

# Birth Preferences

Know your options at every stage



## Stage 1: Early & Active Labor

### Interventions/augmentation of labor

- ☐ Membrane sweep
- ☐ AROM(artificial rupture of membranes)
- ☐ Foley/cooks catheter
- ☐ Cytotec (not compatible with VBAC)
- ☐ Cervidil
- ☐ Prostaglandin
- ☐ Pitocin
- ☐ Forceps
- ☐ Vacuum
- ☐ Episiotomy
- ☐ Contraction and heart rate monitors
- ☐ Oxygen
- ☐ IV fluids
- ☐ Hep Lock
- ☐ Antibiotics
- ☐ Blood transfusion

### Non Invasive/ Natural labor induction

- ☐ Acupuncture
- ☐ Reflexology
- ☐ Nipple stimulation
- ☐ Castor Oil(midwives brew)

### Fetal Monitoring

- ☐ None
- ☐ Handheld Doppler
- ☐ Intermittent
- ☐ Continuous
- ☐ Internal(fetal scalp)wireless

### Cervical Exams

- ☐ None
- ☐ Limited
- ☐ As needed

### Relaxation Techniques

- ☐ Hypnobirthing
- ☐ Vocalization
- ☐ Breathing Techniques
- ☐ Visualization
- ☐ Focal Point

### Room atmosphere

- ☐ Music
- ☐ Dim Lighting
- ☐ Aromatherapy
- ☐ Wear your own clothes
- ☐ Students allowed
- ☐ Students not allowed in
- ☐ Quiet voices/minimal distractions

### Pain Relief

- ☐ Hydrotherapy (tub/shower)
- ☐ Hot/cold packs
- ☐ TENS unit
- ☐ Massage
- ☐ Counterpressure
- ☐ Nitrous Oxide
- ☐ IV pain meds (narcotic)
- ☐ Sterile Water Injections
- ☐ Epidural
- ☐ - Only offered when asked for
- ☐ - Offered freely throughout labor

### Nutrition

- ☐ Drinking/eating
- ☐ Ice chips
- ☐ IV fluids
- ☐ Sucker/honey stick/popsicle/etc

## Stage 2: Pushing & Birth

### Labor/birthing.positions

- ☒ Toilet (forwards/backwards)
- ☐ Ball (rocking/rolling/hip circles)
- ☒ Lunging
- ☐ Standing
- ☒ Laying down (side/back)
- ☐ Dancing/swaying
- ☒ Squatting
- ☐ Hands and Knees
- ☒ Birth Stool

### Pushing

- ☒ Directed
- ☐ Spontaneous with the urge
- ☒ Counting
- ☐ Holding breath
- ☒ Breathing baby down
- ☐ Labor down
- ☒ Side lying
- ☐ Hands and knees
- ☒ Squat
- ☐ Tug of war

- ☒ In Water
- ☐ Lying on back
- ☒ Perineal support
- ☐ Perineal stretching
- ☒ Warm compress
- ☐ Mineral oil
- ☒ Episiotomy
- ☐ Prefer to tear
- ☒ Mirror to watch
- ☐ Touch head when crowning

## Stage 3: Birth Of The Placenta

### After Delivery

- ☒ Delayed cord clamping
- ☐ Immediate cord clamping
- ☒ Lotus Birth (placenta delivered attached to baby)
- ☐ Partner/mom cut cord
- ☒ Mom/partner catch baby
- ☐ Pitocin to expel placenta/control bleeding (IV or IM)
- ☒ Natural expulsion of placenta (no Pitocin/wait and see approach)
- ☒ Fundal Massage
- ☐ Skin to skin immediately
- ☒ Weight/measurement immediately
- ☐ Suction babies mouth and throat
- ☒ Deny suction
- ☐ Keep placenta (personal/capsules)

## Stage 4: Immediate Postpartum

### Baby/Immediate Postpartum

- ☒ Golden hour
- ☐ All assessments on mom
- ☒ All Assessments At warmer
- ☐ Erythromycin eye cream (immediate or delayed)
- ☒ Hepatitis B Vaccine( immediate or delayed)
- ☐ Vitamin K injection or sublingual
- ☒ Partner to be with baby if birther cannot
- ☒ Partner to stay with birther
- ☐ Bath asap
- ☒ Bath delayed/denied
- ☐ Skin to skin w/ birther and/or partner
- ☒ Breast/Chestfeed
- ☐ Bottle feed
- ☒ Formula
- ☐ Pacifier

# Cesarean Birth Options.

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|--------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Spinal anesthesia                   | <input type="checkbox"/> Slow/gentle delivery             |
| <input type="checkbox"/> General anesthesia                  | <input type="checkbox"/> Delayed cord clamp               |
| <input type="checkbox"/> Partner/doula/photographer present  | <input type="checkbox"/> One arm free                     |
| <input type="checkbox"/> Photographs                         | <input type="checkbox"/> Nausea meds or none              |
| <input type="checkbox"/> No small talk                       | <input type="checkbox"/> Vaginal seeding                  |
| <input type="checkbox"/> Music                               | <input type="checkbox"/> Breastfeed in OR                 |
| <input type="checkbox"/> Clear Drape                         | <input type="checkbox"/> Breastfeeding in recovery        |
| <input type="checkbox"/> Drop drape/watch birth              | <input type="checkbox"/> Skin to skin in OR               |
| <input type="checkbox"/> Mirror to watch birth               | <input type="checkbox"/> Skin to skin in recovery         |
| <input type="checkbox"/> Bed angled for better view of birth | <input type="checkbox"/> Partner skin to skin in OR       |
|                                                              | <input type="checkbox"/> Partner skin to skin in recovery |
|                                                              | <input type="checkbox"/> Blood transfusion                |
|                                                              | <input type="checkbox"/> Iron supplements                 |

Legally and Ethically, you have the right to make informed decisions about your medical care. **With the exception of emergencies (where your or your babies life are in danger)**, you can always ask for more information and time to thoroughly consider all your options with your trusted support team.

Due Date : \_\_\_\_\_

Dr/ OB: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Partner Name: \_\_\_\_\_

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

Present For Birth: YES\_\_\_ NO\_\_\_

The most important thing about my birth is:

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## Additional Birth Preference Notes

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