



Birth Preferences Form

Labor

Who will be with you during your labor? _____

What type of labor do you plan on having? _____

Do you want to eat or drink during labor? _____

Will you consent to having an I.V.? _____

Where will you labor? _____

Will you consent to vaginal exams? _____ If so, when? _____

Will you consent to constant fetal heart rate monitors? _____

What are your wishes regarding pain relief methods? _____

What are your wishes regarding medical interventions? _____

Do you want freedom to use all types of labor positions? _____

Do you want body following or coached pushing? _____

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After the Baby is born

When and who will cut the umbilical cord? _____

What is your preference for baby care?

Skin to Skin _____

1 to 2 hours uninterrupted bonding time? _____

Breast-feeding? _____ If no, do you want a bottle or binkie offered? _____

If a boy, will you consent to have him circumcised? _____

If baby must be taken out of the room, who will stay with Mom and who will go with baby? _____

In case of an emergency c-section

Who will be in the room with Mom? _____

Who will accompany the baby if he/she is taken to the nursery? _____

If Dad accompanies the baby to the nursery, do you wish to have your Doula in recovery with you? _____