**Birth Preferences**

**General Preferences:**

* **Decision-making**: In the event that I am not able to make a decision about a medical procedure, I grant decision-making authority to my husband
* **Induction**: as long as the baby and I are healthy, I would like to go up to 11 days past my due date before inducing labor (i.e. no induction prior to 7/28/19)
* **Nurse with experience in natural birth preferred**
* **Access to a tub**
* **Shortest hospital stay possible**
* **Use of own clothing**
* **Intermittent fetal monitoring**
* **Quiet, calm environment**

**First Stage Labor:**

* **Freedom to eat and drink**
* **IV’s**:  Hep/saline lock only. No routine IV fluids.
* **Minimal Vaginal Exams,** especially if membranes have ruptured
* **No AROM**
* **Labor Progress**: Natural methods to promote dilation, such as walking, positioning, use of a tub and shower, acupressure, and nipple stimulation, rather than medical interventions
* **Pain Management**: Please don’t offer me pain meds.

**Second Stage Labor:**

* **Timing**: As long as the baby and I are healthy, I prefer to have no time limits on pushing.
* **Freedom of Pushing Positions**
* **Mother-directed Pushing**
	+ No use of forceps, vacuum extraction or other methods of assistance
* **Perineum**: when crowning, please remind me to slow down to allow my perineum to expand
	+ Warm, moist compresses and perineal massage requested to help reduce the risk of tearing
	+ No episiotomy
* **Husband to announce baby gender**

**Third Stage:**

* **Delayed Umbilical Cord Clamping** – wait until cord stops pulsing
* **Immediate Skin-to-skin**
* **Unassisted delivery of placenta**:  Unassisted delivery, without Pitocin unless there is significant bleeding that indicates hemorrhage
	+ **Please save placenta** as I will have it encapsulated
* **I plan to breastfeed –** please delay newborn procedures until baby has successfully breastfed on both breasts.
* **Baby to room-in**

***Thank you so much for caring for us and accommodating our preferences during this amazing life event!***

**Newborn Baby Care Plan**

* **Baby to stay in my room overnight**
* **Initial exam**:  We wish to hold off on weight, measurements and other initial exams until after bonding time and breastfeeding has been established (1-2 hours).
	+ I would like all newborn procedures to be performed in my hospital room, in my presence.
		- **No sugar water:** if blood sugar level becomes a concern, more frequent nursing will be encouraged
		- **Leave vernix** **on**
		- **No Bath**
		- **No Hepatitis B**
		- **Vitamin K shot**: Yes
		- **No eye drops**: I am willing to sign a formal waiver if need be
		- **Circumcision**: performed at pediatrician

**Emergency Cesarean Preferences**

* It is my strong wish to give birth vaginally.  If my primary care provider determines that a cesarean is indicated, I would like the option to obtain a second opinion from another physician or a midwife if time allows.
* If is determined that a c-section is ultimately necessary, I request a gentle cesarean with the following preferences:
	+ **Guests**: I’d like my husband with me at all times. I’d also like the option to have my mother attend.
	+ **Microbiome**: I would like a specially cultured vaginal gauze swab prepared to collect my microbiome
		- This should be wiped in my baby’s mouth and nose, all over his/her face and body
		- I’d also like it wiped on my nipples before my baby breastfeeds
	+ **Medication and anesthesia**: I would like to remain conscious via an epidural or spinal block – general anesthesia should be avoided at all costs, barring any emergencies
		- Anesthesiologist should not automatically give me extra drugs to relax (so that I could be fully present for the experience)
		- I want to ensure all medications used are approved for breastfeeding
		- I would like to have my catheter and IV removed ASAP after my recovery period
		- Please discuss my post-operative pain medication options with me before or immediately following the procedure
	+ **EKG/monitoring devices**: If I have an EKG or baby monitoring device, I’d like them placed in areas that don’t infringe my ability to see, hold or breastfeed baby
	+ **Music**: I’d like music of my choice to play in the operating room
	+ **Environment**: Doctors and nurses to refrain from small talk please
	+ **Watching baby being born**: I’d like to watch my baby lifted from my belly through a clear drape
		- If a clear drape is not available, I’d like to have the drape dropped as my baby is being lifted out
	+ **Skin-to-skin**: I would like to have skin-to-skin contact with my baby on my chest as soon as possible (while I’m being sutured), so my arms cannot be strapped down
		- If I cannot have both arms free, I’d like one arm to be free to be able to touch my baby once he’s born
		- If I cannot be conscious, my husband should be allowed to hold baby skin-to-skin immediately after birth, barring any medical complications with baby
		- I’d like baby to breastfeed immediately while in the operating room
	+ **Delayed Umbilical Cord Clamping** – wait until cord stops pulsing
	+ **Baby to stay with mom**: I want to hold my baby while being wheeled into recovery
	+ **Newborn procedures**: I’d like all typical post-birth newborn procedures delayed until we have had bonding time
		- We expect to follow the same newborn preferences stated previously in my birth plan