

My Delivery Expectations:

During my delivery, I would like:

- A mirror positioned for me to see the birth
- To avoid episiotomy
- My support person to take still photos
- Video taping (after delivery only)
- My support person to cut the umbilical cord
- My baby placed on my chest immediately after birth (vaginal birth)
- My baby to be cleaned and swaddled before given to me
- To breastfeed immediately after birth (highly recommended)

My Expectations for Mother-Baby Care:

After delivery, I'd like:

- Limited visitors
- My baby to be photographed by the hospital photographer
- My other child(ren) brought in to see me and meet the new baby as soon as possible after the birth
- My family members to see me and meet the new baby
- Nap time each day from 1 – 2:30 p.m.
- Baby's dad or significant other to sleep in my room overnight

I plan to:

- Breastfeed exclusively
- Combine breastfeeding and formula-feeding
- Formula-feed exclusively

** Must have physician's order*

*** Prior arrangements necessary*



My Support Person(s) During Labor & Delivery Will Be:

My Support Person(s) After My Delivery Will Be:

Signature of My Physician: _____

My Signature: _____

Date: _____

Please discuss your completed checklist with your physician, who will then fax a copy of your preferences to the Family Birth Place. When you arrive, we'll be ready to help create a childbirth experience tailored specifically for you and your family.