audrey's nest
Sacred Maternal Wellness

Your wishes, your way

Birth Preferences Template

These are my preferences for an uncomplicated birth. I understand medical circumstances may require flexibility.

Name: _____ **Due Date:** _____

Provider: _____ **Hospital/Birth Center:** _____

Support Person(s): _____ **Doula:** _____

Labor Environment

- ☐ Dim lighting
- ☐ Minimal interruptions
- ☐ Access to birth ball
- ☐ Aromatherapy allowed
- ☐ Play my own music
- ☐ Freedom to move around
- ☐ Access to shower/tub
- ☐ Limited vaginal exams

Pain Management

- ☐ Try unmedicated first
- ☐ Please offer pain relief options
- ☐ IV pain medication
- ☐ TENS unit
- ☐ Open to epidural
- ☐ Don't offer - I'll ask if needed
- ☐ Nitrous oxide if available
- ☐ Counterpressure/massage

Delivery Preferences

- ☐ Push instinctively
- ☐ Use a mirror to see baby
- ☐ Partner to cut the cord
- ☐ Avoid episiotomy if possible
- ☐ Prefer coached pushing
- ☐ Partner to announce the sex
- ☐ Delay cord clamping (1-3 min)
- ☐ Warm compresses for perineum

Immediately After Birth

- ☐ Immediate skin-to-skin contact
- ☐ Allow vernix to absorb naturally
- ☐ Keep baby in room at all times
- ☐ Delay weighing/measuring (1 hr)
- ☐ Breastfeed within first hour
- ☐ Partner to stay overnight

Baby Care Preferences

- ☐ Exclusively breastfeeding
- ☐ Combination feeding
- ☐ Vitamin K injection - YES
- ☐ Eye ointment - YES
- ☐ Formula feeding
- ☐ No pacifiers without consent
- ☐ Vitamin K injection - NO
- ☐ Eye ointment - NO

In Case of C-Section

- [ ] Partner present in OR
- [ ] Skin-to-skin in OR if possible
- [ ] Delayed cord clamping if possible
- [ ] Clear drape to see baby born
- [ ] Partner to stay with baby
- [ ] Music in OR

Additional Notes