

My Birth Choices

At Birth Detroit, the goal is to create a safe and welcoming space for families to give birth in the way that they want to give birth. We want all people giving birth to feel empowered to advocate for themselves and truly lead their birth experience.

While we know most births are normal, sometimes it does have deviations. Please explain to me and my support any procedures or options beforehand.

BIRTHING PERSON

First: _____ Last: _____

Please refer to me as: _____

PARTNER/SUPPORT PERSON

First: _____ Last: _____

(relationship to me): _____

Please refer to them as: _____

DOULA

First: _____ Last: _____

CARE

Where I've been getting prenatal care:

Care Facility: _____ Location: _____

Did you take a childbirth class? Yes No If so where? _____

UPON ARRIVAL TO THE HOSPITAL

- I would like intermittent monitoring, please explain why continuous monitoring would be needed
- To have no IV started
- To have a saline lock but no fluids
- I am ok with IV fluids being offered
- I would like continuous monitoring (*wireless or wired*)

My Birth Choices

DURING LABOR I WOULD LIKE TO

- Labor without medication
- Labor without medication and none to be offered unless I ask
- Use IV pain medication
- Have an epidural
- Nitrous Oxide if available
- Play my own music
- Use the birthing and peanut balls
- Walk
- Use position changes
- Use massage
- Use guided imagery/Hypnobirthing
- Use the shower or tub
- Have the lights off/dim

DURING BIRTH I WOULD LIKE TO

- Birth in a position of my choice
- For provider to support my perineum while pushing
- To have a mirror while I birth
- To touch the baby's head as it is crowning
- For me or my support to reach down and assist with the birth after the shoulders are out
- For my support person to cut the cord

IMMEDIATE POSTPARTUM/INFANT CARE I WOULD LIKE TO:

- Hold my baby right away
- Wait until my baby is dried off before holding
- Delay cord clamping (more than 5 minutes)
- To wait within 1-2 hours before any procedures for optimal bonding
- All procedures done with my baby near or on me
- Take my placenta home with me if it is safe to do so

I want my baby to receive:

- Vitamin K (to help his/her blood start the process of clotting).
- Eye Ointment (to prevent infection)
- Hepatitis B Vaccine (the first of a series of vaccines your baby can receive)

I would like my son to be circumcised Yes No

IF THIS IS A C-SECTION/SURGICAL BIRTH I WOULD LIKE TO

- Remain awake
- Not have my arms restrained
- Be told what is happening step by step
- Have a clear drape in the OR
- Have music of my choice played in the OR
- Do skin to skin if all is well
- Have my support person and baby with me for the whole procedure
- Assistance with breastfeeding in recovery

FEEDING MY BABY

I plan on:

- Breastfeeding
- Bottle feeding my milk
- Formula Feeding

FOR MY FAMILY PLAN:

- I want more children within 1 year
- I do not have necessity for birth control
- I plan on using _____ for birth control
- I want my tubes-tied (tubal ligation) before leaving the hospital
- I want my tubes-tied (tubal ligation) 6 weeks after delivery

WHEN I GET HOME I WILL NEED:
