

OUR PREFERENCES Work Sheet

In the absence of complications we ask that the following requests be honored:

(We would like to request a private postpartum room if one is available.)

We wish to be fully apprised and consulted of all risks and benefits before the introduction of any medical procedures or intervention.

We ask that all members of our birthing team remain with us at all times. This includes our doula, _____, whose primary task will be to assist us.

If labor induction or enhancement is required at any time, we would like the opportunity to try all the natural inducers first as long as the baby and mom are healthy.

____If TermPROM occurs and mother is GBS negative, we would like to observe the “expectant management” protocols of absolute minimal vaginal exams and watching for indicators of infection (fever, meconium staining, fast heart rate in the mother or baby).

____We plan to stay hydrated by drinking clear fluids but we are aware that an IV may be required during labor for dehydration, medication instillation or other medical needs. We **are/are not** willing to compromise on the need for an IV by utilizing a heparin-lock for access if medically indicated.

____We wish to have no offer or suggestion of medication or self evaluation of pain level (scaled 1-10) unless requested by us. We will freely communicate with you if we need to describe a pain level.

___ We ask that the baby be monitored as per ACOG guidelines for intermittent monitoring (about 20 minutes per hour) rather than continual monitoring, as long as no abnormality or complication is detected to allow for freedom of movement and maternal comfort during labor. *(I prefer to not lay down to be monitored, and I reserve the right to decline or delay monitoring if I continue to remain low risk during my labor).*

___ I reserve the right to refuse any vaginal exams to determine dilation.

___ If I remain low risk during labor, I would like to eat simple foods I've brought from home to maintain energy and stamina.

___ I would like to leave my options open in terms of position for delivery, and ask that suggestions be made only if I am having difficulty bringing the baby down.

___ I would prefer to push to crowning on my own without massage or stretching unless it is absolutely needed for the baby's safety. My preference would be for warm compresses applied on perineum if I desire.

___ Please delay cord-clamping and cutting (at least 2 minutes) (until pulsing has stopped) (and I want to be notified before clamping) and prefer to not be rushed through delivery of placenta.

___ The father/partner/I would like to cut the cord.

___ Unless there is excessive bleeding we would prefer not to have routine pitocin after

delivery. or

____ We agree to routine pitocin after delivery.

____ Unless our baby is in crisis, we wish for her to be delivered directly onto the mother's abdomen and remain there for bonding and immediate breastfeeding. We wish to delay any routine newborn procedures (eye drops, newborn exam, Vit K, etc) for at least 1-hour post-delivery, and preferably for 2 hours, (and ask they be performed bedside in our postpartum room.)

____ We prefer our baby not be routinely bathed or We prefer baby goes to nursery for routine bath and exam

____ I strongly desire to not be separated from my newborn.

____ Our baby will be breastfed on demand. We ask to help us establish successful breastfeeding.

____ We prefer routine immunizations (primarily HepB) be completed at our pediatrician's office per their advice and schedule rather than at the hospital **OR** We consent to routine tests and immunizations. (I would like to be present with my baby for any tests or observations postpartum.)

Thank you for helping at our birth!