**Birth Preferences**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

While I know I may need to respond to unexpected situations, these are my current intentions. **Please explain everything that is happening to my birth team and me. I trust my medical team but I want to be a good advocate for myself and an active participant in my birth.** Thank you for helping me have a safe, healthy, and satisfying birth!

* My support team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **I plan to minimize interventions during my labor and birth:**
	+ Do not offer me medicated pain relief. I will ask for it if I want it.
	+ I prefer intermittent monitoring.
	+ I prefer a saline lock. I do not want routine intravenous fluids.
	+ Please minimize cervical examinations.
	+ I want my waters to break on their own.
	+ I prefer non-drug methods to help labor progress.
* **I would like time to labor down and follow my body’s urges to push before we consider directed pushing.** I understand that this type of pushing may be useful in certain circumstances.
* **I would like my baby on my chest immediately after birth**, allowing us to have as much skin-skin-contact as possible and an opportunity to breastfeed.
* **Please allow me time to deliver my placenta without cord traction.**
* Please delay cord clamping for \_\_\_\_ minutes.
* I consent to the following newborn care procedures:
	+ Vitamin K injection
	+ Newborn antibiotic eye ointment
	+ Hepatitis B vaccine
	+ Circumcision