

Name: _____ Due Date: _____

Doctor's Name: _____ Midwife/Doula's Name: _____

Partner/Coach's Name: _____

My Baby Doctor's Name: _____

Special medical notes (allergies, etc.):

I have taken Prenatal Classes at the Sturgis Hospital: Yes No

PAIN MEDICATION

- I would like to NOT be offered any pain meds
- I'm interested in pain meds only if I become too uncomfortable
- I would definitely prefer to have pain medication

Preferred Pain Meds: _____

VISITORS

- I would like the following individuals to be present in my birthing room during my delivery:

- Please help me limit my visitors by only allowing specific individuals to visit after my delivery

FEEDINGS

- I will be attempting to breastfeed. Please offer guidance and support when necessary
- I would like to try breastfeeding as soon as possible, before any formula is given
- I will NOT be breastfeeding and formula should be given

SPECIAL REQUESTS

- Please place my baby on my stomach immediately following delivery
- I would like a mirror to watch the birth
- My partner/coach would like to cut the umbilical cord
- I would like my son circumcised
- I would prefer NOT to have an enema
- I would prefer NOT to be give petocin
- I would prefer NOT to have an episiotomy

SPECIAL NOTES ABOUT YOUR PREGNANCY AND/OR BIRTH:

If you need more information about any of the following topics, ask your Doctor:

- External/Internal fetal monitoring • Forceps/vacuum extractor • Artificial rupture of membranes
- Induction of labor • Caesarean births • Episiotomy • Pain Medications