My Birth Goals

Mothe	er:	OB:
	er:	Pediatrician:
Baby:		Place of Birth:
there a	are no complications with mom or babycentered as possible by addressing our pl	llowing things during the birth of our baby as long as We hope to make our birth as safe, intimate, and nysical and emotional needs with the following
Additio	onal people I would like in the delivery re	oom, if allowed:
	doula	
	birth photographer	
	immediate family (please list):	
	friends (please list):	
For pa	in relief, I would like (check one): .	
	an epidural.	
	a spinal.	
	IV pain relief if requested.	
	nonpharmacologic pain relief:	
Prior to	to delivery, I would like (check all that app	oly):
	to meet the members of the labor and o	delivery team who will be with me during delivery.
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		lla to accompany me in the delivery room.
u	to discuss my birth goals with my nurse	es and OB/Midwife
During	g my labor and delivery, I would like <i>(che</i>	ck all that apply):
	to wear my own labor and delivery gov	vn.
	my IV placed on my non-dominant ar	m (if required).
	aromatherapy to help with anxiety, stre	•
	to have music playing in the backgroun	
		eo of our labor and delivery experience help it be as
	personal and intimate as possible.	
	1	is and nurses. If the room during my labor and delivery.
	to limit cervical exams.	i die room during my labor and denvery.
		a doppler rather than continuous monitoring so I
	may move around during labor.	
		ons I feel comfortable in.



	to try nonpharmacologic methods to augment labor first, if needed. I.E. breast stimulation, cervical balloon etc.		
<u> </u>	my water to rupture on it's own unless medically indicated. To have interventions explained to me and time to think it over/discuss with my partner, so I may make an informed decision		
0	to labor down after I completely dilate if I need to rest and do not have the urge to push.		
Immediately following delivery, I would like (check all that apply):			
	my spouse/partner to announce the gender of our baby.		
	to delay cord clamping until the placenta/cord has completed pulsing.		
	my spouse/partner to cut the umbilical cord.		
<u> </u>	immediate skin-to-skin on me or my spouse/partner if I am unable.		
_	the lights dimmed so that baby will be encouraged to open her eyes.		
_	the vernix left on the baby so that I can rub it in.		
	to allow baby to latch on as soon as possible within 1 hour of delivery.		
	to delay measurements/assessments of my baby so that we may remain skin-to-skin.		
J	to have measurements/assessments performed while the baby is on my chest if they are needed immediately.		
	to delay eye ointment/vaccinations.		
	to delay my baby's first bath.		
	to save my placenta for encapsulation.		
	to bank/donate the cord blood (cannot be done if you choose to encapsulate your placenta).		
	my birth partner/spouse/doula/family member to accompany my baby to the NICU/ Nursery if a transfer is needed.		
	to first discuss hand expressing colostrum for my baby, if formula or sugar water is medically indicated.		
During	g recovery, I would like (<i>check all that apply</i>):		
	my IV, catheter, etc. removed as soon as possible.		
	to eat and get up to use the restroom as soon as I feel ready and able to following delivery.		
	family to wait to visit until I am ready.		
	my other children to come in to meet the new baby.		
	a visit from a lactation consultant to help with latching or other breastfeeding concerns.		
	to hand express or pump after feedings to give the extra colostrum to my baby and help my milk increase.		