

Our Preferences for Our Baby's Birth

Our Names: _____
My EDD: _____ Our Pediatrician: _____

SAMPLE

- ~ No procedures should be performed on our baby without our express permission unless there is a life-threatening medical emergency.
- ~ No deep suctioning unless the baby's life is in jeopardy and then only with our express permission.
- ~ We wish to delay clamping and cutting the umbilical cord for at least 5 minutes.
- ~ No deep suctioning without our express verbal permission if the baby is able to cry.
- ~ Barring complications, please place the baby directly on my abdomen (skin to skin) after the birth. I would like at least one hour with our baby undisturbed to bond and breastfeed.
- ~ Please delay the erythromycin treatment for the baby's eyes until the baby has breastfed. If a cesarean delivery becomes necessary, please administer the erythromycin after my partner or doula has had an opportunity to take newborn photos.
- ~ If our baby is a boy, he will not be circumcised.
- ~ We do not want our baby to go to the nursery at all. If the baby must be taken to the nursery, my partner will accompany the baby at all times.
- ~ Our baby is to be exclusively breastfed - please do not give any artificial nipples of any kind. I trust that our baby already knows how to breastfeed. I will ask for help if I need it.
- ~ We prefer the Vitamin K to be given orally. If you are unable to do that, please give our baby the Vitamin K shot while breastfeeding.





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