

Name:  
Mother's DOB:  
Due Date:  
Husband:  
Doctor:  
Doula:  
Pediatrician:

Allergies:  
Blood Type:  
GBS Status:

### OUR IDEAL BIRTH WISHES

We're so thankful to be giving birth with the support and expertise of Cottage Hospital, and we look forward to working as a team towards a successful natural childbirth of our first-born. We realize that birth is unpredictable and may not go as we hope. If interventions are believed needed, after explanation of benefits and risks, we would like to discuss with each other in private before making a decision, unless there is an absolute emergency.

As much as possible, we would like support for the following:

#### **ENVIRONMENT:**

- Dimmed lights
- Quiet atmosphere, soft, low voices—necessary talking only
- As much privacy as possible (please keep my door closed while I am in labor)
- Please no residents or students attending my birth

#### **LABOR:**

**Please do not offer me any pain medications; I will ask for them if needed.**

- I would appreciate freedom of movement as much as possible, allowing me to follow my own instincts for labor and delivery (I would like to use physiological pushing and not be directed)
- As few vaginal exams as possible (only done when necessary); please obtain my permission before stripping my membranes during a vaginal exam.
- I prefer not to know my dilation unless complete; I am fine with it being discussed with my husband/ or doula
- As long as baby and I are healthy, I prefer to have no time limits on pushing
- Please allow slow crowning and delivery; I would like support of the perineum at the time of crowning with use of mineral oil
- I will not have an episiotomy and risk tearing (unless there's an emergency)
- No stirrups unless there's a medical emergency
- Please do not clamp or cut the cord until the placenta has been delivered

#### **CESAREAN:**

In the event of a cesarean delivery, we would like our baby to go directly to my chest.

#### **DELIVERY:**

- As long as my baby is healthy, I would like immediate skin-to-skin on my abdomen
- Please delay all essential routine procedures on my baby until after bonding/breastfeeding

#### **NEWBORN PROCEDURES:**

- Exclusively breastfed, no artificial nipples
- Delay bath until we are home
- Waive eye ointment
- Waive Vitamin K
- No vaccinations
- Delay newborn screening until after first 24 hours

Thank you so much for your consideration of our wishes.

\_\_\_\_\_  
Mom Date

\_\_\_\_\_  
Dad Date

\_\_\_\_\_  
Doctor Date