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Start of Labor
☐ I would like labor to start on its own
☐ I would like to be induced  ○ Cervadil
CCI vadii
<ul><li>Cytotec</li><li>Pitocin</li></ul>
<ul><li>Membrane Sweep</li></ul>
• Foley Bulb / Cook Catheter
<ul> <li>AROM (breaking my water)</li> </ul>
<ul> <li>Nipple stimulation</li> </ul>
Clothing
□ Wear my own clothing
□ Wear hospital gown
Admittance
☐ As soon as labor begins
☐ I want to labor at home until active labor
☐ I want to labor at home as long as possible
Vaginal Exams
☐ Minimal (as necessary)
<ul> <li>I want to know my progress</li> </ul>
<ul> <li>I do not want to know my progress</li> </ul>
☐ I like to know my progress often
Fetal Monitoring
☐ I would like intermittent monitoring
☐ I would like constant monitoring
<ul> <li>Belt monitor (EFM)</li> </ul>
<ul> <li>Internal monitor</li> </ul>
Hand held doppler
IV Access
☐ I would like a Hep Lock
☐ I would like IV fluids
<ul> <li>Connected upon admittance</li> </ul>
o Connected as I request
Nourishment
□ No Food or Drink Restrictions
☐ Light Snacks
Clear Liquids (broth, juice, etc.)
Water
☐ I would like to labor in the shower/tub
☐ I would like to birth in the water
Augmentation
☐ I would like my water broken
☐ I would like pitocin
☐ I would like to do nipple stimulation
Pain Relief
☐ I would like an epidural

I would like IV narcotics

## **Birth Preference Checklist**

<u>Directions:</u> Check off the boxes that you would consider doing during your birth and a line through the things you absolutely DO NOT want. Please keep in mind this worksheet is intended to open a discussion with your care provider and is not intended as medical advice.

П	I would like to use a TENS
	Please do not offer me pain relief
Co	rd Care
	I would like to do delayed cord clamping
_	I am banking my baby's cord blood
	I do not have a preference
Pushing	
	Spontaneous pushing
	Guided pushing
	I would like to try alternative positions
	I prefer to be on my back
P	lacenta
	I am keeping my placenta
	I am not keeping my placenta
Cesa	rean Birth
	I would like the following people present
	o Partner
	o Doula
	Please limit idle talking from medical staff
	Provider narrate events
	Clear drape / drape lowered
	Seed microbiome
	Take pictures
	Delay cord clamping
	Skin to Skin
	Breastfeed in OR
	Take baby to warmer
	Take baby out of OR
	Wipe/ bathe baby Witness weighing measuring baby
	der Reveal
	We know the sex of our baby We do not know the sex of our baby
	Dad would like to announce
	<ul> <li>Mom would like to announce</li> </ul>
	• We would like our provider to announce
Newl	orn Care
	Skin to Skin
	Golden Hour (delay procedures)
	Take baby to warmer
	Vitamin K
	Eye Ointment
	Hep B
	Wipe / Bathe baby
	Breastfeeding Baby
	Formula Feeding
	Pacifiers