

BIRTH

preferences

Name:

Partner's Name:

Partner's Contact #:

Relationship to Partner:

Due Date:

You need to know that I have:

Gestational diabetes

High blood pressure

Depression

Anemia

High blood pressure

Other _____

Environment:

Eating during labor

Dim lighting

Natural lighting

Aromatherapy

Music playing

Wear own clothes

Minimal interruptions

Silence

I plan to give birth:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> At home | <input type="checkbox"/> In a birthing center |
| <input type="checkbox"/> In hospital | <input type="checkbox"/> Other _____ |

Comfort measures:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Epidural | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Unmedicated | <input type="checkbox"/> Hydrotherapy |
| <input type="checkbox"/> IV Pain Meds | <input type="checkbox"/> Visualization/Affirmations |
| <input type="checkbox"/> TENS Unit | <input type="checkbox"/> Counter Pressure |
| <input type="checkbox"/> Nitrous | <input type="checkbox"/> Breathing Techniques |

During delivery I would like to:

- | | |
|--|--|
| <input type="checkbox"/> Squat | <input type="checkbox"/> Use birth bar for support |
| <input type="checkbox"/> Semi-recline | <input type="checkbox"/> Use birthing stool |
| <input type="checkbox"/> Stand | <input type="checkbox"/> Be in a birthing tub |
| <input type="checkbox"/> Lean on my partner | <input type="checkbox"/> Be in the shower |
| <input type="checkbox"/> Use people for leg support | <input type="checkbox"/> Be on hands and knees |
| <input type="checkbox"/> Use foot pedals for support | <input type="checkbox"/> Lie on side |

I will bring:

- | | |
|---|--|
| <input type="checkbox"/> Birthing stool | <input type="checkbox"/> Squatting bar |
| <input type="checkbox"/> Birthing chair | <input type="checkbox"/> Birthing tub |

During labor I would like:

- | | |
|---|--|
| <input type="checkbox"/> Limited vaginal examinations | <input type="checkbox"/> Push spontaneously |
| <input type="checkbox"/> A birthing ball | <input type="checkbox"/> Push as directed |
| <input type="checkbox"/> To be able to move freely | <input type="checkbox"/> Touch the head as baby crowns |
| <input type="checkbox"/> My water to break naturally | <input type="checkbox"/> Let the epidural wear off while pushing |
| <input type="checkbox"/> Not to have episiotomy | <input type="checkbox"/> Help catch the baby |
| <input type="checkbox"/> Avoid forceps usage | <input type="checkbox"/> Let my partner catch the baby |
| <input type="checkbox"/> Avoid vacuum extraction | <input type="checkbox"/> Let my partner suction the baby |
| <input type="checkbox"/> A mirror to see baby crown | <input type="checkbox"/> Other: _____ |

After delivery I would like to:

- | | |
|---|---|
| <input type="checkbox"/> Immediate skin to skin contact | <input type="checkbox"/> Fundal massage myself |
| <input type="checkbox"/> Delayed cord clamping | <input type="checkbox"/> Fundal massage by practitioner |
| <input type="checkbox"/> Cord cut by partner | <input type="checkbox"/> No fundal massage |
| <input type="checkbox"/> Cord cut by practitioner | <input type="checkbox"/> Golden hour skin to skin contact |
| <input type="checkbox"/> Baby to stay in room | <input type="checkbox"/> Baby to be cleaned |
| <input type="checkbox"/> Placenta birth managed natural | <input type="checkbox"/> Other: _____ |

For baby:

- | | |
|---|--|
| <input type="checkbox"/> Vitamin K shot | <input type="checkbox"/> No eye ointment |
| <input type="checkbox"/> Vitamin K oral | <input type="checkbox"/> No circumcision |
| <input type="checkbox"/> No Hep B vaccine | <input type="checkbox"/> No bath |



Feeding preferences:

Plan to bodyfeed/breastfeed

Plan to formula feed

No pacifier

Combination feeding

Meet with consultant

Other: _____

Special requirements:

Sign language interpreter

Foreign language interpreter

Special dietary requirements

I and/or my partner have special needs

Religious customs

Other: _____

Additional requirements/notes:

thank you

