Birth Preferences Checklist



Use this checklist to share your preferences with your birth team. It is okay if you do not have preferences for some things. Sometimes things happen during labor that make some of these preferences not medically recommended. We will try our best to explain why we cannot meet your preferences.

COMFORT MEASURES

- ☐ Music
- ☐ Dim lights
- ☐ Birth ball or peanut ball
- ☐ Different positions
- ☐ Heat pack
- ☐ Cold pack or cloths
- ☐ Walking in room or unit
- ☐ Hydrotherapy – shower
- ☐ Massage
- ☐ Aromatherapy

DURING LABOR

Bag of water

- ☐ Break when recommended by my care team
- ☐ Wait until it breaks on its own

Vaginal exams

- ☐ When recommended by my care team
- ☐ Limit vaginal exams

Fetal monitoring

- ☐ As recommended by my care team
- ☐ As little as possible (intermittent) monitoring

Pain relief

- ☐ Nitrous oxide
- ☐ Natural or no medicine
- ☐ Pain medicine through the IV
- ☐ Epidural
- ☐ I will ask if desired
- ☐ _____

DURING PUSHING

- ☐ Different positions or squat bar use
- ☐ Mirror to see baby's head during crowning
- ☐ Want to touch baby's head during crowning
- ☐ No preference

AFTER BIRTH

Placenta

- ☐ Do not want to see
- ☐ Would like to see
- ☐ Would like to keep

Umbilical Cord

- ☐ Delayed cord clamping (recommended)
- ☐ Patient to cut cord
- ☐ Partner or support person cuts cord

Skin-to-skin

- ☐ Immediate
- ☐ Breastfeeding or chestfeeding as soon as possible
- ☐ Keep baby on chest for all assessments when possible

BABY CARE

Parents' role

- ☐ Partner or support person to announce gender
- ☐ Partner stays with baby at all times if baby is not with me

Infant feeding

- ☐ Breastfeeding or chestfeeding planned
- ☐ Bottle feeding: formula, pumped breast milk, donor milk
- ☐ Breastfeeding or chestfeeding and bottle feeding

OTHER PREFERENCES FOR YOU OR BABY

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

IL PQC Illinois Perinatal Quality Collaborative

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