

W O M E N

Obstetrics & Gynecology

PHYSICIANS • MIDWIVES

MY BIRTH PREFERENCES

Birth cannot be planned, but preferences can be shared. Birth preferences are the choices that are important to you. This document is a communication tool for you to share your preferences for labor, birth, and recovery.

MY CARE TEAM

My Name: _____
Support People: _____

Obstetrician or Certified Nurse Midwife: _____
Pediatrician: _____

LABOR PREFERENCES

I am planning a **vaginal birth**
I plan on laboring with:
 A standard labor epidural
 IV pain medication
 Nitrous Oxide
 Unmedicated comfort techniques:
 Support Person
 Massage
 Birthing Ball
 Tub/shower
 Music
 Aromatherapy
 Other: _____
 All of the Above. Let's see how it goes!

I am planning a **Cesarean birth**
In the operating room, I plan on using:
 Music
 Aromatherapy
 Family Centered Cesarean. My guest will be: _____
 Other: _____

Something we missed? Any other birth preferences:

I do not have any preferences for my labor, birth or newborn care.

I have made the following birth choices because: (Choose all that apply.)

I feel it is best for me
 I feel it is best for my baby
 I have done my research, read about birth choices and made my decision.
 This is what my doctor/midwife recommended.
 Other: _____

BIRTH PREFERENCES

I would like the cord clamped:
 right away
 delayed cord clamping
Do you want to take your placenta home?
 Yes, I will arrange for it to be picked up/removed from the room in the first hour after birth.
 No
Do you want your cord blood collected for storage?
 Yes
 No

NEWBORN CARE PREFERENCES

Skin-to-skin right after birth:
 Yes
 No
Do you want the recommended newborn medications?
 Vitamin K
 Antibiotic eye ointment
How do you plan on feeding your baby?
 Breast only
 Formula only
 Both breast and formula
 Unsure