Spiritual Garden Healing Doula Services

BIRTH *preferences*

GENERAL INFORMATION

Name: _____

Partner: _____

Doctor: _____

Due Date: _____

Baby's Name: _____

Baby's Gender: BOY GIRL SURPRISE

Birth History

- [ ] This is my first birth
- [ ] I've given birth before

Notes: _____

Pregnancy Information

- [ ] Group B Strep
- [ ] Gestational Diabetes
- [ ] Herpes
- [ ] RH Incompatible with Baby
- [ ] Other: _____

My Fears/Past Traumas

_____

_____

_____

Birth Experience Goals

_____

_____

_____

_____

ATMOSPHERE

- [ ] Minimal Interuptions
- [ ] Minimal Staff (No students)
- [ ] Limited cervical exams
- [ ] Other: _____

PAIN MANAGEMENT

Natural Remedies:

- [ ] Bath/Shower
- [ ] Breathing Techniques
- [ ] Massage
- [ ] Hypnobirthing
- [ ] Movement
- [ ] Other: _____

Medication Options:

- [ ] Please do not offer
- [ ] No IV
- [ ] I'm open to an Epidural
- [ ] I'm open to Nitrous Oxide
- [ ] I'm open to Pethidine
- [ ] Other: _____

INDUCTION

- [ ] No interventions unless necessary
- [ ] Artificially breaking of waters
- [ ] Foley Balloon
- [ ] Cervadil/Cytotec
- [ ] Pitocin
- [ ] Other: _____

MY BIRTH

The kind of birth I dream of:

- ☐ Vaginal
- ☐ VBAC/TOLAC
- ☐ C-section
- ☐ Home Birth
- ☐ Water birth

Birthing Positions I'd like to try:

- ☐ Squatting
- ☐ Birth Stool
- ☐ In Bed
- ☐ Hands and Knees
- ☐ Standing
- ☐ Pool/Tub
- ☐ On Side
- ☐ Other: _____

Pushing/Tearing

I'd like to:

- ☐ Breathe baby down.
- ☐ Be coached through pushing.
- ☐ Use a mirror for motivation.

If an episiotomy is suggested, I'd:

- ☐ Be okay if absolutely necessary.
- ☐ Be okay to follow advice.
- ☐ Rather tear naturally.

If assitance is needed, I'm open to:

- ☐ Ventouse (Vacuum)
- ☐ Forceps
- ☐ The Doctors' reccomendation.

Cesarean

If a cesarean is necessary, I'd like

- ☐ A gentle cesarean, if possible.
- ☐ The drape to remain in place.
- ☐ The drape to be lowered during birth; or use a clear drape.
- ☐ Immediate skin-to-skin with mom or partner.

AFTER BIRTH

Immediately After

- ☐ If baby is breathing, delay all newborn checks for skin-to-skin.
- ☐ Wipe baby down first.
- ☐ Don't wipe baby down.

Umbilical Cord

- ☐ Delayed clamping
- ☐ Cut by partner
- ☐ Cut by staff

Placenta

- ☐ Deliver naturally
- ☐ Pitocin assistance
- ☐ Please preserve

Vaccines/Medications

Vitamin K

- ☐ Injection
- ☐ Orally
- ☐ Not to be given

Eye Ointment

- ☐ Yes
- ☐ No

Hep B Vaccine

- ☐ Yes
- ☐ No

Feeding

- ☐ Breastfed
- ☐ Formula

Circumcision

- ☐ Yes ☐ No