

[NAME]+ [PARTNER'S NAME]

# BIRTH PREFERENCES

Statement on intention for your birth.



## Birth Team

- |                    |                  |
|--------------------|------------------|
| ★ Medical Provider | ★ Partner's Name |
| ★ Pediatrician     | ★ Doula's Name   |



Your informed consent statement goes here. Refer back to the writing guide checklist for suggested statements. You can include directions on whom you consent to give health care decisions about your health and your baby's health in the event you are unable to speak for yourself.

## Labor

- preference for hep lock/IV
- preference for fetal monitoring
- preference for pain medication
- preference for ruptured membranes
- preference for comfort tools
- additional preference

## Pushing

- preference for hand on vs. hand off
- preference for pushing positions
- preference for episiotomy
- preference for perineal support
- additional preference
- additional preference

## Postpartum

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> preference for skin to skin      | <input checked="" type="checkbox"/> preference for routine Pitocin  |
| <input checked="" type="checkbox"/> preference for cord clamping     | <input checked="" type="checkbox"/> preference for saving placenta  |
| <input checked="" type="checkbox"/> preference for placenta delivery | <input checked="" type="checkbox"/> preference for cutting the cord |

## Newborn

- List your newborn preference
- List your newborn preference
- List your newborn preference
- List your newborn preference

## Cesarean Birth

If cesarean birth is medically necessary we prefer:

- List cesarean birth preference
- List cesarean birth preference
- List cesarean birth preference