

Birth Preferences



People involved in the birthing experience:

Please list the appropriate names and pronouns of...

Expectant Parent(s): _____

Birthing Person (if applicable): _____ OB Provider/Group: _____

For the birthing individual: the support person you hope to be present for labor, and their relationship to you:

Health Care Provider for the baby, if chosen: _____

Surrogate/Gestational Carrier (if applicable): _____ OB Provider/Group: _____

Support Person(s) that you expect to be present at the hospital, and their relationship(s) to you:

Please note, our current policy allows for 2 support persons at a time on the Labor & Delivery floor; support people may change/rotate. The postpartum floor allows for 2 visitors at a time (the primary support person does not count as a visitor) from 8am-9pm. Children are allowed to visit during normal visiting hours with an adult and do not count as visitors.

Doulas are considered part of your healthcare team and may be present in addition to your support people. (You contract this service privately)

My doula's name is: _____ Professional doula group/business: _____

We know how important it is to for you to document those important moments of your labor, delivery, and of your newborn. We do request that you ask permission from your provider and nurses before any photography or recording of staff. If you are asked not to photograph/record, please cooperate with the team who is providing care for you and your loved one.

Options I would like available during labor:

- | | |
|--|---|
| <input type="checkbox"/> Aromatherapy (supplied by the patient or doula) | <input type="checkbox"/> Wear my own clothes |
| <input type="checkbox"/> Low lighting in room | <input type="checkbox"/> Play music of my choice (on a personal device) |
| <input type="checkbox"/> Shower or soaking tub | <input type="checkbox"/> Walking/swaying/rocking movement |
| <input type="checkbox"/> Birth ball/peanut ball | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Light snacks/beverages | |

Interventions 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 willing to try other medications before getting an epidural.
- I would like to have an epidural.



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Options I discussed with my provider:

Breaking the bag of water

- I would prefer this is to occur naturally unless there is medical need.
- I would like to be involved in the decision before my water is broken.

Options I would like to consider during pushing and delivery:

- Squatting (with or without squat bar)
- I would like my baby placed skin-to-skin on my chest immediately after birth.
- I would like my baby placed skin-to-skin on my chest after being wiped off.
- Cutting the umbilical cord (me or my support person)
- I would like to see the placenta.
- I plan to take my placenta home and have arranged for appropriate storage and removal.

Note-the hospital does not store placentas until discharge.

Cesarean birth- If a cesarean birth is needed, I would like _____ to come with me to the surgical birth suite. (I understand that one support person can accompany me unless general anesthesia is needed.)

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.

Who will be feeding your baby?

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

What will you feed your baby?

- Human milk
- Artificial milk/formula
- Donor milk
- Not sure yet

How will you feed your baby?

- Breast/chest/body feed
- Bottle feed (could be human milk, donor milk or formula)
- Other: _____

Areas of concern:

- Support presence at the birth
- My/our role during labor & birth
- My/our role with the baby
- Skin to skin care with baby
- Gender-related questions (self, support persons, or baby)
- Acceptance and Inclusive behavior
- Role of surrogate/gestational carrier
- Breast/chest/body exams
- Communication with staff
- Religious/spiritual/cultural wishes
- Adherence to our birth preferences
- High-risk pregnancy
- Self-care (now, during labor, postpartum)
- Support/family dynamics
- Mental health/wellbeing
- Labor complications
- Baby safety
- Other (please let us know)

We can assist with resources and support when needed or desired.