



Birth Preferences for the _____ Family

Mom's Name: _____

Partner's Name: _____

Preferences during labor and delivery

During labor, I would prefer the birthing room to have

- Dimmed Lights
- Peace and Quiet
- Music of my choice

I would prefer

- To maintain my mobility (walking, up to bathroom, etc.)
- Mobility is not important to me

I would prefer

- Intermittent fetal monitoring (Must document fetal heart tones every 15-30 minutes in labor and every 5-15 minutes during pushing).
- Continuous fetal monitoring

For pain relief I would prefer

- Non-medicinal options (massage, walking, changing positions, shower, relaxation techniques)
- IV pain medications (Stadol, Nubain, etc.)
- Epidural upon request

During delivery I would prefer

- Spontaneous pushing
- Directed Pushing (pushing at certain times as directed by labor coach/nurse)
- To use people for leg support
- To use foot pedals
- To use stirrups

I would prefer no episiotomy unless medically necessary. (This is usually only done when it is necessary to speed up delivery because your baby is not tolerating the birthing/pushing experience).

I would prefer to avoid the use of forceps/vacuum extractor unless medically necessary.

During delivery, I prefer to have the following people present:

1. _____
2. _____
3. _____

Preferences for Baby's Care

After delivery, I would prefer

- Immediate cutting of the cord
- Delayed cutting of the cord (after it stops pulsating)
- My partner (or other family member) to cut the cord

Immediately after delivery, I would prefer

- My baby to be placed directly on my chest/abdomen (as long as the baby is doing well)
- My baby to be assessed and cleaned prior to me holding him/her

I plan on

Breastfeeding (and prefer no pacifiers or bottles be given to my baby)

Bottlefeeding

If my baby is a boy, I prefer

No circumcision

Circumcision

I would like to receive more information regarding cord blood banking

Yes

No