

Mother:
Father:
OB/GYN:
Doula:

Thank you so much for being a part of the labor and delivery of our son. As first time parents we are both drawn to _____ because of the expertise and integrity that _____ has demonstrated. There is no other team of medical professionals that we would choose to help us through this life changing event.

We have outlined some hopes for our birthing experience but understand that under some circumstances the items listed may need to be modified after discussing their necessity. Unless there is an opinion change by the parents or a medical reason, it is our hope that the following can be achieved.

Stage One (0 – 10 cm dilation)

- We hope to achieve delivery without use of pain meds. Please do not offer pain medication.
- Please do not tell M the time or how long it's been. If time is an important factor in a medical decision (e.g., 5 hours without progression), please talk to B privately.
- It is M's preference to have freedom of movement for as long as she can. Please keep her un-attached from an I.V. and use wireless/intermittent monitoring.
- Please inform us of dilation, effacement, and the baby's station during exams.
- M prefers her membranes to rupture naturally.
- M would like labor to progress without interventions like the use of Pitocin.
- **M would like to eat and drink freely during labor.**

Stage Two (Pushing)

- Outside of the medical team, M would only like her husband B and her Doula present during this phase of labor and delivery.
- Residents are welcome to be present and to participate.
- M would prefer minimal coaching during pushing.
- M would like to **push and give birth** in whatever position is the most comfortable for her.
- Please use methods of perineal support and avoid an episiotomy.

Post Partum

- M would like her son placed on her chest **immediately after birth**.
- Please do not give the baby a bath until breastfeeding has been established.
- Please keep baby with Mom and Dad unless medically necessary.
- Please do not give the baby artificial nipples or bottles.

Surgical Birth

- Please allow B and _____ to be present during the operation.
- Please allow M's arms to be free.
- Please keep baby in OR until M is moved to her room unless medically necessary to remove him.
- B is to accompany baby at all times if he needs to leave the OR before M.