## Birth Preferences Sample

Dear Hospital Staff

After careful consideration of our options, we are excited to have chosen you as our care providers and we thank you for respecting our researched and considered birth preferences and helping us achieve a safe, natural birth.

Our intention is to have a physiological birth, although we understand that in the event of special circumstances our plans may change and we will rely on your expertise and guidance, remaining committed to our preferences where possible. Please know you will have our full cooperation after an explanation and discussion of any concerns. The welfare of our baby is what’s most important to us.

We have prepared for our baby’s arrival with HypnoBirthing and will be using breathing and relaxation techniques including self-hypnosis during the birth. My partner will help me with positions, assist me with relaxation and keep me hydrated.

We have completed our birth preferences together and he/she is fully prepared to support me in all decisions and techniques. Please include him/her in all discussions as labour advances. (insert information about Doula here if appropriate).

We are planning for a specific birthing environment, which includes;

* Dimming the lights
* Keeping conversation quiet and limited
* Playing music or relaxation tracks of our choice
* Displaying birth affirmations
* Diffusing essential oils
* Taking photos or video.

Please let us know prior if there are any issues with this. Some other ways you can support us are:

* Refer to contractions as surges when possible
* Refrain from using the word pain
* Explain the complete range of risks and benefits of any suggested procedure to us then give us space to discuss and make a decision.

We appreciate your understanding and accommodation of our requests.

We thank you for your support and assistance in helping us to achieve the best experience possible.

Warm regards, Your Names

* **Hospital Admission** – All being well, we would prefer to remain at home for as long as possible before being admitted to the hospital.
* **Spontaneous start to labour** – we would like to use natural induction methods only until 42 weeks, unless there is a medical emergency.
* **Augmentation** – The use of natural means for any remediation before moving to any medical/pharmacological augmentation of labour.
* **Fetal Monitoring** – we would prefer intermittent monitoring using a Fetoscope/Doppler rather than the CTG machine, unless circumstances call for extended monitoring & fetal scalp monitoring only if truly necessary.
* **Labour to progress in its own time** – we would prefer no time limits placed on me if my baby and I are doing well.
* **Resting Labour** – we understand that labour can rest at times and we would like this time to rest ourselves.
* **Membranes** – we would prefer for my membranes to remain intact until they release naturally.
* **Vaginal Exams** – I decline all vaginal exams OR I accept minimal vaginal exams and don’t wish to be informed of my dilation.
* **Water Immersion** – I would love to use the bath/shower for comfort as well as to welcome our baby to the world and to enjoy the bath/shower.
* **Analgesics** – Please don’t offer any analgesics. We are hoping for a medication free birth but reserve the right to ask for something if I change my mind.
* **Pain Scales** – we would love it if you could please discuss my comfort levels rather than level of pain.
* **Students** – we would prefer no students to be present OR we are ok with students being present.
* **Mother Directing Birthing** – We would prefer the opportunity to allow for our baby to emerge physiologically according to the Natural Expulsive Reflex and to follow the prompts of my own body through mother directed breathing and bearing down, so please no coached pushing prompts.
* **Tearing vs. Episiotomy** – I would prefer to tear naturally rather than receive an episiotomy OR I would prefer an episiotomy over tearing naturally. We would prefer hands off the perineum and to use warm compresses only if this is deemed appropriate at the time.
* **Position Choices** – I would like to be free to move and choose labour and birthing positions that feel right for me – I would like to avoid birthing on my back. We would also prefer the option of using repositioning techniques if baby requires more optimal positioning.
* **Our Baby** – when our baby is born, if possible, one parent to receive baby and only gentle wiping or drying of our baby – we understand vernix is beneficial for their skin. Please discuss any standard procedures that are performed on baby before they occur.
* **Placenta Birth** – If my labour has been undisturbed, I would prefer a natural birth of the placenta without any manipulation and request up to 60 minutes for this process OR I am happy for an assisted placenta birth.
* **Delayed Cord Clamping** – we would like to wait until the cord has stopped pulsating before the cord is cut OR we would like a lotus birth. I would like to keep my placenta.
* **Self-Attachment** – we’d love your patience while we give our baby the opportunity to do the breast crawl and self-attach.
* **Vitamin K** – we are happy for our baby to receive the vitamin K injection OR oral drops OR we decline Vitamin K.
* **Hepatitis B** – we are happy for our baby to receive the Hep B vaccination OR we decline the Hep B vaccination.
* **Bonding Time** – we would love 1-2 hours uninterrupted bonding time (skin to skin) after the birth with one or both parents. Baby to remain with parents at all times. All baby exams including weighing and measuring to please be delayed.
* **Expressed Colostrum** - I will be bringing frozen colostrum to the hospital in case my baby needs it and wish for this to be given to my baby before considering alternative options.

**Caesarean Birth Preferences**

I am focusing on giving birth vaginally. Please note that a caesarean is not one of my preferences, and this should only happen if there is a strong medical reason. If it is determined that a caesarean is medically necessary, I would like that the operation is performed as slowly and gently as possible along with the following requests;

* **Birth Companion** – we would like that my partner stay with the baby at all times.
* **Keep Midwife** – if possible, we would like the midwife who had been caring for us to stay our midwife, rather than become theatre staff.
* **Calm Atmosphere** – we would like the atmosphere to remain as calm and quiet as possible – our birth space is to be respected.
* **Music** – we would love it if our music could be played during the procedure.
* **Lighting** – we would like it if our baby’s eyes could be shielded from the bright theatre lights when he/she is born.
* **Lower Screen At Delivery** – I would like the screen to be lowered during the birth of our baby and if possible, I would like to assist.
* **Baby’s Gender** – we have not found out the gender of our baby so please do not announce it – we would like to find out for ourselves.
* **Vaginal Seeding** - I would like to do vaginal seeding, please help me facilitate this.
* **Delayed Cord Clamping** – if my baby and I are doing well, any delay in the clamping and cutting of the cord would be appreciated.
* **Placenta** – I would like to keep my placenta.
* **Our Baby** – when our baby is born, please only gentle wiping or drying of our baby – we understand vernix is beneficial for their skin.
* **Immediate Skin to Skin** – Please place our baby as soon as possible onto my chest – this is very important to us.
* **Baby To Stay With Mum** – if health permits, the baby is to stay with me at all times – during the completion of the procedure and recovery.
* **Breastfeeding** – I would like the opportunity to breastfeed during my recovery and any support required to do so.
* **Self-Attachment** – we’d love your patience while we give our baby the opportunity to do the breast crawl and self-attach.
* **Vitamin K** – we are happy for our baby to receive the vitamin K injection OR oral drops OR we decline Vitamin K.
* **Hepatitis B** – we are happy for our baby to receive the Hep B vaccination OR we decline the Hep B vaccination.
* **Bonding Time** – we would love 1-2 hours uninterrupted bonding time after the birth so all baby exams including weighing and measuring to please be delayed.