Tab 1

Birth Preferences

Important Details About Me

Name:

Birth Team: *include anyone attending your birth and their relationship to you here* + Magdalena (doula)

My Birth Goals: *Example, informed, positive experience, low intervention, unmedicated birth, etc.*

Health and Personal History: *include any history of previous births, complications with them, chronic health conditions, etc.*

Labor

Atmosphere: *examples dim lights, use soft voices, keep room quiet*

Fetal Monitoring: *examples intermittent auscultation, mobile monitoring, IA before epidural then standard monitoring*

Pain Management: *include things here that staff may help set up or participate in, like TENS, sterile water injections, nitrous, epidural/no epidural. No need to include breathing, counter pressure, etc.*

Pushing and Birth

Positions I would like to use for pushing:

Perineum Protection: *warm compresses, mineral oil, etc.*

Other: *if you or your partner want to catch the baby, if you, use of mirror, touch baby's head as they crown, etc.*

Placenta and Umbilical Cord:

I would like to delay cord clamping until *[insert amount of time]*

[Insert name] will cut the cord

Placenta: *[Active or expectant management], [see placenta], [take it home]*

If a cesarean is necessary, I would like:

Lowered drape, skin to skin in operating room, delay weights and measures until after golden hour

Baby Preferences

Feeding Baby: *breastfeed, bottle feed, expressed colostrum, donor milk, formula, etc.*

Baby Medicines:

Other Notes:

Optional, you could include staff preferences around students or residents here, history of trauma, anything to note about your family structure, etc.