



BIRTH PREFERENCES

Name: _____

Special Medical Conditions: _____

Birth Support Team: _____

My Delivery is Planned as:

VAGINAL

WATER BIRTH

VBAC

LABOR AND DELIVERY

PAIN MANAGEMENT

- Unmedicated, natural relaxation techniques
- Do not ask if I want paid medication, I will ask if I need it.

LABOR AUGMENTATION

- To be performed only if medically necessary
- Natural methods will be tried first
- Other: _____

FETAL MONITORING

- Only if medically necessary
- Intermittent is preferred

PREFERENCES

- Freedom of Movement
- Natural Water Rupture
- Regular Food and Drink
- Choose Birthing Position
- Other: _____

AVOID

- Episiotomy
- IV - Unless medically necessary
- Vacuum/Forceps Delivery
- Other: _____

IMMEDIATE POSTPARTUM

- Partner to cut cord
- Immediate skin to skin contact
- Baby is not to leave room unless with partner
- Delayed cord clamping

- Cord blood to be saved/donated
- Save placenta
- Initiate breastfeeding immediately
- No formula and no pacifiers

IF C-SECTION IS NECESSARY

- Birth partner present entire time
- Immediate skin to skin contact + breastfeeding
- Stay conscious with moderate anesthesia
- Delayed cord clamping

BABY'S MEDICAL EXAM + PROCEDURES

- Given after breastfeeding/bonding
- Given in birth partner's presence
- NO / YES Hep B Vaccine
- NO / YES Vitamin K Shot
- NO / YES Eye Ointment