

Birth Wish List for the _____ Family.

Mother's first and last name:

Father's first and last name:

Due Date:

Doula/Coach's first and last name:

Other support people:

Name of obstetrician or midwife:

Desired hospital:

I understand that labor and birth are unpredictable and ultimately want the health and safety of both the baby and I to take precedence. When possible, I request that procedures be explained thoroughly (benefits and risks) and also, when possible, I would like to be included in the decision-making process.

Below are items that are important to me. Your help with these is very much appreciated.

Early/First Stage Labor

Environment

Low lighting

Quiet room

Music

I wish to wear own clothing

Coach/partner only desired attendees, other than medical staff

I wish to limit medical staff to my Doctor/Midwife, and only those staff members that are absolutely necessary (no excessive people in the room)

I would prefer to wear my contact lenses/glasses

I want my labor and delivery photographed/video recorded

I do not want my labor and delivery photographed/video recorded

Mobility (Choose one)

- Unlimited freedom to move (walking, bathroom, rocking chair, fitness ball, etc.)
- Mobility is not important to me

Shaving/Enema (Most hospitals no longer shave the pubic area or use enemas, but just in case)

- I would like to avoid the use of an enema (not routinely done)
- I would like to avoid having my pubic area shaved (not routinely done)

I.V.

- I.V. insertion is acceptable at any point
- I.V. placement should be attempted only if dehydration occurs
- Please attempt to insert I.V. on left/right side

Monitoring Choose one.

- Intermittent monitoring (Fetoscope, Doppler, etc.)
- Continuous monitoring (External leads, internal monitoring)
- No monitoring except in emergency situation

Catheterization

- I would like to avoid catheterization unless it is absolutely necessary

Pain Relief Offer (Choose one)

- Do not offer; I will ask if I desire it
- Offer if I appear uncomfortable
- Offer as soon as possible

Pain Relief Options

- Natural Relaxation techniques
- Hot or cold compresses
- Positioning
- Water therapy (jacuzzi, whirlpool, shower)
- Massage
- Accupressure
- Other _____

I.V. Medication

- Stadol
- Nubain
- Demerol
- Other _____

Epidural

- Walking epidural (if available)
- Traditional epidural

Labor Induction/Augmentation

- No induction
- No augmentation
- Cervical gel
- Pitocin
- Rupturing of the amniotic sac
- I prefer my amniotic sac be allowed to rupture on its own

Second Stage Labor

Pushing (Check all pushing options which are acceptable)

- Push in position of my choosing
- Squat/Birthing Bar
- Pushing while on hands and knees
- Foot pedals rather than stirrups
- People as leg support rather than stirrups
- Spontaneous pushing (when I feel the need)
- Pushing with verbal direction

Delivery

- I would like to touch baby's head when it crowns
- I would like a mirror available to view pushing/crowning/birth
- I would like to bring baby up to my stomach/chest as he/she is being born

Immediately following delivery

- I want baby placed on my chest immediately after birth
- I would like to breastfeed as soon as my baby is delivered
- I do not want vernix cleaned from the baby
- I would like my partner/doula/coach to cut the cord
- I would like to cut the cord
- I would like to delay cord clamping and cutting until pulsating ceases
- I would like to hold the baby while delivery placenta
- I do not want a pitocin injection to assist with placenta delivery
- I wish baby to be examined in my presence
- If baby cannot be examined in my presence, I wish my partner/doula/coach to remain with baby at all times
- I wish to delay newborn procedures as long as possible
- I want to donate cord blood
- I want to bank cord blood
- I wish to take my placenta home after giving birth. I understand and consent to having a small piece taken to be sent for pathology, should there be a need.

Episiotomy

- I do not want an episiotomy unless there is an emergency situation
- I would like to attempt perineal massage to stretch the perineum
- I would like an episiotomy to reduce risk of tearing
- I would like a local anesthetic during repair of tear/episiotomy

Baby Care

- I wish to breastfeed exclusively (no formula, sugar water, etc)
- I wish to breastfeed, but formula supplementation is acceptable
- I wish to formula feed exclusively
- I do not want baby to be given a pacifier
- I would like to meet with a lactation consultant as soon as possible
- I do not want baby boy circumcised
- I do not want Erythromycin eye ointment
- I do not want vitamin K injection (unless bruising or birth trauma occurs)
- I do not want vaccinations to be given at this time
- We want to give our baby his/her first bath at home and understand you might have to wear gloves when handling the baby. This is an acceptable compromise to us.

Privacy

- I would like a private room, when possible.
- I would like baby to "room in"
- I would like baby to sleep in nursery
- I would like baby to be brought to me for all feedings
- I welcome all well wishers
- I wish to limit visitors
- I would prefer my door closed with a sign requesting that visitors and staff members knock before entering
- I do not wish to have medical students involved in my care
- Other _____

Cesarean

In the event that a cesarean section is deemed necessary, I would like the following:

- Partner/doula/coach present
- Other support present _____
- Pictures/video
- Screen lowered at delivery
- I would like the procedure described as it is happening
- Partner would like to cut cord
- Other _____

In the event that baby requires special care due to trauma or illness

- I would like to breastfeed/pump breast milk
- I would like my baby to receive Donor Milk, if necessary
- Partner/coach will accompany baby if transferred to another hospital
- I would like to be transferred to baby's hospital

Mother's Signature _____ Date _____

Father's Signature _____ Date _____