

BIRTH PREFERENCES

Excerpted from *The Birth Book* by Dr. Jennifer Lincoln

Name: _____

Doctor/midwife: _____

Primary support person/relationship: _____

Doula: _____

Additional support people: _____

The three things that are most important for you to know about myself and the arrival of baby (name) _____ are:

1. _____

2. _____

3. _____

PLEASE DISCUSS THE FOLLOWING WITH ME WHEN I GET ADMITTED SO I CAN ASK QUESTIONS BEFORE AN URGENT SITUATION ARISES:

- Operative vaginal delivery (vacuum and forceps)
- C-section
- Blood transfusion
- _____

PAIN MANAGEMENT:

- Please explain all my medication options
- Please do not offer any medications unless I ask
- I would like non-drug options offered (birthing ball, tub/shower, etc.)
- I am planning an epidural
- I would like to meet the anesthesia team to discuss my epidural on admission, so I am not in pain when I go through the consent process
- _____

LABOR PREFERENCES:

- I would like to be free to move around in labor in positions that feel best for me
- I would like to be offered
 - birthing ball
 - whirlpool bath/tub
 - birthing stool for laboring
- I prefer intermittent fetal monitoring if it is not too risky for me
- I prefer wireless monitoring if it is available
- I want to be able to eat and drink
- I do not want routine breaking of the bag of water or internal monitoring; if they are recommended, I want the reasoning explained to me
- I do not want routine Pitocin during labor; if it is recommended, I want the reason explained to me
- I decline scheduled cervical exams and instead want them when there is a clinical reason and it is explained to me first
- _____

PUSHING PREFERENCES:

- I would like to push and birth my baby in whatever position feels right and is safe and effective (this may not be on my back!)
- I want warm compresses on my perineum when I'm pushing
- I want perineal massage
 - while pushing
 - in between pushes
 - both
- I would like a mirror when I am pushing
- I prefer pushing to be
 - coached
 - uncoached
 - whatever you think is working best
- If my baby appears to be sunny side up while pushing, I would like to discuss the potential benefits of trying manual rotation
- _____

BIRTHING PREFERENCES:

- I want my baby placed skin-to-skin right after birth, and for them to remain there during the golden hour (unless their or my medical condition prevents that)
- If I am unable to do skin-to-skin for the first hour, I would like _____ to do this
- I decline routine bulb suctioning and only want it done if my baby's airway needs to be cleared
- _____

UMBILICAL CORD AND PLACENTA PREFERENCES:

- I would like delayed cord clamping of at least sixty seconds
- I would like to donate the cord blood to public banking if it is available
- I do not want to take my placenta home with me
- I want to take my placenta home with me
- I would like to be shown my placenta
- I plan to have a post-placental IUD placed

C-SECTION PREFERENCES:

- If a C-section is recommended, I would like the reason explained to me and the ability to ask if we can try alternatives (understanding that emergencies sometimes happen and limit this)
- I want a clear drape
 - so I can watch my baby be born
 - only after my baby is out, to see them
 - I do not want to see anything until after my baby is born and brought over to me
- I want delayed cord clamping
- I want the umbilical cord left long so _____ can cut it afterward
- I want my baby immediately brought to me and assessed while on my chest during skin-to-skin, unless a medical concern prevents this
- I do not want my baby to leave the operating room unless it is medically necessary
- I prefer my skin incision be closed with
 - stitches
 - staples
 - whatever my doctor recommends

BABY PREFERENCES:

- I want all procedures (including shots/eye ointment) to wait until after the golden hour has passed
- I want my baby to be given all routine vaccinations and medications
- I do not want my baby given a bath
 - until 24 hours old
 - while in the hospital
 - I want my baby rooming in with me and all examinations and testing done in my presence
- If I have a boy, I would like to discuss circumcision

FEEDING PREFERENCES:

- I plan to
 - exclusively breastfeed
 - combination feed
 - exclusively formula-feed
- I do not want any supplementation given without my consent
- If supplementation is needed, I prefer
 - donor breastmilk
 - formula
 - want to see the hospital lactation consultant
- _____



LOOKING FOR MORE RESOURCES
FOR LABOR AND BIRTH?

Scan the QR code or visit drjenniferlincoln.com