC (Vaginal Birth After Cesarean)

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

## LABOR

# FETAL MONITORING

- ☐ Doppler
- ☐ Wireless fetal monitoring
- ☐ Wired fetal monitoring
- ☐ \_\_\_\_\_

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  - ☐ Wireless fetal monitoring
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  - ☐ \_\_\_\_\_

## IV & MEDICATIONS

- ☐ Accepts IV antibiotics for GBS
- ☐ Declines IV antibiotics for GBS
- ☐ IV port (saline lock) in place for as
- ☐ needed hydration
- ☐ IV placed only when needed
- ☐ Accepts Pitocin for labor augmentation
- ☐ Declines Pitocin for labor augmentation
- ☐ Accepts Epidural
- ☐ Declines Epidural
- ☐ Accepts nitrous oxide
- ☐ Declines nitrous oxide
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

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  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_

[illegible]

- [illegible]

## BIRTH

### BIRTH

- ☐ Freedom to move positions
- ☐ Coached pushing
- ☐ Maternal-led pushing
- ☐ Hands-on birth
- ☐ Hands-off birth
- ☐ Declines episiotomy
- ☐ Accepts perineal supports
- ☐ Declines perineal supports
- ☐ Use of mirror to see birth

### BIRTH

- ☐ Immediate skin-to-skin
- ☐ Protect the golden hour
- ☐ Delayed cord clamping for  
\_\_\_\_\_ minutes
- ☐ Baby caught by: \_\_\_\_\_
- ☐ Umbilical cord cut by:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## POSTPARTUM

### NEWBORN TESTS

- ☐ Accept CCHD screen
- ☐ Decline CCHD screen
- ☐ Accept Newborn Metabolic  
Screen
- ☐ Decline Newborn Metabolic  
Screen
- ☐ Send cord blood off to  
determine baby's blood type
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### NEWBORN

- ☐ Newborn exam done on/next  
to mom
- ☐ Leave vernix on baby
- ☐ Accept newborn bath
- ☐ Decline newborn bath
- ☐ Room on with baby
- ☐ Baby to go to nurse
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### NEWBORN MEDICATION

- ☐ Accept Vitamin K injection
- ☐ Accept Vitamin K oral
- ☐ Decline Vitamin K
- ☐ Accept Erythromycin
- ☐ Decline Erythromycin
- ☐ Accept Hep B vaccine
- ☐ Decline Hep B vaccine
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### MATERNAL MEDICATIONS

- ☐ Immediate Pitocin to control bleeding
- ☐ Pitocin only if needed to control bleeding
- ☐ RhoGAM
- ☐ \_\_\_\_\_

### NEWBORN FEEDING

- ☐ Breastfeeding exclusively
- ☐ Pumping exclusively
- ☐ Mix of breastfeeding and bottle-feeding
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### NEWBORN CIRCUMCISION

- ☐ Accept
- ☐ Decline
- ☐ Yes, planning on having pediatrician perform the procedure
- ☐ \_\_\_\_\_

### PLACENTA

- ☐ I'd like to keep my placenta
- ☐ I would NOT like to keep my placenta
- ☐ I'd like to see my placenta
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

## OTHER NOTES

[illegible]