

# My Birth Preferences

## MY GOAL FOR BIRTH

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**Vaginal Birth**

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**Cesarean Birth**

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**VBAC (Vaginal Birth after Cesarean Birth)**

## LABOR

I want the following people with me during labor (3 maximum):

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I would like to arrive at the hospital when:

- ☐ Contractions are \_\_\_ minutes apart
- ☐ Bag of water breaks
- ☐ When labor discomfort can no longer be managed at home

Please note:

- ☐ I am GBS positive

Allergies: \_\_\_\_\_

Fetal Monitoring

- ☐ Continuous
- ☐ Intermittent
- ☐ Doppler Only
- ☐ Internal
- ☐ External

Default is external monitoring--  
may recommend internal with difficulty tracking



**Brigham and Women's Hospital**  
Founding Member, Mass General Brigham

Name: \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Due Date: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Labor Induction/Augmentation

- ☐ I prefer to attempt all natural methods, such as walking, nipple stimulation, intercourse, herbs  
IF NEEDED, I prefer
- ☐ Membrane stripping in office
- ☐ Cervical Ripening (circle one): intrauterine balloon, Misoprostol, Cervadil
- ☐ Augmentation or Induction of Labor (circle one): Pitocin OR  
Membrane Rupture (break bag of water)

**Other notes:**

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## ENVIRONMENT

During Labor, I would like

- ☐ Music (I will provide)
- ☐ To limit staff to my doctors and nurses\*
- ☐ To wear my own clothes
- ☐ To labor in a tub\*\*
- ☐ Relaxing atmosphere
- ☐ Take pictures during labor and birth
- ☐ To walk and move freely
- ☐ As few interruptions as possible
- ☐ My partner to be present the entire time

\*BWH is a teaching hospital. Students and/or Interns will be a part of your care team.

\*\*Water birth is not available at BWH.

## COPING WITH LABOR PAIN

During labor, I would like to use:

- ☐ IV Medication (Vistaril, Nubain)
- ☐ Nitrous Oxide (Laughing Gas)
- ☐ Breathing
- ☐ Epidural
- ☐ Massage
- ☐ Walking
- ☐ Nothing
- ☐ Make suggestions for pain relief as needed

## DELIVERY

During the birth, I would like to:

- ☐ Kneel/Squat
- ☐ Use pushing bar
- ☐ Use birthing stool
- ☐ Be on my hands and knees
- ☐ Towel pull
- ☐ Have help for leg support
- ☐ Stand
- ☐ Lie on my side
- ☐ Double hip squeeze
- ☐ Be in a position that frees my tailbone

As the baby arrives, I would like to

- ☐ Touch the head as it crowns
- ☐ Help catch the baby
- ☐ Avoid vacuum extraction or using forceps
- ☐ Use mirror to see the baby
- ☐ Let my support person catch the baby
- ☐ Push as I feel the need

If a cesarean birth, I would like:

- ☐ My partner present
- ☐ Lower blue drape to see baby
- ☐ Immediate skin to skin with baby
- ☐ Use headphones to play music

## POSTPARTUM

After Birth

- ☐ I would like to take my placenta home
- ☐ I would like to coordinate for cord blood donation

Please do NOT give my baby:

- ☐ Sugar water
- ☐ Formula
- ☐ A pacifier

Immediately after my baby arrives I would like

- ☐ My support person to cut the umbilical cord
- ☐ To hold the baby
- ☐ Skin to skin
- ☐ Breastfeed

Baby's Care

I would like my baby's medical exam given:

- ☐ In my presence
- ☐ After we've bonded

If a boy, I plan to:

- ☐ Circumcise
- ☐ Not circumcise

Feeding Plan

- ☐ I plan to only breastfeed
- ☐ I plan to breastfeed and formula feed
- ☐ I plan to only formula feed
- ☐ I plan to utilize the lactation consultant
- ☐ Unsure how I plan to feed my baby

Other notes:

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