



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

## 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
- ☐

## 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
- ☐

## 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