



# My Birth, My Way

Individualized, Birth Preferences

## Details

Name:

Partner's Name:

OB/Midwife:

Due Date:

Baby's Sex: Boy Girl Surprise

\_\_\_\_\_ I initially that these are my preferences, but they are subject to change in the event of an emergency.

\_\_\_\_\_ I initially as proof that I have discussed this Birth Preference plan in great length with my provider(s).

## Environment

- Dim lights / natural lighting
- Calming music / sounds
- Minimal interruptions
- Wear my own clothes
- Limited staff (no students or interns)
- As few cervical exams as possible
- Other:

## Important Information

Allergies:

Group B Strep:

HSV:

Diabetes:

Any conditions that might affect delivery?

## Birth Positions

- Squatting
- Standing
- In bed on back
- I would like to remain mobile & upright as possible.
- I would like to be coached/instructed by nursing staff.
- In bed on side
- Hands and knees
- Birthing ball

## Delivery

- Vaginal
- C-Section
- VBAC
- Water Birth

### Induction of Labor

- Prefer natural labor, no interventions, no AROM
- Only if medically indicated
- Yes, as early as possible

### Pain Relief

- Please do not offer any pain medications/epidural
- IV pain medication, if requested
- Epidural
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### Pushing/Tearing

- Breathe baby down
- Be coached through pushing
- Tear naturally, if possible
- No forceps or vacuum
- Use a mirror to see baby's head
- Feel baby's head crown
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## After Birth

### Immediately After

- Skin to skin with mom
- Hand to partner
- Wipe the baby off first
- Don't wipe the baby off first

### Umbilical Cord

- Cut by partner
- Cut by hospital staff

### Medication for Baby

- Eye Ointment
- Vitamin K Inj
- Hepatitis B Vac

### Feeding Preference

- Breast/Chest Fed
- Bottle/Formula Fed

### Circumcision

- Yes, if applicable
- No

## Additional Preferences