

My Birth Preferences

Name: _____

Partner's Name: _____

Care provider: _____

Support people and/or doula:

Thank you for caring for me and my baby during pregnancy and my labor.

Below are my birth preferences.

First stage

- I am okay with induction
- I prefer to avoid induction of labor if possible.
- I plan to labor until contractions are xx minutes apart
- I would prefer to give birth in a birthing center or at home, rather than a hospital.
- I would like to have a water birth. If a water birth is not possible, I would like to be able to use the shower or bath for pain relief

- I would like to have a quiet and dimly-lit environment during labor and delivery.
- I would like to have a support team present during my labor, including my partner and a doula
- I would like to have privacy during labor and delivery, and prefer to limit the number of people present.
- I am okay with vaginal examinations
- I would prefer not to have vaginal examinations or minimal vaginal exams
- I am okay with a cannula
- I would prefer not to have a cannula
- I would like continuous fetal monitoring
- I prefer intermittent fetal monitoring so that I can move around freely during labor
- I want to have the option for pain relief medications
- I do not wish to take medical pain relief
- I would like to use aromatherapy or other natural methods to help manage pain
- I would like to have access to a birthing ball or other aids for comfort
- I am open to sterile water shots/pethidine/morphine/epidural
- I would prefer to labor without time restrictions

- I would like to have freedom of movement during labor and delivery
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Second stage

- I would prefer to push spontaneously without time restrictions
- I would prefer unassisted delivery
- I am okay with episiotomy if absolutely necessary
- I am not okay with episiotomy unless it is medically necessary
- I would like warm compresses to be placed on my perineum to reduce the risk of tearing
- I would like to catch my baby
- I would like my partner to catch my baby
- I would like immediate uninterrupted skin-to-skin
- I would like to delay cord clamping until we are ready to cut the cord

I would like a quiet birth space with dim lighting and quiet voices after the birth of my baby

I would like to breastfeed as soon as possible after delivery

I would like to delay measurements and routine newborn care procedures until we have had time to bond as a family

We consent to: (list routine newborn care procedures here): _____

Third stage

- I would like A physiological/natural third stage (you wait for the placenta to be delivered naturally)
- I would like assisted third stage
- I would like to see my placenta
- I would like not to see my placenta
- I would like to keep my placenta
- _____
- _____

Caesarean birth

- I prefer no separation from partner and/or doula at any time
- I would like a clear drape
- I don't prefer a clear drape
- I would like to delay cord clamping
- I would like immediate uninterrupted skin-to-skin
- I would prefer no separation from my baby from time of birth and into recovery
- _____
- _____
- _____