

Birth Preferences

Name: _____ Estimated Due Date: _____

Doctor/Midwife's Name(s): _____

Others attending birth: _____

Labor

- I prefer to labor and deliver without an medication or drugs unless medically indicated
- I prefer not to be offered any pain relief by the nurses.
- I will use natural measures like meditation, massage, breathing and heat/cold to help cope
- I prefer to have no IV but will consent to a Hep lock if necessary
- I prefer to have no medication to augment labor
- I prefer not to have my water broken before I am pushing
- I would prefer to eat and drink as needed during labor
- If labor augmentation becomes necessary, I would like to try natural methods first including: nipple stimulation, walking, herbs, etc
- I prefer only external monitoring when needed (not continuous)
- I prefer no internal exams except to establish active labor (if needed) and to check for complete dilation before pushing
- I prefer to move around freely during labor with lights dim and music on
- I prefer to push in whatever position feels most comfortable at the time
- I prefer no episiotomy unless absolutely required for baby's safety and would like perineal support, massage or hot compresses to help avoid a tear if needed
- I prefer that no vacuum or forceps are used
- I prefer to try all a natural options before considering a c-section and will only consent to c-section for imminent medical reason

Birth Preferences

- Please place baby immediately on my chest and leave baby there
- Please do not cut the cord for at least 15 minutes or until it stops pulsing
- Please clean/check baby on my chest and do not separate me from baby
- Should a cesarean become necessary, I would like my husband to remain with me at all times and be conscious during the surgery if possible. I would also like to have skin to skin with baby while being stitched and breastfeed as soon as possible.

Newborn procedures:

We have chosen to decline:

- Eye Ointment
- Hep B Vaccine
- Vitamin K Shot
- Circumcision

We will consent to:

- PKU test
- Hearing test
- Necessary emergency treatment

After Birth:

- Baby will be exclusively breastfed, please do not offer pacifier, sugar water or formula
- I wish for baby to remain in my room 24/7 and will accompany baby to any testing
- I do not wish to receive any pain medication post labor and will cope with after pains naturally-please do not offer medications or stool softener
- I would prefer to leave the hospital as soon as possible after birth
- Should a transfer be necessary for baby, please allow me to accompany baby