

# BIRTH PREFERENCES

Name: \_\_\_\_\_ Due Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Care Provider: \_\_\_\_\_ Baby is a  girl  boy  we'll see!

## SUPPORT PEOPLE

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## BIRTH PHILOSOPHY

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## SPECIAL HEALTH INFORMATION

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## GENERAL PREFERENCES

I realize every situation is different, but in general, I land here on these scales:

ENCOURAGEMENT | SHHH | LOTS OF PRAISE

EXPLANATIONS | NO NEED | EXPLAIN EVERYTHING

ENVIRONMENT | CALM & QUIET | I DON'T MIND DISTRACTIONS

MOVEMENT | STAY IN BED | ALWAYS MOVING

PAIN MANAGEMENT | ALL NATURAL | MEDICINE

## TOP PRIORITIES

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## IF A CESAREAN IS NECESSARY

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## SPECIFIC PREFERENCES

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|--|--|---|
| <input type="checkbox"/> Mobile fetal monitoring     | <input type="checkbox"/> Labor in water                | <input type="checkbox"/> Partner cuts cord        |
| <input type="checkbox"/> Few vaginal exams           | <input type="checkbox"/> Push instinctively            | <input type="checkbox"/> Skin to skin             |
| <input type="checkbox"/> Don't offer pain medication | <input type="checkbox"/> No medical students/observers | <input type="checkbox"/> Breastfeeding            |
| <input type="checkbox"/> Wear my clothes             | <input type="checkbox"/> Mirror                        | <input type="checkbox"/> Delay newborn procedures |
| <input type="checkbox"/> Birth ball                  | <input type="checkbox"/> Help catch baby               | <input type="checkbox"/> Delay bath               |
| <input type="checkbox"/> Shower                      | <input type="checkbox"/> Partner helps catch baby      | <input type="checkbox"/> Room in _____            |
| <input type="checkbox"/> Eat and drink               | <input type="checkbox"/> Birth in water                | <input type="checkbox"/> _____                    |
| <input type="checkbox"/> Heat/massage                | <input type="checkbox"/> Perineal support              | <input type="checkbox"/> _____                    |

## YOU SHOULD ALSO KNOW...

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