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**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