



MY BIRTH PREFERENCES

A conversation guide for the birth experience you hope for

MY DETAILS

My name: _____

Due date: _____

Birth location: _____

Provider / midwife: _____

Doula: _____

MY SUPPORT TEAM

Primary support person: _____

Phone: _____

Other support people: _____

- ☐ I would like these people present during labor and birth.
- ☐ I would like to limit visitors; please ask before inviting anyone in.

MY BIRTH ENVIRONMENT

- ☐ Dim lighting / quiet voices
- ☐ Music or personal playlist
- ☐ Freedom to move and change positions
- ☐ Access to shower or tub, if available
- ☐ Food and fluids as permitted
- ☐ A calm explanation before exams or procedures

LABOR AND COPING PREFERENCES

Comfort and pain relief:

- ☐ Start with movement, breathing, massage, or other comfort measures
- ☐ Offer medication options if I ask
- ☐ Discuss pain relief options before offering them
- ☐ I am open to an epidural / other medication
- ☐ I prefer to avoid medication unless I request it

Monitoring and procedures:

- ☐ Please explain monitoring options and any changes
- ☐ Intermittent monitoring if appropriate and available
- ☐ Please ask before cervical exams

LABOR PREFERENCES

- ☐ I would like to choose positions for labor and pushing
- ☐ I prefer to follow my body's urge to push, if possible
- ☐ I would like guidance with pushing when needed
- ☐ I would like my support person / doula with me continuously
- ☐ I would like to use a mirror to see the birth, if available

Induction or labor augmentation:

- ☐ Please discuss the reason and options with me first
- ☐ Please explain benefits, risks, and alternatives
- ☐ I would like time for questions when the situation allows

Questions / preferences: _____

IF A CESAREAN OR TRANSFER IS NEEDED

- ☐ Please explain what is happening and what to expect
- ☐ My chosen support person to stay with me if possible
- ☐ Keep my support person with the baby if we are separated
- ☐ Skin-to-skin in the operating room or recovery, if possible
- ☐ Delay routine newborn care until after bonding, if possible

Additional requests: _____

MY BIRTH VISION

What would help me feel safe, respected, and supported?

These preferences are a starting point for discussion with your care team. Plans may change as labor unfolds; please include me in decisions whenever possible.



AFTER BABY ARRIVES

Newborn care, feeding, and early postpartum preferences

FIRST MOMENTS

- ☐ Immediate skin-to-skin, if we are both stable
- ☐ Please delay routine weighing and measurements
- ☐ Please delay the first bath
- ☐ I would like my support person to announce the baby's sex
- ☐ I would like to cut the cord / invite my support person to cut it
- ☐ Please wait to clamp the cord as long as is appropriate

Cord / first moments notes: _____

FEEDING PREFERENCES

- ☐ Breastfeeding / chestfeeding
- ☐ Formula feeding
- ☐ Combination feeding
- ☐ I would like help from a lactation professional
- ☐ Please ask before offering formula or a pacifier
- ☐ I would like help making a feeding plan

Feeding notes: _____

NEWBORN PROCEDURES

I would like to discuss these with the newborn care team:

- ☐ Vitamin K
- ☐ Eye ointment
- ☐ Hepatitis B vaccine
- ☐ Newborn screening and routine exams
- ☐ Circumcision, if applicable

Questions or preferences: _____

POSTPARTUM CARE

- ☐ Keep baby in my room, if possible
- ☐ Please explain medications and procedures before care
- ☐ Support my rest and recovery
- ☐ Help me connect with feeding support
- ☐ Please ask before visitors enter
- ☐ I would like support person included in discharge teaching

Other postpartum needs: _____

IF WE ARE SEPARATED

- ☐ Please keep my support person with my baby
- ☐ Please bring baby to me as soon as it is safe
- ☐ Share updates with:
- ☐ Feeding plan while separated:

Name / details: _____

MY POSTPARTUM SUPPORT PLAN

Who can help me at home? _____

How can I ask for help? _____

Questions for my care team: _____

A NOTE FOR MY CARE TEAM

The most important thing for me is:

Parent / birthing person signature: _____ **Date:** _____

Birth preferences help guide communication and shared decision-making. They do not replace medical advice or the care team's assessment.