



Doula & Birth Education Services

Today's Date: _____

yourWOMB Birthing Goals

Please note: The items listed are just options that may be chosen. Please use the empty lines/spaces to write your own personal goals.

Your Name: _____

Your partner's name: _____

Your due date: _____

Your Doctor's name: _____

Your Planned Hospital: _____

Your Due Date: _____

<p>Please note that I:</p> <ul style="list-style-type: none"><input type="radio"/> Have group B Strep<input type="radio"/> Am RH incompatibility with baby<input type="radio"/> Have gestational diabetes<input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____	<p>Your intended delivery option:</p> <ul style="list-style-type: none"><input type="radio"/> Vaginal<input type="radio"/> Scheduled C-Section<input type="radio"/> Water birth<input type="radio"/> VBAC	<p>Your intended delivery attendants:</p> <ul style="list-style-type: none"><input type="radio"/> Partner<input type="radio"/> Parents<input type="radio"/> Doula<input type="radio"/> Other<input type="radio"/> Other Children
<p>Please note I intend on:</p>		
<p>During labor I'd Like:</p>		
<ul style="list-style-type: none"><input type="radio"/> Wearing my own clothes<input type="radio"/> Music playing<input type="radio"/> The room as quiet as possible<input type="radio"/> As few vaginal exams as possible<input type="radio"/> My partner to film/ or takes pictures<input type="radio"/> To stay hydrated with clear liquids and ice chips	_____	_____
<ul style="list-style-type: none"><input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____	<p>Please offer me:</p> <ul style="list-style-type: none"><input type="radio"/> No pain medicines<input type="radio"/> Birthing ball<input type="radio"/> Warm pack<input type="radio"/> Cold pack	_____
<p>Questions/Concerns/I want to know:</p>		



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During Delivery I would like to:

- Squat
- Lie on my side
- Stand
- Be on my hands and knees
- Lean on my partner
- Use people for leg support
- Be in a birthing tub (where available)
- Be in a birthing tub
- Be in the shower
- Use foot pedals for support

Immediately after Delivery I would like:

- My partner to cut the umbilical cord
- Immediate skin to skin
- Breastfeed as soon as possible
- Delay cord clamps

Your intended POSTPARTUM goals:

I plan to:

- Exclusively breastfeed
- Combination feed
- Exclusively formula feed while in the hospital

I plan to have my baby:

- Stay in the room with me after birth
- Stay in the nursery
- Exams, medication and procedures explained to me before it is performed
- Have my Baby Boy Circumcised

Additional Goals:

Your Baby's 1st bath given:

Special Notes:



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Your Right to Informed Consent:

Please note that during labor, birth and postpartum certain test, medications and procedures may become medically necessary. You have the right to request informed consent before the medical team administers any test, medication and/or procedures. Please request that your partner is present during the explanation of all benefits and risks of said interventions, so that you both can make an informed decision. Please understand you have the right to refuse any test, medication and/or procedures.

Additional Notes: