bor
I would prefer to avoid an enema and/or shaving of pubic hair.
I would like to be free to walk around during labor.
I wish to be able to move around and change position at will throughout labor.
I would like to be able to have fluids by mouth throughout the first stage of
or.
I will be bringing my own music to play during labor.
I would like the environment to be kept as quiet as possible.
I would like the lights in the room to be kept low during my labor.
I would prefer to keep the number of vaginal exams to a minimum.
I do not want an IV unless I become dehydrated.
I would like to wear contact lenses or glasses at all times when conscious.
nitoring
I do not wish to have continuous fetal monitoring unless it is required by the ndition of the baby.
I do not want an internal monitor unless the baby has shown some sign of tress.
bor Augmentation/Induction
I do not wish to have the amniotic membrane ruptured artificially unless signs fetal distress require internal monitoring.
If labor is not progressing, I would like to have the amniotic membrane stured before other methods are used to augment labor.
I would prefer to be allowed to try changing position and other natural thods (walking, nipple stimulation) before pitocin is administered.
esthesia/Pain Medication
I realize that many pain medications exist — I'll ask for them if I need them.
Before considering an epidural, and if the situation warrants, I would like to an injection of narcotic pain relief (Nubain, Demerol, Stadol or similar).
I would like to have a standard epidural.
I would like to have a walking epidural (low dose).
sarean
Unless absolutely necessary, I would like to avoid a Cesarean.

I wo	ould like to obtain a second opinion from another physician if time allows.
□ part	If a Cesarean delivery is indicated, I would like to be fully informed and to ticipate in the decision-making process.
□ deli	I would like (coach) present at all times if the baby requires a Cesarean very.
	I wish to have an epidural for anesthesia
□ the	So I can view the birth, I would like the screen lowered just before delivery of baby.
□ afte	If the baby is not in distress, the baby should be given to (coach) immediately birth.
Epi	siotomy
	I would prefer not to have an episiotomy unless absolutely required for the by's safety.
	I am hoping to protect the perineum. I am practicing ahead of time by atting, doing Kegel exercises, and perineal massage.
□ the	I would appreciate guidance in when to push and when to stop pushing so perineum can stretch.
□ epi:	If possible, I would like to use perineal massage to help avoid the need for an siotomy.
	I would prefer an episiotomy rather than a tear.
	I would like a local anesthetic to repair a tear or an episiotomy.
Del	ivery
dur dur squ	I would like to be allowed to choose the position in which I give birth, uding squatting.
	I would like (partner) and/or nurses to support me and my legs as necessary ing the pushing stage.
	I would like to try to deliver in a hands-and-knees position.
	I would like to try to deliver in a squatting position, using (coach) or a atting bar for support.
	I would like a mirror available so I can see the baby's head when it crowns.
	I would like the chance to touch the baby's head when it crowns.
	Even if I am fully dilated, and assuming the baby is not in distress, I would to try to wait until I feel the urge to push before beginning the pushing phase.
	I would appreciate having the room lights turned low for the actual delivery.
	I would appreciate having the room as quiet as possible when the baby is

born.
$\hfill\Box$ I would like to have the baby placed on my stomach/chest immediately after delivery.
Immediately After Delivery
☐ I would like to have (coach) cut the cord.
I would like (other) to cut the cord.
☐ I would like to cut the cord myself.
(coach) does not wish to cut the cord.
I would prefer that the umbilical cord stop pulsating before it is cut.
I would like to hold the baby while I deliver the placenta and any tissue repairs are made.
I would like to hold the baby for at least fifteen minutes before (he/she) is photographed, examined, etc.
☐ I would like to have the baby evaluated and bathed in my presence.
I plan to keep the baby near me following birth and would appreciate if the evaluation of the baby can be done with the baby on my abdomen, with both of us covered by a warm blanket, unless there is an unusual situation.
If the baby must be taken from me to receive medical treatment, (coach) or some other person I designate will accompany the baby at all times.
I would prefer to hold the baby rather than have (him/her) placed under heat lamps.
I do not want a routine injection of pitocin after the delivery to aid in expelling the placenta.
$\ \square$ I would like to delay the eye medication for the baby until a couple hours after birth.
After the birth, I would prefer to be given a few moments of privacy to urinate on my own before being catheterized.
☐ I would like to donate the umbilical cord blood if possible.
I would like to bank the umbilical cord blood, and have made arrangements to do so.
I would like to see the placenta after it is delivered
Postpartum
I would like a private room, if available.
Unless required for health reasons, I do not wish to be separated from my baby.

	I would like to have the baby "room in" and be with me at all times.
	I would like to have the baby "room in" after I have had some time to recover
	I would like the baby with me during the day but in the nursery at night.
□ bro	I would like the baby with me during the day but in the nursery at night, but ught to me for breastfeeding.
□ req	I would prefer the baby be kept in the nursery and brought to me upon uest.
□ req	I would prefer the baby be kept in the nursery and brought to me upon uest and for breastfeeding.
Bre	eastfeeding
□ afte	I plan to breastfeed the baby and would like to begin nursing very shortly er birth.
bab	Unless medically necessary, I do not wish to have any bottles given to the by (including glucose water or plain water).
	I do not want the baby to be given a pacifier.
	I do not plan to breastfeed the baby.
	I would like more information about breastfeeding.
	I would like to meet with a Lactation Consultant.
Cir	cumcision
	I do not want the baby circumcised
	I do not wish to have the circumcision performed in the hospital.
	I would like the baby to be circumcised before we check out of the hospital
Pho	oto/Video
	I would like to take still photographs during labor and the birth.
	I would like to make a videorecording of labor and/or the birth.
Oth	ner
□ dur	My support people are (support people) and I would like them to be present ing labor and/or delivery.
hos	I would like my other child/ren to be able to visit me and the baby in the spital.
□ be	I would prefer that no students, interns, residents or non-essential personnel present during my labor or the birth.