

Birth Preferences

Name & Phone Number:

Support Person's Name & Phone Number:

OB/Midwife Name & Clinic:

Pediatrician Name & Clinic:

Due Date:

Gender of the Baby:

Labor

- I am comfortable with medical intervention for labor induction/augmentation
- I prefer natural intervention for labor induction/augmentation
- I would like to be able to remain as mobile as possible during labor
- I would like to be able to eat snacks and drink fluids as able during labor
- If I have an epidural, I would like to use a peanut ball
- If I have an epidural, I would like help being repositioned at least every 60 minutes
- I am ok with people in training (i.e. nursing students, medical students, residents, etc) being present for my labor and delivery
- Even if I don't have medications or fluids running through it, I am ok having a saline lock in place
- Other Requests:

Labor Pain Relief

- I prefer medicinal pain relief during labor (i.e. nitrous oxide, IV narcotics, epidural)
- I prefer natural pain relief (i.e. hydrotherapy, movement, massage)
- Other Requests:

Delivery & Birth

- I would like to use a mirror while I'm pushing
- I would like to change pushing positions frequently
- Avoid coaching me during pushing unless I am not making progress
- I would like to avoid an episiotomy unless absolutely necessary
- Delay cord clamping for at least 60 seconds if possible.
- _____ will cut the cord.
- We have made arrangements for cord blood banking and have the kit with us

Once the cord is cut, we'd like baby to be:

- Placed skin-to-skin with me immediately
- Swaddled and handed to me or my partner
- Other Requests:



Cesarean Section

- If only one support person is allowed in the operating room, it will be:
- Delay cord clamping for at least 60 seconds if possible.
- I would like skin-to-skin with my baby in the operating room if allowed
- Please use a clear drape if available so I can see my baby as soon as possible.
- Other requests:

Newborn Medications

- We agree to our baby receiving Erythromycin Eye Ointment
- We agree to our baby receiving the Vitamin K injection
- We agree to our baby receiving the Hepatitis B Vaccine
- Other Requests:

Feeding

- I plan to breastfeed my baby
- I plan to exclusively pump
- I plan to feed my baby formula exclusively
- If my baby needs supplementation, I prefer donor breast milk while in the hospital if available.
- If my baby needs supplementation, I prefer formula.
- Other:

Miscellaneous

- Requested visitation for family/friends while in the hospital setting:
- Other Requests:

Additional Requests:

