



Birth Preferences

While birth can sometimes be unpredictable, working through your birth preferences can help decrease anxiety and improve your overall birth experience. Please print this form, complete and bring to a visit with you during your third trimester.

1. Induction Scenarios
<input type="checkbox"/> I would like to wait as long as possible for natural labor (41 weeks and 5 days for mothers without a medical indication for induction) <input type="checkbox"/> I would like to be induced at 41 weeks <input type="checkbox"/> I would like an elective induction between 39 and 41 weeks if my cervical exam qualifies me for such <input type="checkbox"/> I would like my membranes stripped when possible (after 39 weeks) <input type="checkbox"/> I would like to use natural cervical ripening methods like nipple stimulation, Evening Primrose oil and raspberry leaf tea after 36 weeks

2. Hospital	3. Baby Monitoring	4. Pain Relief Measures	5. Relaxation Techniques
<input type="checkbox"/> Hospital gown <input type="checkbox"/> My own clothing	<input type="checkbox"/> Continuous <input type="checkbox"/> Wireless <input type="checkbox"/> Intermittent <input type="checkbox"/> Internal	<input type="checkbox"/> Epidural <ul style="list-style-type: none"> <input type="checkbox"/> Offer it to me <input type="checkbox"/> Only if I ask <input type="checkbox"/> IV pain medication <ul style="list-style-type: none"> <input type="checkbox"/> Offer it to me <input type="checkbox"/> Only if I ask 	<input type="checkbox"/> Vocalization <input type="checkbox"/> Relaxation <input type="checkbox"/> Breathing <input type="checkbox"/> Imagery/Visualization <input type="checkbox"/> Focal Point <input type="checkbox"/> Massage

6. Comfort Measures	7. Hydration	8. Food	9. Positions
<input type="checkbox"/> Hot/cold packs <input type="checkbox"/> Massage <input type="checkbox"/> Aromatherapy <input type="checkbox"/> Low lighting <input type="checkbox"/> Doula support <input type="checkbox"/> Shower/tub (where available) <input type="checkbox"/> Music	<input type="checkbox"/> Drink clear fluids <input type="checkbox"/> IV fluids	<input type="checkbox"/> Eat lightly at home <input type="checkbox"/> Water <input type="checkbox"/> Juice <input type="checkbox"/> Jello/popsicles <input type="checkbox"/> Nothing to eat	<input type="checkbox"/> Walking <input type="checkbox"/> Sitting <input type="checkbox"/> Lying down <input type="checkbox"/> Rocking <input type="checkbox"/> Standing <input type="checkbox"/> Hands and knees <input type="checkbox"/> Squatting <input type="checkbox"/> Lunging <input type="checkbox"/> Birth ball

10. Augmenting Labor	11. Pushing	12. Perineal Care	13. Delivery Position
<input type="checkbox"/> Patience/nothing <input type="checkbox"/> Nipple Stimulation <input type="checkbox"/> Position changes <input type="checkbox"/> Releasing of water <input type="checkbox"/> Pitocin	<input type="checkbox"/> Spontaneous <input type="checkbox"/> Directed/coached <input type="checkbox"/> Varying positions <input type="checkbox"/> Mirror present	<input type="checkbox"/> Perineal massage <input type="checkbox"/> Warm compress <input type="checkbox"/> Slow delivery of head <input type="checkbox"/> Episiotomy (not standard)	<input type="checkbox"/> Semi-sitting <input type="checkbox"/> Side lying <input type="checkbox"/> Hand and knees <input type="checkbox"/> Squatting



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14. Cutting Cord	15. After Delivery	16. Placenta	17. Newborn Medications
<input type="checkbox"/> Partner or mother <input type="checkbox"/> Doctor/midwife <input type="checkbox"/> Wait until cord stops pulsating (delayed cord clamping) <input type="checkbox"/> Cut as soon as possible <input type="checkbox"/> Cord blood banking planned	<input type="checkbox"/> Baby skin to skin with mother <input type="checkbox"/> Baby to be taking directly to the warmer <input type="checkbox"/> Clean baby before holding <input type="checkbox"/> Delay baby's bath for at least 24 hours <input type="checkbox"/> Baby stays in the room	<input type="checkbox"/> Per hospital protocol <input type="checkbox"/> Encapsulation planned	<input type="checkbox"/> Antibiotic eye ointment <input type="checkbox"/> Hepatitis B vaccine <input type="checkbox"/> Vitamin K injection (required for circumcision; oral is not a reasonable substitution)

18. Circumcision	19. Feeding	20. Twin Vaginal	21. Belly Birth
<input type="checkbox"/> Yes <ul style="list-style-type: none"> <input type="checkbox"/> Give Tylenol <input type="checkbox"/> Give Sweet-Ease <input type="checkbox"/> Use Lidocaine or Marcaine <input type="checkbox"/> No	<input type="checkbox"/> Breastfeeding only <input type="checkbox"/> Formula feeding <input type="checkbox"/> No pacifiers <input type="checkbox"/> Pacifiers OK <input type="checkbox"/> Breast pump if needed <input type="checkbox"/> Lactation consultation	<input type="checkbox"/> Partner present <input type="checkbox"/> Doula present <input type="checkbox"/> Dimmed lights <input type="checkbox"/> Epidural <input type="checkbox"/> Skin to skin between deliveries	<input type="checkbox"/> Partner present <input type="checkbox"/> Doula present <input type="checkbox"/> Clear drape at delivery <input type="checkbox"/> Mom's music playlist <input type="checkbox"/> Take pictures <input type="checkbox"/> Skin to skin as soon as possible