Birth Preferences

Our names are**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Our Birth Attendant’s names are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We’re hoping for a **natural childbirth** **without unnecessary interventions or the use of drugs.** We appreciate your support with our birth preferences. Thanks for helping us work toward this! Whooohoooo!!!

# ACTIVE BIRTH

* I’d like the freedom to choose positions, use the shower or bath and walk around in labor as desired. In fact, you may walk in while we are dancing to some music. That’s our style ☺
* I’m happy to have intermittent external fetal monitoring unless continuous monitoring is medically necessary
* Please don’t offer drugs; I am aware of the options for pain relief and will ask for it if needed
* I wish to be free of time limits and not have my labor augmented unless in a genuine medical emergency
* I’d only like an episiotomy if there is a genuine medical emergency. Please allow time for the perineum to stretch naturally.

# INDUCTION / AUGMENTATION

# If baby and I are well, I would like my baby to decide his/her own due date. I am happy to discuss a plan should my pregnancy reach the end of term at 42 weeks. Should labor induction become necessary at any time, I'd like to start with the least artificial means first - i.e. nipple stimulation, acupuncture, massage or a stretch and sweep before a medical induction. I would like time to allow the natural inductions work.

# *If this is unsuccessful and a medical induction or augmentation becomes medically necessary I’d like:*

# To only have my waters to be broken at first instance if my cervix is open. I would like to be given a generous amount of time for labor to establish upon rupture of membranes (i.e. more than just a few hours) before other forms of medical induction / augmentation. I would like to go home if all is well, until labor is established.

# If I require induction medication, I would like a very low dose, to be increased gradually and slowly. Once my labor is established I would like to choose to stop the dose being increased, lower the dose or stop the drip to allow my body to continue to labor without artificial oxytocin. Please put the cannula in my arm and not my hand so I have more freedom of movement if possible.

# CAESAREAN

*If a caesarean becomes necessary I’d like*:

* For my partner to be with me
* Unless prevented by medical emergency, I would like my baby to be placed on my chest while you complete the procedure
* To be sure that a double layer suture is used and not a single layer in order to improve my chances for a future VBAC
* For the cord to stop pulsating before clamping for reasons mentioned
* The opportunity to breastfeed our baby in recovery. If you do not have the staff to enable this, I wish to have my Birth Attendant with me so I can breastfeed in recovery
* As long as my baby is healthy, I would like my partner to be the baby's constant source of attention until I am free to bond with it (i.e., holding, skin-to-skin contact, etc)

## BIRTH AND SOON AFTER

*Presuming baby and I are well, we’d like:*

* For my sister to cut the cord after the cord has stopped pulsating.
* To hold my baby immediately after the birth and have as much bodily contact with my baby as possible
* For all newborn procedures (weighing, measuring, bathing) to wait until I have had time to bond with and breastfeed our baby
* If the baby has any problems, I would like my partner to be present with the baby at all times, if possible
* Full rooming in, no separation, no exceptions, unless my baby is sick.
* Not to have any medicinal interventions to deliver the placenta.
* To wait until the umbilical cord stops pulsating before clamping, to allow my baby to receive the valuable blood and iron stores.
* No Vitamin K shot, no eye drops for our baby.
* For baby to be given only breastmilk – strictly no water or formula.
* To defer Hepatitis B injections, any other vaccinations, immunizations, etc.
* Our baby will be circumcised at the one week checkup
* Please do routine PKU testing after 24 hours

**Please sign our birth preferences in good faith that it has been read, will be treated respectfully and that we have your support in all of the above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**