

Birth Preferences

My name:

Healthcare Provider:

Due Date:

Labor Support Persons:

Pediatrician:

Baby Name:

LABOR PREFERENCES

- Dimmed lighting
- Room to be as quiet as possible
- To wear my own clothing
- Walking and position changes
- Hydration and food per my provider
- Hydration with clear liquids during labor
- Saline lock unless IV fluids are needed
- Wireless Monitoring
- Intermittent monitoring if safe for baby

LABOR AUGMENTATION

- Augmentation as deemed necessary by my provider
- First try nonmedical methods- walking, position changes
- Prefer my water breaks on its own
- Prefer to receive IV Pitocin if other methods have been tried and is medically necessary

PAIN RELIEF

- Various labor positions
- Visualization
- Massage
- Birthing Ball
- Breathing Techniques
- Tub/Shower
- Hot/Cold Packs
- IV Pain medication (Narcotics)
- Nitrous Oxide
- Epidural
- Do not offer me pain management unless I ask

IN CASE OF C-SECTION

- I would like _____ to accompany me to O.R.
- I would like the blue sterile drape lowered for the birth
- I would like music playing if possible
- I would like my support person to cut the word on the warmer
- If my baby is health I would like to try skin to skin
- If my baby is health I would like to try to hold it swaddled
- I would like to breastfeed as soon as possible

DELIVERY

- I would like _____ present
- Wait to push until I feel the urge
- Use a variety of positions for pushing
- Mirror at the foot of the bed to watch the birth
- I would like to be directed when/how to push
- I would NOT like to be directed when/how to push
- I prefer natural tearing over episiotomy
- Avoid forceps/vacuum delivery unless necessary
- I would like to touch my babies head while it delivers
- I would like _____ to cut the umbilical cord if possible
- I am interested in delayed cord clamping
- I would like to bank my babys umbilical cord blood
- I would like to keep my placenta if possible
- I prefer skin to skin if baby is healthy

BABY CARE

- I would like _____ to cut the umbilical cord if possible
- I am interested in delayed cord clamping
 - Until Pulsation stops
 - 1-5 minute
 - >5 minutes
- I would like to bank my babys umbilical cord blood
- I would like to keep my placenta if possible
- I prefer skin to skin if baby is healthy
- I prefer routine hospital procedures to be done while I hold my baby if possible
- For my baby, I accept the
 - Eye Ointment
 - Vit K Injection
 - Hepatitis B vaccine
- I plan to breastfeed exclusively
- I plan to formula feed

