



mindful birthing

NAVIGATING YOUR BIRTH PREFERENCES

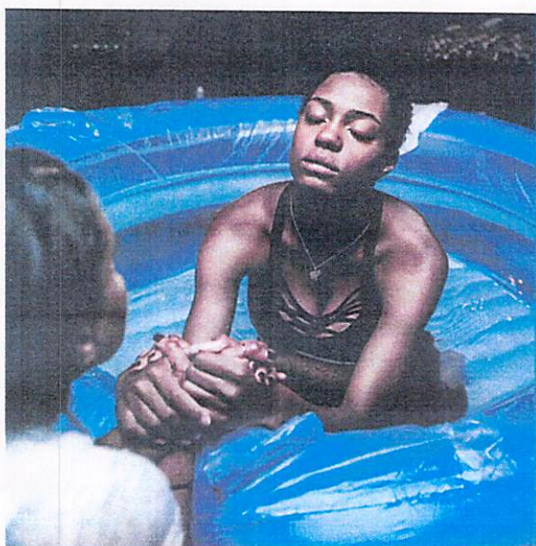


CONSIDERING BIRTH CHOICES WITH MINDFULNESS + INFORMED CONSENT

As a pregnancy progresses, many expectant parents will begin to explore how and where they'd prefer to give birth, including the ways in which different types of healthcare providers or birth environments may influence their birth experiences. At the center of these choices are key differences in childbirth philosophies. For some, birth is considered a sacred rite of passage that marks a spiritual or cultural journey into parenthood. For others, birth is simply a natural physical process that requires little outside intervention. Birth may also be viewed as a managed medical event that should be closely monitored to avoid emergencies or undesired outcomes. And for many others, orientations toward birth will be some combination of the above or no general philosophy at all. What remains true for every birth – regardless of belief system – is that each birthing person and each birthing experience is unique, and depending upon what arises during the actual birthing process, personal preferences and available birthing options may change or evolve.

The following Birth Preferences Worksheet, therefore, is not an exact plan, menu, or formula for how your birth will unfold, but it is a tool to help you consider how you'd like to respond to common choice-points during the birthing process and to help you identify areas that you need to learn more about in order to become an informed, consenting participant during your birth.

Use these prompts as dialogue-starters with your support team and your care providers. Notice any feelings (such as fear/overwhelm, joy/excitement) or physical sensations (such as tightness, irritation, ease) that may surface in your body as you go through the worksheet. If you find the mind strategizing to try to contain or control a future event or stuck in the memory of a past experience, see if you can filter your thoughts with a lens of curiosity or self-compassion. As always, let your breath be your anchor and your heart be your guide.



What is NATURAL
in every birth context
is for babies to be born in ways
that support the well-being
of the
birthing person,
baby or babies,
and the newly
emerging family.





MINDFUL BIRTHING - BIRTH PREFERENCES WORKSHEET

BIRTH TEAM:

Birthing Person Name:
 Primary Provider Name:
 Primary Provider Practice:
 Primary Provider Phone:

___ # Pregnancies ___ # Births ___ # Children Living

Birthing Partner Name:
 Doula/Support Person Name:
 Pediatrician Name:
 Pediatrician Phone:

ALLERGIES:

MEDICAL CONDITIONS:

PREFERENCES FOR 1st STAGE OF LABOR (if circumstances allow):

- I prepared for childbirth by attending a _____ childbirth education class.
- I ___ DO / ___ DO NOT want an IV lock upon hospital admission in case of emergency or medical pain management.

___ Dim lighting ___ Quiet voices please ___ I prefer my own clothing
 ___ Intermittent monitoring ___ Free movement during labor ___ Minimal cervical exams
 ___ Access to shower/bath ___ Touch/Massage if requested ___ Use of TENS unit
 ___ Spontaneous rupture of membranes ___ Other: _____

MEDICAL PAIN MANAGEMENT PREFERENCES

- I ___ DO / ___ DO NOT plan to receive medical pain management.
- I am open to the following medical pain management options:

___ Nitrous Oxide ___ IV Narcotics ___ Spinal Block ___ Epidural ___ Combined Spinal/ Epidural
 ___ Other: _____

PREFERENCES FOR 2nd STAGE OF LABOR (if circumstances allow):

___ Free choice of position ___ Coaching to push ___ Use of mirror ___ Touch baby's crowning head
 ___ Tear rather than episiotomy ___ Other: _____

PREFERENCES FOR 3rd STAGE OF LABOR (if circumstances allow):

___ Immediate skin-to-skin ___ Delayed cord clamping ___ I would like _____ to cut the cord
 ___ Oxytocin (Pitocin) dose only if needed ___ Delayed exams for bonding ___ I would like to take my placenta home
 ___ Other: _____

PREFERENCES FOR NEWBORN CARE & FEEDING (if circumstances allow):

___ Antibacterial eye ointment ___ Vitamin K injection ___ Hepatitis B vaccine ___ Delayed bathing
 ___ Circumcision ___ Other: _____

- I ___ DO / ___ DO NOT plan to breastfeed or chestfeed exclusively.
- I ___ DO / ___ DO NOT want to see a lactation specialist.

PREFERENCES IF A CESAREAN SECTION IS NEEDED (if circumstances allow):

___ Partner/support person in room ___ Please narrate/normalize any body sensations that I may be feeling
 ___ IV lock in non-dominant hand ___ Lower screen to show baby ___ Delayed cord clamping
 ___ Skin-to-skin contact (for self/partner) ___ Breastfeed/Chestfeed initiation ___ Delayed bathing of newborn
 ___ I would like _____ to cut the cord ___ I would like to take my placenta home with me
 ___ I am do not have any active infections, including Group B Strep, and I would like to use a vaginal seeding protocol to diversify my baby's microbiome in the minutes after birth
 ___ Other: _____