

Our Birth Preference List

Mother _____ Partner _____
Physician/Midwife _____ Doula _____
Due Date _____ Hospital _____

My partner and I have discussed our preference for the type of birth experience we would like to achieve. We realize that during the course of labor, changes may become necessary due to medical necessity. We shall be using the services of a doula for labor support and would like to doula to remain with us during the entire labor and birth, even in the event of a cesarean section.

Please review this checklist and discuss and/or make comments with us. Your signature will greatly help communicate with the hospital staff our preferences and desires for this birth.

Coping Techniques

- Massage
- Music
- Dim Lights
- Quiet room
- Shower/Tub/Jacuzzi
- Abdominal Breathing
- Encouragement
- Visualization
- Birth Ball
- Breathing Patterns
- Walking/Standing
- Change Positions in Bed

Monitoring

- None
- Intermittant
- Continuous
- Internal
- Telemetry Unit

Hydration

- Popsicles
- Drink Clear Fluids
- Ice Chips
- No IV
- Heparin Lock
- IV Fluids

IV/IM Medications

- None desired
- Only if I ask
- Offer please
- 1/2 Normal Dosage
- Definite

Epidural Anesthesia

- Only If I Ask
- Offer Please
- Definitely
- Partner & Doula remain during procedure

Techniques to Speed Birth

- Nipple Stimulation
- AROM
- NO AROM
- No Pitocin Desired
- Pitocin Desired

Pushing

- Spontaneous
- Directed
- Squatting
- Side lying
- Semi-reclined
- Varied Positions

Perineal Care

- Prefer tear to episiotomy
- Episiotomy
- Perineal massage
- Warm compresses to perineum

Birth

- Mother to watch birth with mirror
- Partner cut cord
- Mother cut cord
- Physician/Midwife cut cord
- Wait until cord stops pulsating to cut
- No preference to cutting cord
- Mother desires to see placenta
- Mother does not desire to see placenta
- Mother/Father (circle one) to announce sex of baby
- Mother to have baby skin to skin

Baby Care

- Erythromycin held 1hr.
- Oral Vitamin K (if avail)
- NB assessment on Mother's abdomen
- Breast feed w/in 1 hr of birth
- No bottle feeding
- Mother bottle feeding
- Formula of choice:
 - No pacifiers
 - No Hepatitis B shot

Client Signature _____ Date _____

Physician/Midwife Signature _____ Date _____