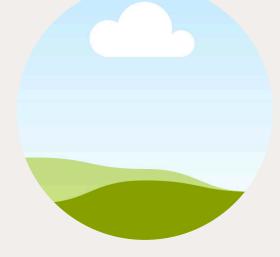
## [NAME]+ [PARTNER'S NAME] BIRTH PREFERENCES

Statement on intention for your birth.





Group B [result here]

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	Pushing
<ul> <li>preference for hep lock/IV</li> <li>preference for fetal monitoring</li> <li>preference for pain medication</li> </ul>	<ul> <li>preference for hand on vs. hand off</li> <li>preference for pushing positions</li> <li>preference for episiotomy</li> </ul>
<ul> <li>preference for ruptured membranes</li> <li>preference for comfort tools</li> <li>additional preference</li> </ul>	<ul> <li>preference for perineal support</li> <li>additional preference</li> <li>additional preference</li> </ul>
Postpartum preference for skin to skin preference for cord clamping preference for placenta delivery	<ul> <li>preference for routine Pitocin</li> <li>preference for saving placenta</li> <li>preference for cutting the cord</li> </ul>
NewbornSolutionList your newborn preferenceList your newborn preferenceList your newborn preferenceList your newborn preferenceList your newborn preference	Cesarean BirthIf cesarean birth is medically necessary we prefer:If cesarean birth preferenceIf cesarean birth preferenceIf cesarean birth preferenceIt cesarean birth preferenceIt cesarean birth preferenceIt cesarean birth preference