DOULAS BY THE BAY

BIRTH PREFERENCES

I'D LIKE THE FOLLOWING PEOPLE TO BE PRESENT DURING LABOR AND/OR BIRTH:

PARTNER: _____

RELATIVES: _____

DOULA: _____

CHILDREN: _____

FRIENDS: _____

TYPE OF CHILDBIRTH PREPARATION/INTENTION:

_____
_____
_____

LABOR:

[ ] I would like to be able to move as I wish during labor
[ ] I would like to eat and drink as desired during labor

It's ok [ ]/Not ok [ ] for people in training (such as medical students or residents) to be present during labor and delivery

I WOULD LIKE TO TRY THE FOLLOWING OPTIONS IF AVAILABLE:

[ ] A birth ball
[ ] A birthing stool
[ ] A squat bar
[ ] A warm shower or bath during labor

I PREFER:

[ ] An intravenous (IV) line for fluids and medications

[ ] A heparin or saline lock (this device provides access to a vein but it is not hooked up to a fluid bag)

[ ] I don't have a preference

[ ] I prefer Intermittent monitoring vs continuous monitoring

ANESTHESIA OPTIONS:

[ ] I do not want anesthesia offered to me during labor unless I specifically request it

[ ] I would like anesthesia. Please discuss the options with me.

[ ] I do not know whether I want anesthesia. Please discuss the options with me.

DELIVERY:

[ ] I prefer to avoid an episiotomy

[ ] I prefer to avoid delivery tools such as forceps or vacuum

[ ] I have made prior arrangements for storing umbilical cord blood

[ ] I will be taking my placenta home

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FOR VAGINAL BIRTH, I WOULD LIKE:

[ ] To use a mirror to see the baby's birth

[ ] For my labor partner to help support me during the pushing stage

[ ] For the room to be as quiet as possible

[ ] For one of my support people to cut the umbilical cord

[ ] For the lights to be dimmed

[ ] To be able to have one of my support people take a video or pictures of the birth

[ ] For my baby to be put directly onto my chest immediately after delivery

[ ] To begin breastfeeding my baby as soon as possible after birth

FOR CESAREAN BIRTH:

I would like the following person to be present with me:

_____

[ ] Drape options

[ ] Full drape [ ] Lowered drape [ ] Clear

[ ] To be unrestrained or at least have one arm free

[ ] Gentle Cesarean Practices

[ ] Vaginal seeding

[ ] I would like one of my support people to hold the baby after delivery if I am not able to

[ ] I would like one of my support people to go with my baby to the nursery

BABY CARE PLAN:

I would like the following newborn procedures:

[ ] Vitamin K shot

[ ] Hepatitis B vaccine

[ ] Eye ointment (Erythromycin)

[ ] PKU testing

[ ] Bathing baby

[ ] Delaying baby's bath

[ ] None of the above

NURSERY AND ROOMING IN:

If available at my hospital or birth center, I would like my baby to stay (check one):

[ ] In my room with me at all times

[ ] In my room with me except when I am asleep

[ ] In the nursery, but be brought to me for feedings

[ ] I don't know yet, I will decide after the birth

IT'S OK TO OFFER MY BABY:

[ ] A pacifier

[ ] Formula

[ ] Sugar water

[ ] None of the above

FEEDING:

[ ] Breastfeed exclusively

[ ] Bottle-feed

[ ] Combine breastfeeding and bottle-feeding

PROCEDURES/ASSESSMENTS:

[ ] We request that any procedures and assessments happen in the birth room with both parents present

[ ] If the baby is in need of any assessments in another location outside of the birth room, then (partner) will be with the baby at all times

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ADDITIONAL REQUIREMENTS

However your birth unfolds, what matters most is that you feel supported throughout.