



**Capital Womens Care: Ashburn | The Midwives of Loudoun**  
**19450 Deerfield Avenue, Suite 460, Leesburg, VA**  
**Phone: 571-707-8522 Fax: 571-707-8577**

## **BIRTH PREFERENCES**

Your Name: \_\_\_\_\_

Birth Partner Name: \_\_\_\_\_

Child Birth Education Method: \_\_\_\_\_

Other to be Present During Birth? \_\_\_\_\_

Every woman has expectations for her childbirth experience. Sharing your personal preferences can help ensure the experience aligns with your desires while keeping you and your baby safe. This template is designed to help you and your partner consider what's important and encourages open conversations with your care provider. When you go to the hospital, bring copies to share with your Labor & Delivery and Postpartum care teams.

**Indicate your preferences below by checking the appropriate items.**

### **Labor**

**I would like to:**

Wear my own clothes

Wear a hospital gown

Play music (room has bluetooth speaker)

Keep the lights dimmed (battery operated candles only)

Have staff limited to my own care provider  
and nurses (no students present without my consent)

Nourish myself with food/snacks I bring from home

I want to walk and change positions

I am interested in using the shower or tub (available in every room)

I am open to pain medication:

Nitrous Oxide

IV Narcotics

I plan on having an epidural

I would like to labor without pain medication

I would prefer not to be asked about pain. I will ask  
for medication if needed (code word \_\_\_\_\_)

I agree to have recommended IV access using a saline lock

I would prefer fetal monitoring

Continuous

Intermittent, if low risk

I would prefer for my water to release naturally

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

### **Birth**

**I would like to:**

Try various pushing positions

Use a mirror to see the baby's head crowning

Delay cord clamping

At least one minute (this is standard)

Stop pulsating

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

Take pictures after birth

Have cord blood/tissue collection (must bring your kit with you)

Have baby placed immediately skin to skin (this is standard)

Plan on taking my placenta home. I realize I will  
need to bring a cooler and sign a consent

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

### **Cesarean Section**

**If Cesarean Section is medically indicated, I would like:**

A clear drape during surgery

The cord cut long so that my partner may cut the cord later  
on the warmer

Skin to skin with me or my partner in the Operating Room

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

## Newborn

**I plan to:**

Breastfeed exclusively      Formula feed      Both      Pump      Use a pacifier (hospital does not provide one)      Not to use pacifier unless I give permission

If my baby is a boy:      Circumcision      No Circumcision      Observe/participate in newborn bath      Prefer to wait 24 hours for newborn bath

**I agree to have my baby receive the recommended medications:**

Erythromycin eye ointment (within 1 hour of birth)

Decline Erythromycin eye ointment

Vitamin K Shot (within 1 hour of birth)

Decline Vitamin K Shot, I understand I will be asked to have a consult with NICU

Hepatitis B (at 24 hours old)

I prefer to discuss the Hepatitis B Vaccine with my Pediatrician in the office

**Other things I would like my care team to know:**

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