

Birth Wishes

,	and bring it to the hospital. You may change your mind at any time. by are our top priority. Discuss your plan with your clinician.					
Your name:	Partner or support person's name:					
If you have a doula, name of doula:						
(Your doula may stay with you and your	partner throughout your labor, delivery and postpartum period.)					
Due date:						
Your doctor or midwife:	Pediatrician:					
Do you need interpreter services? If yes	, check which language:					
☐ Necesito a interprete (Spanish)	☐ Waxaan u baahnahay turjubaan Somali ah (Somali					
	artner or support person in the room for the actual birth of tionship (such as parent, sibling, friend, older child, other):					
Name:	Relationship:					
You will have many options for comfort try the following:	measures and support. During labor, I would like to					
☐ Rocking chair	☐ Birthing ball					
☐ Tub or shower	☐ Peanut ball					
☐ Aromatherapy	☐ Walking					
\square A mirror to see my baby's progress where \square	nile pushing					
For pain relief I would like to:						
\square Skip medication (do not offer)	☐ Have an epidural					
\square Try narcotic pain medication	\square Try nitrous oxide, if available					
☐ Keep an open mind and see what is no	eeded					
What other thoughts would you like to	share about your labor wishes?					

Writing your birth wishes helps your care team know what is important to you. We will do our best to

At the time of my baby's	birth, I would like	to have (check	all preference	ces):			
☐ A mirror to watch my	baby's birth						
	trim the umbilical cord						
☐ Other:							
Postpartum							
We will keep you and you screening, your baby will baby. Rooming in also he	remain with you d	uring your stay	. Rooming in	helps you bond w	ith and feed your		
I plan to feed my baby:	□ Breastmilk	☐ Formula	☐ Both	□ Not sure			
 We routinely give newborns: A vitamin K injection to help blood clot effectively Antibiotic eye treatment to help prevent common eye infections A hepatitis B vaccine also is recommended for your baby in the hospital 							
If I have a boy, my plan is		a ron your bub	, eeesp				
□ Not have him circumci							
☐ Have him circumcised in the hospital (your baby should be feeding well before the procedure)							
☐ Have him circumcised in the clinic as an outpatient procedure							
□ Not sure							
Note: Check with your he responsible for any costs	•	ovider about co	verage and b	enefits for a circu	ımcision. You are		
First Day Photo provides photo shoot while in the				lies who choose t	to take their free		
☐ I would like to know m	ore □ Not in	terested 	l Not sure				
What do you most want to learn about to best care for your baby?							

Let us know if you have questions. Tell us anything else we can do to help make your stay as comfortable and memorable as possible. Each mother and baby is unique. We want your experience to be unique, too!

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