

Birth Preference Sheet for \_\_\_\_\_ Date of Birth \_\_\_\_\_ Due  
Date \_\_\_\_\_

**I would like the following people to be present during labor and birth:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**SWMW Commitment to Physiologic Birth**

The midwives at Southwest Midwives support physiologic birth and will help promote this by doing the following. Please understand that these things happen under *normal* birth circumstances and that if complications arise your midwife will discuss if we are still able to safely do the following:

**During Labor**

- Intermittent monitoring (meaning listening to your baby with a doppler after initial admission monitoring); this allows more free movement out of the bed
- Promoting position changes
- Offering you a birthing ball
- Encouraging walking
- Encouraging eating and drinking
- Pushing in varied positions

**After Delivery**

- Delayed cord clamping
- Immediate skin to skin with baby
- Promoting breastfeeding in the first hour (if you choose to breastfeed)

I consent to an IV being placed on admission. This IV will not be used for any medication without discussing it with you first. It is in place as a safety precaution in case of bleeding after delivery. It will not be hooked up to an IV pole/tubing during labor unless you have requested/discussed a medication with your midwife.

I consent to postpartum pitocin. This is a medication given through your IV or as an injection in your thigh if no IV is placed, that is shown to decrease risk of postpartum hemorrhage (bleeding).

*If you are unsure what any of the above mean, please ask a midwife at your appointment.*

## **MY PREFERENCES**

### **During Labor**

I prefer the atmosphere to be:

- Quiet and as few interruptions as possible
- To move freely, as long as it is safe to do so
- To labor in the tub or shower
- To give birth in the tub (I have signed a waterbirth consent)
- I would like a mirror to view my birth

### **Pain medications**

- I plan an unmedicated birth
- I plan to have an epidural
- I plan to use IV pain medication
- I plan to use nitrous oxide (laughing gas)
- I plan to see how it goes
- Please do NOT offer me pain medication unless I ask

### **After delivery**

#### **I plan to feed my baby**

- Breastmilk
- Pumped breast milk
- Formula

#### **If my baby is a boy**

- I want him to be circumcised
- I do not want him to be circumcised

#### **I would like the nursery to perform the following routine newborn medications/procedures**

- Golden Hour (unless necessary to take infant to warmer I prefer the weight/measurements be delayed until after 1 hour after birth)
- Vitamin K
- Erythromycin Eye Ointment
- Hepatitis B Vaccine
- Bath