

Birth Preferences Form

We use this sheet to understand your preferences for labor and delivery. Review it with your provider and bring it to your birth to share with your nurse and care team. Remember that no one knows how your labor will unfold, so we encourage you to give yourself flexibility to change your mind. Please see the Birth Preference User's Guide for more information.

Name: _____ **Partner name, if applicable:** _____

About me/us:

Labor support team (names and relationships):

Hopes for this birth:

Concerns about this birth:

Pain management

- I plan an epidural I desire an unmedicated birth I am open to: an epidural IV pain medication
- I would like to use the following comfort techniques:
- | | | | |
|-------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Birth ball | <input type="checkbox"/> Music/Quiet | <input type="checkbox"/> Different positions | <input type="checkbox"/> Visualization |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Tub/Shower | <input type="checkbox"/> Breathing techniques |

If applicable:

Penny Simkin pain management preference # _____ or code word to request medication: _____

Labor and birth

- Monitoring of my baby: Intermittent, if appropriate for my situation Continuous Mobile
- Medication access point (Hep-Lock) rather than being connected to the IV, unless necessary
- I would like to try different positions for pushing: _____
- I would like a mirror to see my baby's head
- Please remind me to touch the baby's head as it emerges
- Concerns about routine use of Pitocin to prevent excessive bleeding after birth? _____
- If a cesarean birth is necessary, I would like _____ to accompany me in the operating room.
- If the baby has to go to the NICU, I would like _____ to accompany the baby.

After your baby is born

- I plan to breastfeed. Concerns about feeding? _____
- Concerns about routine: Vitamin K Eye ointment Hepatitis B vaccine
- If my baby is a boy, I plan to have him circumcised.
- My partner or I would like to bathe the baby. Yes No

Cord blood

- Delay cord clamping Donation Banking _____ cuts the cord

My baby's health care provider is:

Name: _____ Clinic: _____ Phone: _____

Birth preferences reviewed by doctor or midwife: _____ **Date:** _____