Birth Preferences

Vaginal Birth

My name: _____ Doula: _____

Partner: _____ Photographer: _____

Thank you for supporting me in the birth of my sweet baby.

☐ Boy ☐ Girl ☐ Surprise Name: _____

Atmosphere

- ☐ Wear my own clothes
- ☐ Room quiet
- ☐ Lights dimmed
- ☐ Eat and Drink
- ☐ Music

During Labor

- ☐ Intermittent fetal monitoring
- ☐ Continuous fetal monitoring
- ☐ Minimal vaginal exams
- ☐ Vaginal exams when necessary
- ☐ Naturally speed up labor
- ☐ Pitocin
- ☐ Rupture of membranes
- ☐ Fetal Scalp Stimulation test
- ☐ Amioniofusion

Comfort Measures

- ☐ Epidural (only when asked)
- ☐ Nitrous Oxide (only when asked)
- ☐ Sterile water injections
- ☐ TENS
- ☐ Shower / Tub
- ☐ Breathing techniques
- ☐ Massage
- ☐ Position changes
- ☐ Birthing combs
- ☐ Counterpressure
- ☐ Acupressure
- ☐ Singing
- ☐ Dancing
- ☐ Affirmations

Pushing Stage

- ☐ Laboring down
- ☐ Self-directed pushing
- ☐ Modified direct pushing
- ☐ Directed pushing
- ☐ Avoid episiotomy
- ☐ Warm compress on perineum
- ☐ Use mirror
- ☐ Touch baby's head
- ☐ Self or partner assist catching
- ☐ Push in position of my choosing

After Birth

- ☐ Baby placed skin to skin
- ☐ Delayed cord clamping
- ☐ Cord cutter preference

  _____
- ☐ Keep my placenta
- ☐ Pitocin administration
- ☐ Physiological management
- ☐ Breast crawl
- ☐ Golden Hour (uninterrupted)
- ☐ No suction for baby
- ☐ If resuscitation needed, keep baby on mom and umbilical cord attached

Baby Care

- ☐ Vitamin K
- ☐ Erythromycin for eyes
- ☐ Hepatitis B injection
- ☐ Coconut oil on bottom
- ☐ No bath
- ☐ If boy, no circumcision
- ☐ If baby cannot breastfeed, syringe or cup-feed colostrum or breastmilk
- ☐ No bottle or pacifier
- ☐ Breastfeeding
- ☐ Formula feeding

Personal Notes

_____

_____

_____

_____

Provider Signature: _____

neumadoulas.com

Birth Preferences

Cesarean Birth

My name: _____ Doula: _____

Partner: _____ Photographer: _____

Thank you for supporting me in the birth of my sweet baby.

☐ Boy ☐ Girl ☐ Surprise Name: _____

Anesthesia

☐ Spinal
☐ General

Atmosphere

☐ Partner present
☐ Doula present
☐ Verbal explanations
☐ Essential talk only
☐ Photographs
☐ Video
☐ Music

During Birth

☐ One arm free
☐ Clear drape
☐ No drape / watch birth
☐ Mirror to watch birth
☐ Bed angled to view birth
☐ Slow, gentle delivery
☐ Blood transfusion
Type: _____
☐ Iron supplements
☐ Nausea medication

After Birth

- ☐ Baby placed skin to skin during incision repair
- ☐ Delayed cord clamping
- ☐ Cord cutter preference _____
- ☐ Keep placenta
- ☐ If resuscitation needed, keep baby on mom and umbilical cord attached
- ☐ Breast crawl
- ☐ Golden Hour during incision repair
- ☐ Vaginal seeding
- ☐ No suction for baby

Baby Care

- ☐ Vitamin K
- ☐ Erythromycin for eyes
- ☐ Hepatitis B injection
- ☐ Coconut oil on bottom
- ☐ No bath
- ☐ If boy, no circumcision
- ☐ If baby cannot breastfeed, syringe or cup-feed colostrum or breastmilk
- ☐ No bottle or pacifier
- ☐ Breastfeeding
- ☐ Formula feeding

Personal Notes

Provider Signature: _____