

BIRTH OPTIONS

EDD: _____ Physician/Clinic _____

Name: _____ DOB: _____ Partner's Name: _____

Cell #: _____ Partner cell #: _____ Email: _____

Doula Name: _____ Cell #: _____

Doula contract received: _____

Mother's Medical Information:

Pregnancy History or Risks/Other Medical History/ Surgeries: _____

Breast Surgeries/ Biopsies: _____ Thyroid Problems: _____ PCOS: _____ Diabetes: _____ Group B Strep: _____

Current Medications: _____

Allergies: _____

Religious/cultural preferences: _____

Other medical concerns: _____

Labor & Birth:

IV Placed at Admission: ___ YES ___ INT LOCK

EFM: Electronic Fetal Monitoring

- _____ I would like intermittent monitoring as long as the baby is doing well
_____ I am open to constant monitoring

- constant EFM may be necessary during labor due to medical concerns as determined by my provider and if pain medication is used constant monitoring is also necessary

AROM: Artificial Rupture of Membranes or breaking your water

- _____ I want to avoid AROM
_____ I am open to AROM
_____ I am undecided- explaining the benefits and the risks

Pain Medication Preference and Comfort Measures:

_____ I want an epidural at some point during labor. I will ask when I am ready

_____ I am undecided. If I am not coping well, please remind me of all my pain-relief options, including medication.

_____ Please do not offer me pain medications. I know what is available and will ask if I need them. Please remind me of the many highly effective natural relief measures available to me, including walking, rocking, shower, birth ball, controlled breathing, counter pressure, massage, deep relaxation, hot/cold compresses, aroma therapy, and others

- Pushing:** ___ Spontaneous Pushing (when I feel the urge)
 ___ Directed Pushing
 ___ Variety of Pushing Positions
 ___ Squatting/ Birth Bar
 ___ Stirrups
 ___ Foot pedals

In case of a C-Section, _____ **will be with me in the OR.**

- If general anesthesia is necessary, I understand that no one is allowed in the OR with me, due to safety precautions
- If you are scheduled for a C-section, please call the doula. Doulas are not allowed in the OR per hospital policy.

Additional Notes for Labor and Birth: _____

Baby Information (gender, twins, etc.) _____

DISCLAIMER: I UNDERSTAND THAT MEDICAL CIRCUMSTANCES MAY OCCUR THAT WILL MAKE INTERVENTION NECESSARY BY MY PHYSICIAN. _____ mom's initials

It is medically advised that you come to the hospital within one hour after your water breaks _____, mom's initials

I understand Pitocin may be used at my doctor's discretion or in the case of excessive bleeding. _____ mom's initials

Additional notes: _____
