

Birth Preferences



People involved in the birthing experience

Please list the appropriate names and pronouns of...

Expectant Parent(s): _____

Birthing Person (if applicable): _____ OB Provider/Group: _____

For the birthing individual: the support person you hope to be present for labor, and their relationship to you:

Health Care Provider for the baby, if chosen: _____

Surrogate/Gestational Carrier (if applicable): _____ OB Provider/Group: _____

Support Person(s) that you expect to be present at the hospital, and their relationship(s) to you:

Please note, our current policy allows for 1-2 support persons at a time; support people may change/rotate every 24 hours. If possible, we recommend you keep the same support people for the length of your time in the hospital.

Doulas are considered part of your healthcare team and may be present in addition to your support person. (You contract this service privately)

My doula's name is: _____ Professional doula group/business: _____

We welcome you to take pictures and video tape those important moments of your labor, vaginal birth, and of your newborn. We do request that you ask permission from your provider and nurses before any photography or videotaping of staff.

Options I would like available during labor:

- Aromatherapy (supplied by the patient or doula)
- Low lighting in room
- Shower or soaking tub
- Birth ball/peanut ball
- Light snacks/beverages
- Play music of choice (on a personal device)

- Wear my own clothes
- Walking/swaying/rocking movement

Other:

Interventions for pain relief:

- I prefer no pain medication. (if medically possible)
- I prefer to ask for pain medication when I am ready, rather than have it offered to me.
- I am willing to try other medications before getting an epidural.
- I would like to have an epidural.

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Options I discussed with my provider:

Breaking the bag of water

- I would prefer this to occur naturally unless there is medical need.
- I would like to be involved in the decision before my water is broken.

Options I would like to consider during pushing and delivery:

- Squatting (with or without squat bar)
- I would like my baby placed skin-to-skin on my chest immediately after birth.
- I would like my baby placed skin-to-skin on my chest after being wiped off.
- Cutting the umbilical cord (me or my support person)
- I would like to see the placenta.
- I plan to take my placenta home and have arranged for appropriate storage and removal.

Note-the hospital does not store placentas until discharge.

Cesarean birth- If a cesarean birth is needed, I would like _____ to come with me to the surgical birth suite. (I understand that one support person can accompany me unless general anesthesia is needed.)
We will discuss family-centered options available to you for your cesarean birth. Options may vary and are dependent on the level of care required by you or your baby at the time of birth.

Who will be feeding baby?

- | | | |
|--|--|------------------------------|
| <input type="checkbox"/> Birthing person | <input type="checkbox"/> New Parent, if not the birthing person. | Inducing lactation |
| <input type="checkbox"/> Surrogate/gestational carrier | Providing pumped donor human milk | Feeding at breast/chest/body |
| <input type="checkbox"/> Partners/non-birthing persons | Inducing lactation | A tube at breast/chest/body |

What and how do you plan to feed baby? Check all that apply:

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Human milk | <input type="checkbox"/> Donor milk | <input type="checkbox"/> Artificial milk/formula |
| <input type="checkbox"/> Breast/chest/body feed | | <input type="checkbox"/> Use supplemental nursing system/tube at breast |
| <input type="checkbox"/> Bottle feed (could be human milk, donor milk, or formula) | | |

Areas of concern:

- | | |
|--|--|
| <input type="checkbox"/> Support presence at the birth | <input type="checkbox"/> Adherence to our birth preferences |
| <input type="checkbox"/> My/our role during labor & birth | <input type="checkbox"/> High-risk pregnancy |
| <input type="checkbox"/> My/our role with the baby | <input type="checkbox"/> Self-care (now, during labor, postpartum) |
| <input type="checkbox"/> Skin to skin care with baby | <input type="checkbox"/> Support/family dynamics |
| <input type="checkbox"/> Gender-related questions (self, support persons, or baby) | <input type="checkbox"/> Mental health/wellbeing |
| <input type="checkbox"/> Acceptance and Inclusive behavior | <input type="checkbox"/> Labor complications |
| <input type="checkbox"/> Role of surrogate/gestational carrier | <input type="checkbox"/> Baby safety |
| <input type="checkbox"/> Breast/chest/body exams | <input type="checkbox"/> Other (please let us know) |
| <input type="checkbox"/> Communication with staff | |
| <input type="checkbox"/> Religious/spiritual/cultural wishes | |

We can assist with resources and support when needed or desired.