

# My Birth Preferences



**Name:** \_\_\_\_\_

**Father of Baby:** \_\_\_\_\_

**Family that will be present:**

\_\_\_\_\_

## I would prefer to:

- **Have my partner and relatives stay with me during labor and delivery**
- **Eat \_\_\_\_\_ and Drink clear liquids during early labor**
- **Be able to move, change positions, have a massage and walk as much as possible during labor and urinate on my own Y/N**
- **Bring music and have dim lighting Y/N**
- **To wear my own clothes during labor and delivery / Wear a hospital gown during labor and delivery**
- **Take pictures Y /N and or videotape Y/N during labor and delivery**
- **Only have my practitioner, nurse and guests presents, (ie no students) Y/N**
- **Try a birthing pool or tub Y/N**
- **Have spontaneous rupture of my membranes and have my labor start and stop without drugs unless medically required Y/N**
- **Allow people to support my legs during delivery Y/N**
- **Have a heparin lock versus a continuous drip IV for quick access in case of an emergency Y/N**
- **Be coached on when to push and for how long Y/N**
- **View the birth using a mirror and to touch my baby's head as it crowns. Y/N**
- **Please don't offer me pain medication, I'd like to use breathing, massages, showers and other natural methods to manage my pain Y/N**
- **Risk a tear rather than have an episiotomy Y/N**

- **Have my partner catch the baby**
- **Have my partner cut the cord after it has stopped pulsating and allow him to bathe the baby after birth**
- **Hold my baby skin to skin immediately after birth or if a C-section, have my partner in the room and able to hold the baby after birth and be present during all procedures**
- **Have my baby's tests performed while in contact with me, so my baby is not taken from me until after he/she has breastfed Y/N**
- **Breastfeed immediately or in the recovery room after a Cesarean Y/N**
- **Allow bonding time before eye ointment and vitamin K Y/N**
- **Have 24-hour rooming in with my baby Y/N**
- **Have a private room and to have a cot in my room for my partner Y/N**
- **Breastfeed exclusively and on demand Y/N**
- **Receive help and education to breastfeed successfully Y/N**
- **Have my baby brought to me if for some reason he/she is not in my room and is giving hunger cues, such as sucking hands or making sucking sounds, moving the head towards a person or, in very sleepy babies, eye movements under the eyelids – before he/she is crying Y/N**
- **Get an appointment for a health check-up for my baby upon discharge and to be given the names of helpers, in case I need help with breastfeeding Y/N**
- **Be given instruction on the use of an electric breast pump if my baby is not able to breastfeed or is separated from me due to a medical condition within 6 hours of delivery Y/N**
- **To have my baby circumcised at the hospital if it is a boy Y/N**

**I specifically do not want:**

- **My baby separated from me unnecessarily Y/N**
- **My baby given a pacifier, bottle, water or formula without my consent Y/N**
- **My bag of waters broken or to have an episiotomy or other surgery done unless medically necessary Y/N**

**Thank you for helping to make my birthing experience special for me.**

\_\_\_\_\_  
**Mother's Name**

\_\_\_\_\_  
**Date**