

Birth Preferences*

Parents: _____

Doctor/Midwife: _____

Doula: Anna Marie Nelson, CD(DONA), LMT, LCCE, CBE

Due Date: _____

Baby's Name (if known): _____

During labor my preferences are:

Environment	Support	Mobility
<input type="checkbox"/> Wear my own clothes <input type="checkbox"/> Lights dimmed <input type="checkbox"/> Music <input type="checkbox"/> TV off <input type="checkbox"/> Silence <input type="checkbox"/> Door closed <input type="checkbox"/> Curtain drawn	<input type="checkbox"/> Partner present <input type="checkbox"/> Doula present <input type="checkbox"/> Other family present <input type="checkbox"/> Limit extra personnel	<input type="checkbox"/> Walk <input type="checkbox"/> Change positions frequently <input type="checkbox"/> Get up to use the bathroom <input type="checkbox"/> Use birthing ball
Food/Fluids	Electronic Fetal Monitoring (EFM)	Pain Relief
<input type="checkbox"/> Eat as desired <input type="checkbox"/> Clear fluids only <input type="checkbox"/> Ice chips only <input type="checkbox"/> No IV <input type="checkbox"/> Heparin/Saline lock <input type="checkbox"/> IV	<input type="checkbox"/> Intermittent external EFM <input type="checkbox"/> Continuous external EFM <input type="checkbox"/> Continuous internal EFM	<input type="checkbox"/> Support from Partner/Doula <input type="checkbox"/> Bath or shower <input type="checkbox"/> Walking <input type="checkbox"/> Pelvic rocking <input type="checkbox"/> Position changes <input type="checkbox"/> Massage <input type="checkbox"/> Relaxation <input type="checkbox"/> Breathing <input type="checkbox"/> Visualization <input type="checkbox"/> Heat/Cold packs <input type="checkbox"/> Acupressure <input type="checkbox"/> Focal Point <input type="checkbox"/> Keep bladder empty <input type="checkbox"/> Birth Ball <input type="checkbox"/> Do not suggest medication <input type="checkbox"/> Epidural <input type="checkbox"/> Narcotic
Induction/Augmentation	Vaginal Examinations	
<input type="checkbox"/> Intercourse <input type="checkbox"/> Nipple stimulation <input type="checkbox"/> Walking <input type="checkbox"/> Enema <input type="checkbox"/> Herbal products <input type="checkbox"/> Stripping membranes <input type="checkbox"/> Prostaglandin Gel <input type="checkbox"/> Pitocin <input type="checkbox"/> Cytotec** <input type="checkbox"/> Amniotomy <input type="checkbox"/> Wait at least 12 hours after spontaneous rupture of membranes before induction	<input type="checkbox"/> Limit vaginal exams <input type="checkbox"/> No vaginal exams by students/residents	

*These are personal preferences only, consult your doctor/midwife concerning your medical care.

**Cytotec is not FDA approved for use in labor, consult your doctor/midwife.

While pushing my preferences are:

Positions	Pushing Techniques	Perineum
<input type="checkbox"/> Choice of positions	<input type="checkbox"/> Spontaneous bearing down	<input type="checkbox"/> No episiotomy
<input type="checkbox"/> All fours	<input type="checkbox"/> No prolonged breath-holding	<input type="checkbox"/> Warm compresses
<input type="checkbox"/> Squatting w/ squatting bar	<input type="checkbox"/> Only quiet encouragement	<input type="checkbox"/> Lubricating oil
<input type="checkbox"/> Sitting up in labor bed	<input type="checkbox"/> No time constraints if baby is OK	<input type="checkbox"/> Tearing OK
<input type="checkbox"/> Side-lying		
<input type="checkbox"/> Partner/Doula will support legs		
<input type="checkbox"/> Avoid lying on back		

After the baby is born my preferences are:

Birth	Breastfeeding	Newborn Care
<input type="checkbox"/> Delay cord clamping* at least 2 minutes	<input type="checkbox"/> Baby will be breastfed	<input type="checkbox"/> Delay routine procedures (eye ointment, measuring, weighing) until 1-2 hours after birth
<input type="checkbox"/> Place baby on mother's bare skin right after birth	<input type="checkbox"/> Nurse baby within 1 hour of birth	<input type="checkbox"/> Routine procedures will be done in mother's room, not nursery
<input type="checkbox"/> Partner to cut cord	<input type="checkbox"/> No pacifiers	<input type="checkbox"/> Waive eye antibiotic ointment**
<input type="checkbox"/> Cord blood storage	<input type="checkbox"/> No formula	<input type="checkbox"/> Waive Hep B vaccine
	<input type="checkbox"/> No sugar-water	<input type="checkbox"/> Postpone baby's bath for 6 hours
	<input type="checkbox"/> Request lactation consultant	<input type="checkbox"/> Use no soap during bath to preserve vernix and to avoid perfuming baby***
		<input type="checkbox"/> Baby to room in with mother
		<input type="checkbox"/> No circumcision to be performed
		<input type="checkbox"/> Waive vitamin K shot**

Unexpected Situations:

<input type="checkbox"/> Request staff to talk to mother during surgery to let her know what is happening
<input type="checkbox"/> Partner/Doula will accompany mother in surgery
<input type="checkbox"/> If mother/baby must be separated for medical reasons, mother will pump and partner will feed baby
<input type="checkbox"/> If breastmilk is frozen, it will be thawed with warm water, not boiled or microwaved****
<input type="checkbox"/> If mother and baby must separate, partner will stay with baby, Doula will stay with mother
<input type="checkbox"/> In the event of a cesarean section, mother does/does not want her tubes tied

* Refer to study in *The Journal of the American Medical Association (JAMA)*, March 2007.

** Poses risk, consult your doctor/midwife.

*** Vernix contains antibodies which protect newborn skin, perfume interferes with breastfeeding, consult your doctor/midwife.

**** Microwaving and boiling destroys antibodies in breastmilk, consult your doctor/midwife.

The World Health Organization (WHO) Recommendations for Care in Normal Birth

www.aimsusa.org/CareInNormalBirth.htm

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Lamaze Cert. Childbirth Educator / Cert. Doula / Lic. Massage Therapist / Cert. Breastfeeding Educator

Email: AnnaMarie@ProfessionalDoula.com Website: www.ProfessionalDoula.com