

From:
Sent: Thursday, July 20,
To:
Subject: My Birth Preferences



07/20/2017



My Birth Preferences

General Information

First Name

Jane

Primary Care Doctor

My Primary Care Doctor

Last Name

Doe

OB-GYN

My OB-GYN

Partner's Name

John Doe

Due Date or Induction Date

11/11/2017

Birth Philosophy

What would you like us to know about you and/or your support person?

My support person

What is your greatest hope and/or greatest concern about labor and delivery?

My greatest concern ...

During Labor

During labor, I would also like

- To wear my own clothing vs. a hospital gown
- As few interruptions as possible
- To stay hydrated with clear liquids and ice chips

Anesthesia / Pain Medication

For pain relief, I'd like to use

- IV Pain medication
- Standard epidural

2nd Stage of Labor

- As long as the baby and I are healthy, I prefer to have no time limits on pushing.

Episiotomy

I would like an episiotomy

- Performed only as a last resort
- Followed by local anesthesia for the repair

Delivery

- As long as my baby is healthy, I would like my baby placed immediately skin-to-skin on my abdomen with a warm blanket over it.

Cesarean Section Delivery

If a C-section is necessary, I would like

- For my partner and I to be given time to think about it before we are asked for our written consent
- To avoid a c-section if possible

3rd Stage of Labor

Immediately after delivery, I would like

- For my partner to cut the cord

Postpartum

I would like to hold the baby

- After being wiped clean and swaddled

I'd like baby's medical exam and procedures

- Given in my presence

Please don't give the baby

- Vitamin K

Whenever possible post-delivery, I would like

- To not be separated from my baby

As needed post-delivery, please give me

- Extra-strength acetaminophen

If baby is not well, I'd like

- My partner and I to accompany it to the NICU or another facility

Breastfeeding

I'd like to feed my baby

- With breastmilk and formula

I would like to breastfeed

- As soon as possible after delivery

Circumcision

- I would like more information about circumcision

My Hospital Stay

For my hospital stay, I would like

- For my partner to stay in the room with me

Additional Notes

My additional notes ..



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