**Picture 1**

**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.
  + Limited vaginal exams with informed consent.
  + Please discuss the following interventions with us if they become necessary:
    - stretch and sweep
    - artificially rupturing membranes
    - artificial augmentation of labor (including Pitocin during labor)
    - postpartum Pitocin
    - routine suctioning of baby with blue bulb syringe
    - **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.
* No soaps or betadine to be used in or around the birth canal.
* If lubrication is needed, please use organic olive oil or arnica oil.
* **I would like my baby on my chest immediately after birth** with uninterrupted skin to skin until after the baby’s first feeding
  + including delaying the weight
* **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