

Birth Preferences

Name: _____

Partner's Name: _____

Due Date: _____

Add't Support: _____

Place of Birth: _____

Present At Birth: Yes____No_____

Health Information:

- Group B strep
- Gestational diabetes
- Allergies
- RH incompatible with baby
- Other conditions that may affect birth:

During Labor I Would Like:

- To eat/drink as I please
- Dim lights
- Music
- To walk freely
- Minimal distractions
- Continous fetal monitoring
- Intermittent fetal monitoring
- Receive fluids through IV
- Minimal cervical checks

While Pushing I Would Like To:

- Push as my body feels the need to
- Be coached
- Tear naturally
- Use a warm compress
- Let baby's head rest against my perineum
- Avoid forceps and vavuum
- Birth in whatever position is most comfortable
- Feel baby's head crown
- Use a mirror to see baby's head
- Partner or mom to catch baby

For Pain Management I Will Be Using:

- Birth ball and peanut ball
- Essential oils
- Acupressure
- Breathing Techniques
- Epidural
- TENS
- Nitrous oxide
- Hydrotherapy (shower and tub)
- Massage
- Alternating Positions
- Hypnobirthing Meditations
- IV pain medicine
- Sterile water injections

Immediately After Birth:

- Delayed cord clamping
- Cord cut after placenta delivery
- Immediate cord clamping
- Partner or mom to cut cord
- Shot of pitocin
- Golden hour
- All assessments done on mom
- All assessments done at warmer
- Hepatitis B vaccine
- Vitamin K injection
- Erythromycin eye ointment
- Colostrum as eye ointment
- Breastfeed immediately

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