

My Birth Preferences



My Name: _____

Pronouns: _____

Support Persons (2): _____

OB Provider: _____

Doula: _____

Expected Due Date: _____

Baby's Name: _____

Baby's Doctor: _____

LABOR PREFERENCES:

In the labor room, I would prefer:

- ☐ Dim Lighting
- ☐ Birthing Ball
- ☐ Music that I will provide
- ☐ Minimal Sound
- ☐ Aromatherapy
- ☐ Reminders to have one of my support team taking photos
- ☐ Limited cervical exams
- ☐ Regular cervical exams to check labor progress, if safe to do so

TO HELP MANAGE LABOR DISCOMFORT I WOULD LIKE TO DISCUSS MY CHECKED OPTIONS BELOW:

- ☐ Wireless/Intermittent monitoring
- ☐ Utilize a focal point
- ☐ Shower
- ☐ Massage
- ☐ Breathing Techniques
- ☐ Nitrous Oxide
- ☐ IV medications
- ☐ Epidural
- ☐ Please do not offer me pain medication. I will request it if needed.
- ☐ Other: _____

VAGINAL DELIVERY PREFERENCES:

- ☐ I would like a mirror when pushing.
- ☐ I would like warm compresses on the perineum while pushing.
- ☐ I would like to reposition frequently during pushing.
- ☐ I would like to touch my baby's head as it crowns.
- ☐ I would prefer not to deliver on my back.
- ☐ I would like to have my support person cut the umbilical cord.
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CESAREAN SECTION PREFERENCES:

- ☐ If possible, I would like to have a moment alone with my support person before the procedure.
- ☐ I would like a clear drape to watch the delivery.
- ☐ I would like to have music playing.
- ☐ I would like to do skin-to-skin as soon as possible.
- ☐ I would like to have my support person shorten the umbilical cord.

BABY CARE PREFERENCES:

I would like to (check one):

- ☐ Breastfeed exclusively
- ☐ Bottle-feed
- ☐ Combine breastfeeding and bottle-feeding

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IT'S OK TO OFFER MY BABY *(check as many as you wish):*

- ☐ A pacifier
- ☐ Formula
- ☐ None of the above
- ☐ I would like all newborn procedures and medications explained to me before they are carried out or administered by the staff.
- ☐ I would like to participate or give my baby's first bath.
- ☐ I would like to defer bathing my baby while in the hospital.
- ☐ I agree to the newborn medication Vitamin K.
- ☐ I agree to the newborn medication erythromycin ointment in the eyes.
- ☐ I agree to the Hepatitis B vaccine.
- ☐ If I have a boy, I would like him circumcised.
- ☐ If my baby needs to leave the room for any reason, I would like one of us to accompany my baby to the procedural area.

POSTPARTUM PREFERENCES

- ☐ I would like to take my placenta home.
- ☐ I am planning to bank my baby's cord blood.

Cultural/Spiritual Requests:

What is most important to you about your labor and birth?

Please describe any other preferences, worries, fears, or other information that will help us provide an exceptional birthing experience:

I have talked about and shared my labor and birth preferences with my provider during prenatal care visits and reviewed in detail. I understand that my preferences and wishes may not be followed as medical needs arise for me and my baby. Our shared goal is to have a safe and healthy birth for my baby and family.

Healthcare Provider Signature _____ Date _____

My Signature _____ Date _____