

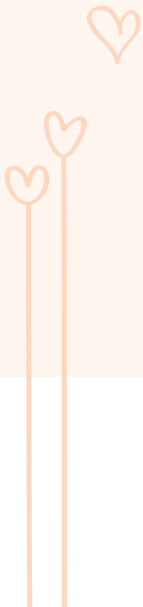
My birth wishes



Mom's name:

Other parent's name:

Baby's name:



1. If labor starts call :

Also call : _____ for the following reason : _____

2. If I have contractions I will stay home until...

...If my water breaks I need to go to the hospital or birthing home.

3. I wish to have the following persons by my side during birth :

My partner Of a birth companion

Of a significant person _____

I wish to be alone with my partner because : _____

I also wish to invite : _____

Why this person? _____

4. My expectations of these people are :

Main person with me : _____

Other accompanying person: _____

5. To feel comfortable during labor :

a. I am bringing :

- | | |
|---|--|
| <input type="checkbox"/> Music | <input type="checkbox"/> Snack |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Thermak water spray |
| <input type="checkbox"/> Comfortable clothing | <input type="checkbox"/> Water bottle |
| <input type="checkbox"/> Massage oil | <input type="checkbox"/> Lip balm |
| <input type="checkbox"/> Acupressure comb | <input type="checkbox"/> Others: _____ |

b. What I wish to bring in order to create the desired mood :

- Music
- Dim lighting
- Essential oil diffuser
- Others: _____

6. My fears regarding birth and hospital stay:

7. I wish to deliver baby in the most natural way possible or with medical assistance (pain medication, epidural) ? _____

8. I rely on these methods for pain management :

- | | |
|--|---|
| <input type="checkbox"/> Changing positions | <input type="checkbox"/> Vocalizations, chants |
| <input type="checkbox"/> Massages | <input type="checkbox"/> Pain medication (if requested) |
| <input type="checkbox"/> Bath | <input type="checkbox"/> Laughing gas |
| <input type="checkbox"/> Therapeutic ball | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Positioning pillow | <input type="checkbox"/> Pudental nerve bloc |
| <input type="checkbox"/> Visualisation, meditation | <input type="checkbox"/> Acupressure |
| <input type="checkbox"/> Deep breaths | <input type="checkbox"/> Others: _____ |

9. During pushing, I would like to try the following position(s):

- Back
- Hands and knees
- Sides
- Squatting
- Others: _____

10. I would like to be informed of the medical interventions needed (induction, IV fluids, Foetal monitoring, forceps, etc..) _____

11. If a c-section is necessary I wish that : _____

13. At birth I wish to :

- Touch my baby's head
- Discover my baby's gender myself
- Have my partner help bring baby out
- Have skin to skin contact with my baby
- Have my partner cut the umbilical cord
- Breastfeed my baby as soon as possible
- Take advantage of the 2 hours of uninterrupted skin-to-skin contact
- Other wishes _____

14. I prefer that my baby's first bath be done:

- At the hospital At home

15. I wish to feed my baby as follows:

- Breastfeeding Breast milk expression
- Commercial formula bottle

16. I would like my baby's care to be done in the room or in the presence of a significant person:

- Yes No

17. Others :
