

# Our Preferences for Our Baby's Birth (sample)

Our Names: \_\_\_\_\_

My Due Date: \_\_\_\_\_ Our Pediatrician: \_\_\_\_\_

- ~ 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 verbal permission as long as the baby is able to cry.
- ~ Do not "milk" the umbilical cord. We wish to delay clamping and cutting the umbilical cord for at least 5 minutes or until the cord turns completely white.
- ~ 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.
- ~ I trust that our baby already knows how to breastfeed. I will ask for help if I need it. Please explain how to help my baby breastfeed rather than physically latch the baby on for me.
- ~ 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.