**Birth Preferences**

**Hello and thank you** to all of the Techs, Nurses, Midwives, Obstetricians and Pediatricians who are here to help us safely deliver and care for our baby...

**Mother:**  **Age**: **GAD**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ Pregnancy

**Hx**:

**Babies**:

**Support people:**

**Labor:** My goal is...

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**Birth:** Unless precipitated by a medical emergency, please provide information and opportunities for questions before performing any interventions or procedures.

 -I would like to **avoid** the following procedures unless indicated as necessary for the health

and safety of myself or my babies:

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-I intend for the following procedures to be performed in conjunction with my birth and stay at this birth center:

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**Post Delivery:** Please observe golden hour/kangaroo care to the fullest possible extent considering the health and safety of myself and baby. If possible, I would prefer:

 -Delayed cord clamping

 -Immediate skin to skin

 -for measurements and procedures to be performed while skin to skin, if possible

 -the opportunity to try to breastfeed or pump immediately

 -I would prefer that my baby be fed…

 -I would like for my placenta...