**Johnson Family Birth Preferences**

(Mom and Dad’s Names)

Date

We are excited to be having our baby with the midwives at ABC Area Birthing Center. Our goal is to have a natural, unmedicated birth, and we respectfully request the following to help this occur:

* Freedom of movement during labor and pushing
* Nourishment/hydration as (Mom’s Name) desires
* Use of encouragement instead of mentioning or offering any pain medication
* Please avoid making comments about the baby’s possible size or (Mom’s Name)’s size (this upsets (Mom’s Name) and may negatively affect the labor process)
* If the need to be transferred to the hospital arises and it is not emergent, we would like 5-10 minutes to discuss the transfer.

After the birth:

* Breastfeeding/bonding immediately after birth
* Performance of newborn assessments at least 1 hour after birth
* (Mom’s Name) or (Dad’s Name) to be with baby at all times after birth
* Baby to room-in if hospital stay is necessary
* We are breastfeeding the baby exclusively and prefer no supplemental formula, glucose or pacifiers.
* We have decided NOT to circumcise our son.
* We want to decline the Hepatitis B Vaccination
* Unless (Mom’s Name) is in immediate danger of hemorrhaging, please do not administer pitocin after the 2nd or 3rd stage of labor.

Should transfer to the hospital become necessary, we would prefer:

* Intermittent fetal monitoring
* To avoid episiotomy and allow natural tearing if possible
* If conditions are appropriate, (Mom’s Name) would like freedom of movement to facilitate labor and pushing
* (Mom’s Name) would like to be allowed to continue nourishing herself
* If necessary, an instrumental delivery (vacuum or forceps) are preferred to a cesarean.

If a cesarean is absolutely medically necessary, we would prefer:

* (Dad’s Name) to be present at all times
* Would like to bond with baby immediately

Midwife Signature and Date:

Mother’s Signature and Date: