



Sample Birth Vision 1

I am looking forward to birthing our baby at the XXXX. Thank you so much for your wonderful care of our family. We have just a few requests for you as we go through this process together, and we understand that the health and safety of mom and baby are of utmost importance.

We understand that labor and birth are dynamic, changing processes and ask for your help in making this process as smooth as possible. Please help us understand all of our options and choices as this labor unfolds. We may ask for a few minutes in private to discuss any changes to this document. Again, thank you for all you're doing for us!

1. I have had difficulty with IVs in the past and I am anxious about this IV placement. If at all possible, please ask your most experienced nurse or doctor assist with the placement. I may ask for numbing medication if the first attempt is unsuccessful.
2. I am hoping to make it to active labor (~5 cm) before getting an epidural.
3. I would like to try the following pain management techniques before turning to medication: acupressure, bath/shower, breathing techniques, hot/cold therapy, and massage.
4. Once I have my epidural, please help me change positions every 1 – 2 hours.
5. As long as baby is doing well, I would like to “labor down” after reaching full dilation and then please help me push in different positions.
6. I would like to avoid an episiotomy and would rather risk a natural tear. If one becomes necessary, please discuss this prior to the procedure.
7. I would like to leave the option open for my husband to catch our baby and/or cut the cord.
8. I would like to have skin-to-skin contact right after delivery of our baby and try breastfeeding as soon as possible. We would like to exclusively breastfeed. Please do not introduce anything else to the baby without our permission.
9. I would like to delay bathing and weighing the baby until the baby has successfully latched on both sides.
10. I would like our baby to receive the antibiotic eye ointment, Vitamin K injection, and the Hepatitis B vaccine.

Please note that we have discussed all of these options with our doctor and have received her/his approval.

Thank you for your help and support in the birthing of our baby!

Mom & Dad X

Doctor

Doula(s)



Sample Birth Vision 2

Jane and Tom Smith
OB/Gyn: XXXX
Doula(s): XXXX

Dear XXXX Hospital Staff,

We are looking forward to welcoming our first baby girl at XXXX Hospital! We thank you in advance for the wonderful care we know we will receive from your amazing medical staff. We have spoken to our doctor regarding the following wishes and have received her approval and support of these items. However, we understand that the health and safety of mom and baby come before any/all of our preferences.

- If our baby experiences distress or the labor becomes complicated, please help us understand all our options for next steps. If it is safe, we would like to have a few minutes to discuss our options in private before making decisions.
- We are aware of all pain management options and will ask for them if needed. If mom is laboring naturally, without pain medications, please do not ask her pain scale questions, rather, please ask me how she is coping.
- Mom would like to not have an IV or saline lock.
- Mom prefers to be up and out of bed as much as possible, as our preferred pain management techniques include more natural ones such as shower, heat and massage.
- We prefer intermittent heart monitoring if possible. If constant monitoring becomes necessary, and mom is mobile, she would prefer the telemetry units.
- If possible, mom would like to begin pushing with spontaneous, rather than coached, efforts. If available, she may like to use a squat bar and/or a mirror.
- If baby is doing well, we would like delayed cord clamping following the birth.
- We would like skin-to-skin contact with mom and the baby as soon as possible after delivery and for baby to remain on mom for at least one hour to facilitate bonding and initial breastfeeding.
- We would like to delay newborn procedures (including weighing and bathing) until after baby has latched successfully on both breasts.
- We would like to exclusively breastfeed. Please do not introduce anything else to the baby without our permission.

If a cesarean birth is necessary, we would prefer:

- For the drape to be lowered so mom can see baby's first moments.
- For delayed cord clamping as long as baby is doing well.
- For our doula to be with mom in the OR when dad & baby leave for the nursery.
- For baby to come to mom as soon as possible, and for mom, dad and baby to be together in the recovery room.

Thank you so much for your consideration of these requests!



Sample Birth Vision 3 (VBAC)

Parents: XXXX and XXXX

OB: XXXX

Doula: XXXX

We are excited to be having our baby at XXXX. Thank you in advance for your wonderful care & attention!

We know we cannot plan or predict what will happen during our baby's birth. However, we would like to take this opportunity to communicate a few of our preferences. Please be aware that I am **allergic to latex** and had an allergic reaction to a medication during my previous Cesarean birth. (baby was breech)

Pain: I am aware of my pain medication choices and ask that medications are not offered or suggested, I will ask for them if I decide that I want them. Also, please do not ask me to "rate my pain," rather, please ask me about how I am coping.

Monitoring: I understand continuous monitoring will be required given we are attempting a VBAC. I prefer to labor out of bed as much as possible, and would prefer to have wireless monitoring whenever possible.

Birth and Cord Cutting: If possible, XXX would like to assist with the baby's birth and s/he would like to cut the cord. I would like to reach down and help bring my baby to my chest.

Pushing: If all is going well, I would like to try spontaneous pushing.

Newborn Procedures: We would like to have 1 hour of uninterrupted skin-to-skin contact with our baby before the eye ointment & Vitamin K are administered, and our baby is weighed. We would like to delay our baby's first bath for 24 hours and will postpone the Hepatitis B vaccine until our first visit with our pediatrician.

Breastfeeding: I am planning to breastfeed my baby and would like assistance with breastfeeding.

Unexpected circumstances: I know from my previous birth that unexpected situations can arise and that decisions sometimes need to be made very quickly. It is very important to us that we understand what's going on and have our options explained to us.

Cesarean: If a cesarean birth is needed, I would like XXXX and my doula to be with me in the operating room. Please lower the drape so I can see my daughter's/ son's birth. If s/he is doing well, please bring her/him to me so I can see him up close. Please help me begin breastfeeding as soon as possible. (I was unable to see or hold my first child for many hours after her birth.)

Thank you for helping us welcome our daughter/son into the world!