Birth Preferences



Review this form with your OB provider prenatally & bring a copy with you to the hospital for labor/birth.

The Meriter Birth & Newborn team wants to partner with you to provide safe, respectful care. We will listen to your preferences, respect your values, and include you in decisions every step of the way.

This worksheet gives you a place to share your hopes and preferences for labor, birth, and caring for your newborn. It can be helpful to think ahead about what is most important to you, even though labor and birth do not always go as planned.

Understanding what matters most to you helps us support you and your family. You can also tell us about any cultural, religious, language, identity, or accessibility needs.

Please visit the Meriter Birth & Newborn Services website for important information about visitor policies, pre-registration, parking, and more: https://uph.link/BirthNewbornServices_Meriter

People involved in the birthing experience

Please list the names and pronouns of...

Expectant Parent(s): _____

Birthing Person: _____ OB Provider/Group: _____

Healthcare Provider for Baby (Hospital staff will notify them of baby's birth): _____

People who will support you in labor and their relationship to you: (Please see the Meriter website for visitor policies)

_____

_____

Important Cultural, Religious, Language, Identity, or Accessibility Considerations

_____

_____

Have you hired a doula to support your labor & birth? (Doulas are hired privately & are not provided by the hospital.)

Doula's name: _____ Professional doula group/business: _____

Doulas are considered part of your healthcare team and may be present in addition to your support people.

Photography/Videography: We know photos and videos are important. Please ask your provider or nurse before taking photos or recordings of hospital staff. If a staff member asks not to be photographed or recorded, please respect their request.

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Labor Environment & Comfort Measures:

- ☐ Aromatherapy*
- ☐ Low lighting
- ☐ String lights or battery-operated candles*
- ☐ Shower or soaking tub
- ☐ Birth ball/peanut ball
- ☐ Light snacks/beverages (limited options available)
- ☐ Wear my own clothes*
- ☐ Massage techniques/tools*
- ☐ Breathing techniques or mindfulness exercises
- ☐ Play music* (bring speaker or headphones)
- ☐ Walking/swaying/rocking movement
- ☐ Squat bar
- ☐ A mirror for pushing (limited supply at hospital)
- ☐ Other: _____

*Not supplied by the hospital. Please bring desired tools/supplies from home.

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Breaking the bag of water

☐ I would prefer my water to break on its own unless there is a medical reason to intervene.
☐ I am open to having my water broken to speed up labor, after a conversation with my provider.

Options for pain relief:

☐ I prefer no pain medication, if medically possible.
☐ I prefer to ask for pain medication when I am ready, rather than have it offered to me.
☐ I am interested in pain medications in labor (narcotic).
☐ I would like to have an epidural.

Cesarean birth: If a cesarean birth is needed, I would like _____ to come with me.
I understand that one support person can be with me, unless I need to be fully asleep for surgery (general anesthesia).

We will discuss family-centered options available to you for your cesarean birth. Options may vary and are dependent on the level of care required by you or your baby at the time of birth.

Postpartum Preferences

Skin-to-skin: I would like baby ☐ placed skin to skin immediately ☐ wiped off before I hold them

Who will cut the umbilical cord? _____

*Delayed cord clamping (waiting a short time before clamping & cutting the umbilical cord) is standard at Meriter

Placenta: ☐ I would like to see my placenta ☐ I plan to take my placenta home and have arranged for storage and removal.

*The hospital does not have the ability to store placentas until discharge.

Who will feed my baby:

☐ Birthing person
☐ Surrogate/Gestational Carrier
☐ Partners/Non-birthing persons
☐ New parent, if not the birthing person

What I will feed my baby:

☐ Breast milk/Human milk
☐ Donor Human Milk
☐ Formula
☐ Not sure yet

How I will feed my baby:

☐ Breast feed/chest feed
☐ Bottle (breast/human milk, donor milk, or formula)
☐ Other: _____

Topics we'd like to discuss or receive support with:

☐ Support presence at birth
☐ My/our role during labor & birth
☐ My/our role with the baby
☐ Gender identity, names, pronouns, or family roles
☐ Feeling respected, included, and affirmed during your stay
☐ Religious/spiritual/cultural wishes
☐ Communication with staff
☐ Mental health, emotional wellbeing, or recovery needs
☐ Previous difficult healthcare experience
☐ Previous birth or breastfeeding trauma
☐ History of pregnancy or infant loss
☐ Concerns related to physical examinations
☐ High-risk or complex pregnancy
☐ Baby safety
☐ Self-care (now, during labor, postpartum)
☐ Support/family dynamics
☐ Role of surrogate/gestational carrier
☐ How birth preferences will be honored and adapted if plans change
☐ Others (please let us know) _____

_____

_____

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