

Birth Preferences

My Name:

Support Partner:

Doctor/Midwife:

Ancillary Support:

Baby's Due Date:

Baby's Gender Name (if Applicable):

Health Information:

- Group Beta Strep +/-
- Allergies:
- RH Factor +/- Rhogam Date:
- Other Notable Health concerns:

Planned Delivery

- ☐ Vaginal
- ☐ C-Section
- ☐ TOLAC (Trial of Labor After C-Section)
- ☐ Induction
- ☐ Water Emersion

Pain Management

- ☐ Unmedicated
- ☐ Hydrotherapy (Bath or Shower)
- ☐ Nitrous Oxide
- ☐ IV Pain Medication
- ☐ Epidural

Birthing Environment

- ☐ Dim Lighting
- ☐ Music Playing (patient provided speaker)
- ☐ Aromatherapy
- ☐ Minimal noise

After Delivery

- ☐ Delayed cord clamping
- ☐ Myself or support person to cut cord
- ☐ Immediate skin to skin for "Golden Hour"
- ☐ Baby shots and assessments done while skin to skin

Feeding

- ☐ Breastfeed
- ☐ Formula/Bottle
- ☐ Pump/Bottle
- ☐ See lactation consultant

In the Event of a Cesarean Section

- ☐ Support person to remain at the bedside if I'm awake
- ☐ Clear drape, if possible
- ☐ If stable, baby is to stay with me or my support person
- ☐ Initiate skin to skin with myself or support person as soon as possible
- ☐ All baby assessments done in the presence of me or my support person

Baby's Medications

- ☐ Vitamin K Injection (req. for circumcision)
- ☐ Hepatitis B Vaccine
- ☐ Erythromycin Eye Ointment
- ☐ Circumcision
- ☐ None

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