**MY SUPPORT TEAM:**

HUSBAND:

DOULA:

**PATIENT INFORMATION**

NAME:

DOB:

DUE DATE:

BLOOD TYPE:

ALLERGIES:

We are very excited to be sharing this day with all of you as we have heard nothing but wonderful things about [name of Practice] as well as [name of hospital] L&D. We have prepared for an UNMEDICATED BIRTH and truly appreciate all your support in achieving this goal as we welcome our baby into this world.

**LABOR WISHES**

YES, PLEASE…

* Quiet, dimly lit room; talking kept to a minimum and avoid asking mother questions during surges
* Ask permission before performing any checks or tests
* Allow mom to move about freely and try different positions
* Intermittent fetal monitoring
* Only my support team and hospital staff allowed in room
* Access to bath tub or shower

NO, THANK YOU…

* Offering pain medications (mom will request if needed)
* Continuous fetal monitoring
* IV (Heparin lock instead)

**BIRTH WISHES:**

YES, PLEASE…

* Mom will choose position for pushing (unless another position is required by midwife)
* Support Perineum
* Delayed cord clamping

NO, THANK YOU…

* Manual stretching during crowning
* Episiotomy (unless absolutely necessary)
* Use of Vacuum or forceps
* Counting while mom pushes

**POSTPARTUM WISHES FOR MOM & BABY:**

YES, PLEASE…

* Immediate skin to skin
* Allow vernix to absorb into baby’s skin
* Exclusive breastfeeding
* Vitamin K shot, eye antibiotics
* Local anesthetic for any stiches on mom
* Circumcision to be performed before leaving hospital- please use numbing cream or alternative method to keep baby comfortable

NO, THANK YOU…

* Offering formula without permission
* Bathing baby (please wait 12 hours before first bath)
* Hepatitis B Vaccine (will be done at 2 months)
* Guests in room immediately after birth (we will let you know when ready)

**MY SUPPORT TEAM:**

HUSBAND:

**PATIENT INFORMATION**

NAME:

DOB:

DUE DATE:

BLOOD TYPE:

ALLERGIES:

We are very excited to be sharing this day with all of you as we have heard nothing but wonderful things about [medical practice] as well as [hospital] L&D staff. While a planned Cesarean wasn’t our preferred birth experience, we are accepting of the circumstances and are excited to work with a fantastic medical team and ensure both mother and baby leave happy and healthy!

**CESAREAN SURGERY WISHES**

YES, PLEASE…

* Music of personal choice playing
* Video/Photos to be taken
* At least one arm free and all IV’s and other medical devices to be placed on non-dominant arm
* ECG leads to be placed on back to allow for skin to skin while in OR
* I would like to have the steps of the surgery explained to me while being performed
* I would like to have the drape lowered/use a clear surgical drape so that I can see when my baby is being born.
* Delayed cord clamping
* After initial check of baby, skin to skin/ breastfeeding to be done while in OR
* If baby needs to be separated from mother, I would like for my partner to accompany baby. Or if for any reason mother needs to be put fully under, would like for husband to perform skin to skin with child

NO, THANK YOU…

* General Anesthesia (unless absolutely necessary)
* Any sedatives/anti-nausea medications for mom that could cause drowsiness- I want to remember the birth of my child and not feel loopy

**POSTPARTUM WISHES FOR MOM & BABY:**

NO, THANK YOU…

* Any sedatives/pain medications for mom that could cause drowsiness
* Offering formula without permission
* Bathing baby (please wait 12 hours before first bath)
* Hepatitis B Vaccine (will be done at 2 months)
* Guests in room immediately after birth (we will let you know when ready)

YES, PLEASE…

* Continued skin to skin while in recovery room
* Exclusive breastfeeding
* Vitamin K shot, eye antibiotics
* Pain medications for mom that are safe for baby while breastfeeding
* Removal of catheter as soon as deemed ready
* Up and walking ASAP to aid in recovery
* Circumcision to be performed before leaving hospital- please use numbing cream or alternative method to keep baby comfortable

**MY SUPPORT TEAM:**

HUSBAND:

DOULA:

**PATIENT INFORMATION**

NAME:

DOB:

DUE DATE:

BLOOD TYPE:

ALLERGIES:

We are very excited to be sharing this day with all of you as we have heard nothing but wonderful things about [name of Practice] as well as [name of hospital] L&D. We have prepared for a VAGINAL DELIVERY and truly appreciate all your support in achieving this goal as we welcome our baby into this world.

**LABOR WISHES**

YES, PLEASE…

* Quiet, dimly lit room; music of mother’s preference to be playing
* Ask permission before performing any checks or tests
* Intermittent fetal monitoring before epidural is placed
* Only my support team and hospital staff allowed in room
* Epidural to be placed when requested- please let mother know if there is any cut off times or problems with anesthesiologist availability

NO, THANK YOU…

* Offering alternative pain medications (mom will request if needed)
* Administration of Pitocin/ other labor enhancing drugs without permission

**BIRTH WISHES:**

YES, PLEASE…

* Partner to support mother in holding back a leg to push
* Support Perineum
* Delayed cord clamping
* Husband to cut umbilical cord if desired

NO, THANK YOU…

* Manual stretching during crowning
* Episiotomy (unless absolutely necessary)
* Use of Vacuum or forceps
* Counting while mom pushes

**POSTPARTUM WISHES FOR MOM & BABY:**

YES, PLEASE…

* Immediate skin to skin
* Allow vernix to absorb into baby’s skin
* Exclusive breastfeeding
* Vitamin K shot, eye antibiotics
* Local anesthetic for any stiches on mom
* Circumcision to be performed before leaving hospital- please use numbing cream or alternative method to keep baby comfortable

NO, THANK YOU…

* Offering formula without permission
* Bathing baby (please wait 12 hours before first bath)
* Hepatitis B Vaccine (will be done at 2 months)
* Guests in room immediately after birth (we will let you know when ready)