

Birth Preference and Vision

Print and fill out this birth preference form to create a birth vision that is full of decisions that will make your birth feel driven by your own choices and feelings. Discuss these preferences with your OB or midwife.

My name: _____

Partner: _____

Doula: _____

Labor Preparation / Preferences:

I have completed the following:

- ☐ Consent forms (if applicable)
- ☐ Insurance forms
- ☐ Cord blood materials and instructions
- ☐ Other: _____

Please note that I:

- ☐ Have Group B Strep
- ☐ Am Rh incompatible w/baby
- ☐ Am positive for herpes
- ☐ Have gestational diabetes
- ☐ Other: _____
- ☐ None of the above

Delivery room environment preferences:

- ☐ Dim lighting
- ☐ Birthing balls
- ☐ Music
- ☐ Minimal sound
- ☐ Pillows/blankets from home
- ☐ Photos/birth affirmations from home

☐ Aromatherapy scents that I will provide

☐ Photos taken by:

☐ Other: _____

Arrival Preferences:

☐ Would like my doula to be present during triage

☐ Would prefer not to have an iv upon arrival, but will consent to one later if medically necessary

My preferred delivery method is:

☐ Vaginal

☐ Have had a prior C-section

☐ Have had prior surgery on my uterus

☐ C-section

If I have a vaginal birth, I want:

☐ To view the birth using a mirror

☐ To touch my baby's head as it crowns

☐ For the hospital staff to help me with pushing techniques

☐ To be able to feel the urge before starting to push

☐ To be able to be mobile

☐ To deliver the baby in the position that best feels comfortable

☐ My partner prefers to catch the baby if possible

☐ Intermittent Monitoring (ACOG Standards) with a remote external monitor if possible

☐ Would prefer to keep vaginal exams to a minimum

Help for managing labor discomfort:

☐ Natural techniques (such as a bath or shower, breathing techniques, hypnobirthing Techniques, acupressure, counter pressure, heat/cold packs or massage, etc.)

☐ Regional analgesia (an epidural and/or spinal block), low dose

☐ Please don't offer me pain medicine. I'll request it if I need it.

☐ Eat and drink to comfort. Clear fluids & ice chips

☐ Other: _____

I want these people in the delivery room:

- ☐ Partner: _____
- ☐ Parents: _____
- ☐ Doula: _____
- ☐ Friend: _____
- ☐ Other family members: _____

Planning for the Unexpected:

The idea of something not going as planned is probably the last thing you want to think about. Fortunately, talking to your OB or midwife ahead of time can help you plan for the unexpected and understand the decisions you may have to make.

If my doctor or midwife believes induction is necessary, I would prefer the following:

Options to help prepare my cervix (also referred to as cervical ripening):

- ☐ Cervical ripening vaginal insert
- ☐ Pill (misoprostol/Cytotec) not FDA approved
- ☐ Catheter
- ☐ Other: _____

Options to help with contractions:

- ☐ IV drip (oxytocin/Pitocin)
- ☐ Nipple stimulation
- ☐ Walking around, dancing, squatting, etc.
- ☐ My doctor or midwife will help break my water

If i need a C-section and it's not an emergency:

- ☐ If possible, I'd like to have a moment alone/with my partner/family/other to process this before having a C-section
- ☐ I'd like to have _____ present for the procedure
- ☐ I'd like to have a sheer screen to watch/lower the screen, if possible
- ☐ I'd like have it explained as it happens

☐ I'd like to have immediate contact with my baby if possible

☐ I'd like to have music playing

☐ Breast feeding in recovery room

After-delivery preference:

Procedure for the umbilical cord:

☐ My partner (or _____) to cut the cord

☐ Delayed clamping and cutting of the cord (after it stops pulsating)

☐ Send it to the cord blood bank

Company name _____

☐ Blood

☐ Cord

☐ Both

Use of the placenta:

☐ Hospital to take

☐ Take home (there may be additional steps taken by the hospital for the release of your placenta)

☐ I want the placenta collected for banking

Company name _____

I want to hold my baby for the first time:

☐ Immediately after delivery (skin to skin)

☐ After being wiped clean (skin to skin)

☐ After weighing and initially cleaning my baby (skin to skin)

☐ I'd prefer not to hold my baby after childbirth

☐ Other: _____

If my baby is a boy:

☐ I want my baby circumcise prior to leaving the hospital

☐ I do not want my baby circumcised prior to leaving the hospital

I want to feed my baby with:

- ☐ Breastmilk
- ☐ I prefer my baby doesn't get any bottles
- ☐ Formula
- ☐ Both

I want to start breastfeeding:

- ☐ As soon as possible after delivery
- ☐ After discussing with lactation consultant
- ☐ When I feel comfortable

Baby Care:

- ☐ Please administer eye ointment
- ☐ Please administer Vitamin K injection
- ☐ Please administer the Hep B shot
- ☐ Please conduct the newborn PKU screen
- ☐ Please **do not** administer eye ointment
- ☐ Please **do not** administer Vitamin K injection
- ☐ Please **do not** administer the Hep B shot
- ☐ Please **do not** conduct the newborn PKU screen
- ☐ The hospital can give my baby their first bath
- ☐ Water only
- ☐ I would like to give my baby their first bath (at the hospital)
- ☐ I will be giving my baby their first bath upon returning home