

Our Birth Preferences

Mama _____ Partner _____ Doula _____

Other Support Person _____ Date: _____

I have prepared myself for a birth that is as safe and healthy as possible and prefer that interventions, and my choices about them, be explained to me/my partner/my doula fully before they are initiated. I understand that the need to respond to emergency situations may change the possibilities of my listed preferences, as my number one concern is for a safe birth.

Thank you for helping me have a safe, healthy, and satisfying birth.

- So that I may focus on my work, I prefer staff to first communicate directly with my partner/doula.
- I would like my labor to begin on its own, unless there is a medical reason why induction would be safer.
- I plan to walk, move around, and change positions throughout my labor.

Other comfort techniques I would like to use: _____

- I plan to have continuous labor support from a loved one, friend, or doula, as listed above.
- I would like my labor room to be quiet and calm.

Other environment requests: _____

- I plan to minimize interventions during my labor and birth. I would like to have no routine interventions, unless there is a medical reason and assurance that they are safer than the low-tech alternative or do nothing.
- I prefer intermittent monitoring (rather than continuous electric fetal monitoring).
- I would like my waters to break on their own (rather than artificial rupture of the membranes).
- I am comfortable with letting labor progress at its own rhythm, and I prefer non-drug methods to help labor progress (rather than Pitocin).
- I prefer to eat and drink, but if it is the hospital's policy to start an IV, I would like a saline lock so I can stay mobile.
- I plan to use non-drug methods of pain relief (rather than epidural analgesia).
- I prefer to let my perineum stretch on its own, and I realize that I may experience a natural tear (rather than episiotomy).

Other intervention requests: _____

- I don't want to give birth on my back, and I will follow my body's urges to push.

Other pushing support I would like to have: _____

- I want to keep my baby with me after birth, allowing us to have as much skin-to-skin as possible and unlimited opportunities for breastfeeding.
- I prefer to delay cord clamping until the cord ceases to pulse.
- I prefer to delay baby's first bath.
- I prefer to allow the vernix to be rubbed into the skin, rather than rubbed off of the skin.
- I prefer to delay administration of eye ointment.
- I prefer to have Vitamin K administered orally (no injection).
- I prefer not to have my baby circumcised.

Other requests for newborn care: _____



