

Birth Preference Checklist:

The birth process is a very important event in a woman's life and we are honored that you have chosen our practice to guide you. Of course, no one can control every aspect of the birth process, but knowing your preferences is important to us.

We invite you to complete this form so that we may have the opportunity to discuss your preferences during your prenatal care. This checklist is to guide the discussion of options that are available to you, during your birth.

Please understand that this form reflects only your desires and suggestions. **Medical necessity may override your preferences in order to keep you and/or your baby(s) safe during the unpredictable birthing process. **

Patient name: _____

Partners name: _____

Baby(s) name (if known): _____

Desired route of delivery:

- Vaginal
- Cesarean Section (C-Section)
- Vaginal Birth After C-section (VBAC)

Labor preferences:

- I would like the following people present at delivery (hospital specific 2-3 visitors at a time).
 - Names:
- Labor support person (or doula if hired)
 - Names:
- Quiet room
- Low lighting
- Wear my own gown
- Music that I will provide
- Ability to change positions or walk around
- Limit vaginal exams as medically necessary
- Diet: Clear liquids (Ice chips, water, jello, popsicles, select juices)
- Intermittent fetal monitoring
- Continuous fetal monitoring

Pain management options

- I plan to have an unmedicated birth. I will verbalize if I need to discuss available options
- Breathing techniques/position changes
- Shower
- Nitrous oxide inhalation (hospital dependent)
- IV pain medication
- Epidural
- Open minded. I am unsure at this time

Delivery preferences:

- Avoid episiotomy (unless deemed medically necessary by my doctor or midwife)
- Warm compresses, gentle perineal massage
- Mirror present to view the birth
- Touch baby's head when it crowns
- Skin to skin contact with baby immediately after delivery
- I would like my baby gently wiped off before handing him/her to me
- Delayed cord clamping
- My partner to cut the umbilical cord
- Breastfeed as soon as possible
- Cord blood banking, with a kit I will provide

If a C-section is necessary:

- Partner present at all times (Anesthesia provider dependent)
- Ability to view the birth with a clear drape (hospital dependent)
- Skin to skin in the operating room
- Partner to hold the baby as soon as possible after the delivery
- I would like to breastfeed in the recovery area

Postpartum: mother/baby care unit:

- Delayed bathing of baby until I am present
- Keep baby in my room at all times
- Provide breast milk for baby
 - Latching
 - Exclusive pumping
 - Opportunity to meet with a lactation consultant
- Formula feed
- Combination breast/formula
- I plan to accept recommended vaccinations for my baby
 - Vitamin K
 - Hepatitis B
- I plan to decline recommended vaccinations for my baby
 - Vitamin K
 - Hepatitis B
- I plan to accept Erythromycin eye ointment
 - Decline eye ointment

If my baby is a boy:

- I would like him circumcised during our hospital stay
 - **Baby must receive Vitamin K injection to be eligible for the procedure
- I do NOT want him circumcised during our hospital stay

Discharge from hospital:

- As soon as possible after delivery (24 hours minimum for vaginal birth, 48 hours minimum c-section)
- I will check my insurance on covered length of stay and decide after delivery.

**We are happy to hear about other requests you may have. However, if we feel that these preferences may jeopardize the health and/or safety of you or your baby, we may politely suggest that another OB practice may be a better fit for the remainder of your prenatal care and delivery.