Dear Health Care Providers:

My birthing companion and I have chosen you, our health care provider, and you, our birthing facility staff, as the people we want to attend us when our baby is born. We have chosen the HypnoBirthing® method of quiet, relaxed, natural birth. From everything we have heard from others, we truly believe that you will do your utmost to help us attain our wish for a joyous, memorable, and most satisfying natural birth.

The information that follows is a copy of our Birth Preferences. We have given careful consideration to each specific request in our plan, and we feel that it represents our wishes at this time. We realize that as labor ensues, we may choose to change our thinking and wish to feel free to do so

We’re looking forward to a normal pregnancy and birth and understand that these choices presume that this will be the case. Should a special circumstance arise that could cause us to deviate from our planned natural birth, we trust that you will provide us with a clear explanation of the special circumstance, the medical need for any procedure you may anticipate, and what options might be available. In such an event, please know that after we have had an explanation of the medical need and have had the opportunity to discuss the decision between ourselves, you will have our complete cooperation. In the absence of any special circumstance, we ask that the following requests be honored.

Please attach these requests to my prenatal record. I will provide other copies for [ ] hospital, Admissions [ ], my midwife [ ], birthing clinic staff [ ]

Please make this information known to any other physicians, nursing staff, or midwives who may be attending the birth should you not be attending us.

 Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent(s) Care Provider

** Birth Preferences**

**Mother’s and Birth**

**Companion’s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We have chosen you to be our care providers, and we thank you in advance for honoring our birthing preferences and assisting us in achieving a gentle and natural birth.

**Welcoming our baby:** We are preparing for our baby’s arrival with HypnoBirthing®, and we anticipate a calm, natural birth. We will be using special breathing techniques and relaxation, including self-hypnosis. My birth companion will be actively involved in our birthing. (He/she) has been fully prepared to support me in decisions and techniques regarding our baby’s birth. Please include (him/her) in all discussions as labor advances. We ask for your understanding and accommodation to the requests outlined below, allowing our labor and birth to unfold as naturally as possible. These preferences are forwarded with the understanding that should an unexpected special circumstance arise, you will have our full cooperation after discussion and explanation. With this goal in mind, we list the following preferences:

 **Onset of labor:**

* To allow labor to begin naturally unless induction by medical means is truly needed for the safety of my baby or me.
* To remain at home until labor is well established

**Admission to hospital:**

* To return home if labor is not well established at 4 cm. to 6 coming home.
* To have birth companion ensure that mother maintains fluid intake and output.
* To have no heplock or IV. If heplock is medically necessary, then please ask first whether to place in hand or forearm.
* To have intermittent fetal monitoring and intermittent blood pressure readings, unless medical indication requires otherwise
* To discuss my “comfort level,” rather than a “level of pain” or being shown a pain scale. Please do not ask me if I am in pain.
* To feel free to dim the room, have soft music playing, and lower bed rails for peri-natal bonding

**During Opening and Thinning:**

* To feel free to walk, move about, and to find the most comfortable and effective positions
* To allow for an undisturbed rhythm and flow of natural labor with few or no vaginal exams
* To labor in tub if one is available—if not, to choose the shower
* To be relieved of blood pressure cuff and fetal monitor belts between readings
* To snack and drink as desired to sustain energy and if labor is prolonged
* To forego medical interventions, including rupturing of membranes and augmentation, without clear medical need. Membranes to remain intact until baby is fully born.
* To use natural means before moving to intervention if baby requires more optimal
repositioning
* In the event of stalled labor, we prefer to use natural oxytocin methods and request quiet and privacy to discuss any anxiety or fear that might be preventing things from moving forward.
* To be fully apprised and consulted before introduction of any medical procedure such as augmenting labor with pitocin or stripping of membranes.
* If midwife/doctor senses we are struggling, we welcome helpful, constructive direction to get back on track toward our intervention free birth

**During Descent:**

* To assume a position of my choice, change position, or remain in whatever position I am most comfortable in.
* To breathe my baby down to crowning with prompts from only my birth companion. Please no “pushing” prompts unless requested.
* To bear down only when my body is in surge, using and assisting the natural expulsive reflex.

**During Birth:**

* To allow baby to emerge physiologically, free of assist unless needed.
* To suction airway only if medically necessary.
* To have mom or dad receive baby once head and shoulders are born.
* To allow at least an hour for the placenta to be released physiologically.
* To use artificial oxytocin injection to prevent hemorrhage only if there is clear indication.
* To stretch the perineal tissue with coconut oil and/or apply warm compresses.
* To avoid an episiotomy unless absolutely necessary for emergence of baby.
* To have filming/photography taken at birth.
* To have lights dimmed at birth and post birth.
* To have sex of baby announced.
* To have use of mirror for visual guidance during crowning.

**For Baby:**

* To dry or wipe baby gently with a soft fabric.
* To allow vernix to be naturally absorbed into the skin.
* To have baby placed directly on mom’s abdomen for skin to skin after birth. Dad will join in.
* Place towel or blanket over mom and baby.
* To allow cord pulsation to cease before cutting and please allow dad to cut the cord.
* To allow baby to crawl to breast and self-attach for first feeding.
* To decline or delay prophylactic eye medication until after one hour of bonding time.
* To delay Vitamin K injection until after bonding.
* To have baby remain with mom and dad at all times.

**We thank you in advance for your kind support and assistance in helping us meet our goal of a beautiful, natural birth.**