

Name: _____

Birth partner(s): _____

Hospital / birth center: _____

Allergies: _____

Due date: _____

Doctor / midwife: _____

Baby's doctor: _____

Medical notes (e.g. GBS status): _____

Thank you for caring for us. These are our preferences if everything goes smoothly. We understand plans may need to change for the health of me and my baby - when that happens, please explain what is going on and include us in decisions whenever there is time.

LABOR ENVIRONMENT

- ☐ Dim lights and a calm, quiet room
- ☐ My own music or playlist
- ☐ Wear my own clothes
- ☐ Move freely and change positions
- ☐ Eat light snacks and drink if allowed
- ☐ Birth ball, peanut ball, shower or tub
- ☐ Only my support team in the room
- ☐ Photos / video when permitted

Other: _____

PAIN RELIEF

- ☐ I'd like to try without medication first
- ☐ Please don't offer medication - I will ask
- ☐ I plan to have an epidural
- ☐ Open to nitrous oxide (gas and air)
- ☐ Open to IV pain medication
- ☐ Breathing, massage, water, TENS

Other: _____

MONITORING AND INTERVENTIONS

- ☐ Intermittent monitoring if baby and I are well
- ☐ Wireless monitor if continuous monitoring is needed
- ☐ Saline lock instead of a continuous IV if possible
- ☐ Keep vaginal exams to a minimum
- ☐ Let my waters break on their own
- ☐ Discuss induction or oxytocin (Pitocin) with me first

Other: _____

PUSHING AND BIRTH

- ☐ Push when I feel the urge
- ☐ Guided (coached) pushing
- ☐ Choose my own position
- ☐ Warm compresses and perineal support
- ☐ Avoid an episiotomy unless necessary
- ☐ A mirror to see baby crowning
- ☐ Partner announces the baby's sex

Other: _____

RIGHT AFTER BIRTH

- ☐ Baby placed skin-to-skin straight away
- ☐ Delayed cord clamping (at least 30-60 seconds)
- ☐ Partner cuts the cord
- ☐ Cord blood banking / donation (arranged)
- ☐ Uninterrupted first hour with baby
- ☐ We would like to see / keep the placenta

Other: _____

NEWBORN CARE

- ☐ Do newborn checks with baby on my chest or in the room
- ☐ Please ask us before any procedure or supplement
- ☐ Vitamin K injection
- ☐ Antibiotic eye ointment
- ☐ Hepatitis B vaccine before we go home
- ☐ Delay the first bath (ideally 24 hours or more)
- ☐ Circumcision (if a boy): yes / no / undecided
- ☐ Baby rooms in with us

Other: _____

FEEDING

- ☐ Breastfeeding / chestfeeding
- ☐ Formula feeding
- ☐ Combination feeding
- ☐ Early help from a lactation consultant
- ☐ No pacifier or formula without asking us first
- ☐ Donor milk if supplementation is needed

Other: _____

IF A CESAREAN IS NEEDED

- ☐ My partner stays with me throughout
- ☐ Talk me through what is happening
- ☐ Clear or lowered drape to see baby born
- ☐ Skin-to-skin in the operating room if baby is well
- ☐ Partner does skin-to-skin if I can't
- ☐ Delayed cord clamping if baby is well
- ☐ Baby stays with me in recovery

Other: _____

AFTER THE BIRTH

- ☐ Limit visitors until we say we are ready
- ☐ Partner stays overnight
- ☐ Quiet time for rest and feeding
- ☐ Explain my pain relief plan before discharge

Cultural or religious practices: _____

KEY CONTACTS

Birth partner phone: _____

Doula phone: _____

Emergency contact: _____

Who is caring for our children / pets: _____

QUESTIONS FOR MY PROVIDER

1. _____
2. _____
3. _____
4. _____

ANYTHING ELSE OUR TEAM SHOULD KNOW