

Birth Preferences

Know your options at every stage



Embrace Grace
Birth Services

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

<u>Labor/birthing.positions</u>	<u>Pushing</u>	
Toilet (forwards/backwards)	Directed	In Water
Ball (rocking/rolling/hip circles)	Spontaneous with the urge	Lying on back
Lunging	Counting	Perineal support
Standing	Holding breath	Perineal stretching
Laying down (side/back)	Breathing baby down	Warm compress
Dancing/swaying	Labor down	Mineral oil
Squatting	Side lying	Episiotomy
Hands and Knees	Hands and knees	Prefer to tear
Birth Stool	Squat	Mirror to watch
	Tug of war	Touch head when crowning

Stage 3: Birth Of The Placenta

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

Stage 4: Immediate Postpartum

Baby/Immediate Postpartum

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

Cesarean Birth Options.

- | | |
|--|---|
| <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 : _____

Partner Name: _____

Dr/ OB: _____

Relationship: _____

Place of birth: _____

Present For Birth: YES NO

The most important thing about my birth is:

Additional Birth Preference Notes
