

Parents: Mom and Dad Lastname
Doula: Doula ("Doula")
Birthplace: Hospital Name

Our highest priority is the safety and health of Mom and our baby. Ideally, we would like to avoid medical interventions, including surgical procedures or drugs. Please use your experience and expertise to help us achieve this goal, and suggest techniques that you think would help. We are open to considering interventions in the event that our family's health or safety are at risk.

During labor and delivery, we would like for Dad and our doula, Doula , to be present at all times. Before consenting to any intervention, Dad and Mom would like to hear your opinion of the risks and benefits of the procedure and to have time to discuss them on our own.

Labor

- Please do not offer pain medication. We would like pain medication to be available on request.
- During labor, we would like Mom to have freedom of movement to walk, stand, change positions, use a birthing ball, or bathe. [Ask midwives: bathing policy if bag of waters is ruptured? e.g. showers only?]
- Mom would like to be able to eat lightly (e.g. crackers, Gatorade). She is strongly affected by low blood sugar (symptoms similar to those of hypoglycemia).
- In lieu of an IV, please use a heparin lock. [hospital standard]
- Before any procedures involving needles, please alert Dad so that he can leave the room or turn around.
- We would like to progress through first and second stage labor naturally, without strict time limits. We will be open to considering other options in unusual or risky circumstances.
- We prefer intermittent external fetal monitoring (or a Doppler) over internal fetal monitoring or constant external fetal monitoring. [hospital standard]
- Please limit vaginal examinations. [hospital standard]

Delivery and Post-Birth

- We are open to using different positions for pushing and delivery, including a stool.
- We would like to avoid an episiotomy unless necessary, or if there is risk of significant tearing. [hospital standard?]
- As in labor, we prefer to avoid interventions unless risk factors are present, and we would like to consider our options before consenting.
- Please delay cutting the cord until placental blood volume has transferred. (We prefer for a doctor/nurse/other medical professional to cut the cord - we do not wish to do it ourselves.) [hospital standard?]
- Please do not pull the cord to remove the placenta. We are open to the use of Pitocin (preferably intramuscular) or other medical interventions to assist delivery of the placenta, if needed; please discuss this with us in advance.
- Mom or Dad would like to be with the baby at all times.
- Mom would like to breastfeed immediately, if she is able.
- Please delay examinations and procedures (erythromycin, Vitamin K) until after initial breastfeeding. Mom and Dad would like to be present during all examinations. When possible,

please conduct examinations while the baby is *on* Mom or Dad, to maximize skin-to-skin contact.

Cesarean Delivery (If Needed)

- If a Cesarean delivery becomes necessary, Doula will remain with Mom during the surgery and Dad will wait in an appropriate nearby room; as soon as the baby is born, please bring him/her to Dad for warming and skin-to-skin contact.
- Please use a low transverse cut with double stitching to allow for VBAC in the future. [hospital standard?]