

My Birth Preferences



My name is _____ My partners name is _____

I also plan to have _____ at my birth they are my _____

In my labor room I would like

- ☐ music
- ☐ essential oils
- ☐ to wear my own clothes
- ☐ dim lighting
- ☐ calm voices
- ☐ minimal distractions
- ☐ _____

For pain management

- ☐ epidural
- ☐ IV narcotics
- ☐ nitrous oxide
- ☐ massage/counterpressure
- ☐ hot/cold packs
- ☐ to use the tub and shower
- ☐ position changes
- ☐ to use the birth balls & cub
- ☐ hypnobirthing
- ☐ breathing techniques
- ☐ _____

For labor management

- ☐ my water to break naturally
- ☐ intermittent/minimal fetal monitoring
- ☐ continuous fetal monitoring
- ☐ wireless monitors
- ☐ NO cervical exams
- ☐ minimal cervical exams
- ☐ _____

During the pushing phase

- ☐ labor down
- ☐ to be coached on pushing
- ☐ counting through pushing
- ☐ push with urge only
- ☐ perineal massage
- ☐ warm compresses
- ☐ suggested pushing positions
- ☐ breathe my baby down
- ☐ move to whatever position I choose
- ☐ _____

After delivery

- ☐ I or partner catch baby
- ☐ immediate skin to skin
- ☐ the cord will be cut by _____
- ☐ delayed cord clamping until _____
- ☐ NO cord traction
- ☐ IV pitocin for placenta
- ☐ IM pitocin for placenta
- ☐ NO pitocin post delivery
- ☐ keep my placenta
- ☐ breastfeed
- ☐ _____

I want to avoid or refuse

- ☐ An IV lock
- ☐ Pitocin
- ☐ AROM
- ☐ antibiotics
- ☐ IV fluids
- ☐ erythromycin eye ointment
- ☐ vitamin K shot
- ☐ hepatitis B vaccine
- ☐ _____

Additional desires:
