



Birth Vision Worksheet

Birth Parent: _____

Partner: _____

Baby: _____ Gender: _____

Birth Place: _____

Estimated Due Date: _____

Labor

- ☐ I would like encouragement and reminders of my birth vision
- ☐ I would like positive birth affirmations (My body was made to do this, etc.)
- ☐ Wear own clothes at birth center/hospital
- ☐ Listen to music or guided meditation during labor
- ☐ Listen to music or guided meditation during birth
- ☐ Dim the lights
- ☐ Keep the room as quiet as possible
- ☐ Wear contacts or glasses
- ☐ I would like to move and change positions freely throughout labor
- ☐ I would like to use the tub and/or shower during labor
- ☐ I prefer as few vaginal exams as necessary
- ☐ I do not want an IV unless medically necessary
- ☐ Remain mobile
- ☐ Use of essential oils
- ☐ Use of birth ball/peanut ball
- ☐ I wish to have intermittent monitoring unless medically necessary
- ☐ I wish to have wireless monitoring if possible
- ☐ I do not want pitocin unless medically necessary
- ☐ I would like to use "BRAIN" before any interventions

Pain Management

- ☐ I prefer a natural, unmedicated birth
- ☐ Please do not offer epidural/pain meds, I will request if needed
- ☐ Nausea meds upon request
- ☐ Walking epidural
- ☐ Standard epidural
- ☐ Use of hypnosis
- ☐ Meditation
- ☐ Massage
- ☐ Use of IV pain meds
- ☐ Nitrous Oxide

Birth

- ☐ I prefer passive descent
- ☐ I would appreciate guidance in when to push and to stop pushing
- ☐ I would like a mirror available to see baby crown/born
- ☐ I would like to touch baby's head when it crowns
- ☐ I plan to have cameras in the room for video/pictures
- ☐ I would like to help catch baby
- ☐ I am keeping my placenta for future use
- ☐ I would like to see the placenta before it is discarded

After Birth

- ☐ Delayed cord clamping
- ☐ I would like _____ to cut the cord
- ☐ Immediate skin-to-skin after delivery
- ☐ Please do not wipe off any vernix
- ☐ I would like to hold my baby while delivering the placenta and during any tissue repairs
- ☐ I do not want Pitocin after birth unless medically necessary
- ☐ I would like uninterrupted skin-to-skin/breastfeeding for one hour after birth

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- ☐ I would like baby to be evaluated in my presence
 - ☐ I would like to breastfeed as soon as possible after delivery
 - ☐ I would like _____ to accompany baby if medical treatments are necessary
 - ☐ I would like to bank the cord blood
 - ☐ I would prefer no pain meds
 - ☐ I would prefer Acetaminophen
 - ☐ I would prefer Ibuprofen
 - ☐ I would prefer Narcotics
 - ☐ I would like a stool softener

Baby Care

- ☐ Please do not give Vitamin K
- ☐ Please do not give Hep B
- ☐ Please do not give eye ointment
- ☐ Please do not give baby any formula
- ☐ I plan on exclusively breastfeeding
- ☐ I plan to bottle feed with pumped breast milk
- ☐ I plan to bottle feed with formula
- ☐ Please no pacifiers
- ☐ Please do not bathe baby
- ☐ I always want to remain with baby

Traditions

Are there any Cultural, Religious, or Spiritual ceremonies or traditions you would like incorporated into your labor, birth, or post-delivery?
