**A picture containing light

Description automatically generated**

Head, Heart, Hands

Birth Vision

This is a very comprehensive worksheet. It is meant to help you educate yourself on all your options. Use this worksheet as a starting point, then rewrite it in bullet point format and keep it to 1-2 pages.

Birthing Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baby(ies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Induction: What are you wanting if induction is recommended

\_\_\_ Use only when determined to be medically necessary

\_\_\_Natural induction (walking, nipple stimulation, cuddling, etc.)

\_\_\_ Stripping/sweeping membranes

\_\_\_AROM (artificial rupture of membranes)

\_\_\_ Pitocin

\_\_\_ Cervidil

\_\_\_ Cytotec

\_\_\_ Foley Bulb

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Environment

\_\_\_ 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

\_\_\_ Keep hydrated through ice chips instead of IV

\_\_\_ IV preferred

\_\_\_ Free to eat and drink

\_\_\_ Remain mobile

\_\_\_ Use of essential oils

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pain Relief

\_\_\_ 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

\_\_\_ Use of birth ball/peanut ball

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Monitoring

\_\_\_ I wish to have intermittent monitoring unless medically necessary

\_\_\_ I wish to have wireless monitoring if possible

\_\_\_ I do not want an internal monitor unless medically necessary

­­­\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Labor, Delivery, and Episiotomy

\_\_\_ I would like encouragement and reminders of my birth vision

\_\_\_ I would like positive birth affirmations (My body was made to do this, etc.)

\_\_\_ 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

\_\_\_ I would like to wait until I feel the urge to push before attempting to push

\_\_\_ I prefer passive descent

\_\_\_ I would appreciate guidance in when to push and to stop pushing

\_\_\_ I would like a squat or birth bar to aid in pushing

\_\_\_ I prefer stirrups to allow me to lay back during pushing

\_\_\_ I would like to deliver in hands and knees position

\_\_\_ I prefer not to have an episiotomy unless necessary for baby’s safety

\_\_\_ I would prefer an episiotomy rather than a tear

\_\_\_ I would like local anesthetic to repair a tear or episiotomy

\_\_\_ I do not want to use forceps or vacuum unless medically necessary

\_\_\_ 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 would like to deliver the placenta spontaneously and without assistance

\_\_\_ I would like to see the placenta before it is discarded

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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

\_\_\_ 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 like to keep the placenta

\_\_\_ I would like my Doula to stay at least one hour after birth

\_\_\_ I would like a Golden Hour Photo Session

\_\_\_ I would like to meet with a lactation consultant

For Multiples

\_\_\_ I would like to hold baby A while delivering baby B, or would like \_\_\_\_\_\_\_\_\_\_\_\_\_ to hold baby A

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Post-Delivery

\_\_\_ I would prefer no pain meds

\_\_\_ I would prefer Acetaminophen

\_\_\_ I would prefer Ibuprofen

\_\_\_ I would prefer Narcotics

\_\_\_ I would like a stool softener

\_\_\_ I would like gel nipple pads

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C-Section

\_\_\_ I would like to avoid C-section unless medically necessary

If a C-section is necessary, I would like:

\_\_\_ A second opinion

\_\_\_ To make sure all other options have been exhausted

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be my support person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to preform skin-to-skin if I am unable to

\_\_\_ The drape lowered or a clear drape so I can see baby come out

\_\_\_ My hands left free

\_\_\_ The surgery explained as it is happening

\_\_\_ I would like music playing or guided meditation

\_\_\_ Dimmed lighting

\_\_\_ No private conversations

\_\_\_ Happy chatter

\_\_\_ Nausea meds

\_\_\_ Support person by my head at all times

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Traditions:

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

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