MATRESCENCE DOULA

# Birth Preference Plan

Matrescence Doula
A Compassionate Responder

Parent's Name: _____

Partner/Support Person(s): _____

Due Date: _____

Healthcare Provider: _____

Birth Location: _____

## My Priorities

Please help create a calm, respectful, and informed birth experience. I understand that circumstances may change, and my preferences may need to be adjusted if medically necessary. I appreciate clear communication and being included in decisions whenever possible.

## Environment

- ☐ Quiet, calm atmosphere
- ☐ Dim lighting
- ☐ Limited interruptions
- ☐ Music
- ☐ Aromatherapy
- ☐ Freedom to move during labor
- ☐ Personal clothing instead of hospital gown

Other preferences: _____

## Pain Management

- ☐ Try non-medication comfort measures first
- ☐ Delay pain medication as long as possible
- ☐ Request an epidural if I decide I want one
- ☐ Nitrous Oxide
- ☐ Breathing techniques
- ☐ Massage
- ☐ Counter-pressure
- ☐ Hydrotherapy
- ☐ Heat or cold packs
- ☐ Position changes

Other: _____

## Labor Preferences

- ☐ Walk and change positions freely
- ☐ Use birthing ball
- ☐ Shower or tub
- ☐ Eat and drink as permitted
- ☐ Continuous support from my partner/doula
- ☐ Intermittent fetal monitoring if medically appropriate

## Medical Interventions

- ☐ Labor to begin naturally
- ☐ Membrane rupture only if necessary
- ☐ Pitocin only if medically indicated
- ☐ Clear explanation before any intervention
- ☐ Time to ask questions before making decisions whenever possible

## During Birth

- ☐ Labor in the position that feels best
- ☐ Push instinctively when possible
- ☐ Guided pushing only if needed
- ☐ Use a mirror to see baby's birth
- ☐ Touch baby's head during birth

## Cesarean Birth

- ☐ My support person with me
- ☐ Clear explanation throughout the procedure
- ☐ Immediate skin-to-skin in the operating room or recovery
- ☐ Breastfeeding as soon as possible
- ☐ Partner accompanies baby if separation is necessary

## Immediately After Birth

- ☐ Immediate skin-to-skin contact
- ☐ Delayed cord clamping
- ☐ Partner/support person cuts the cord
- ☐ Delayed newborn procedures until after bonding
- ☐ Begin breastfeeding as soon as possible
- ☐ Formula feeding
- ☐ Combination feeding

Other: _____

## Communication Preferences

- ☐ Explain procedures before performing them
- ☐ Ask for consent whenever possible
- ☐ Speak directly to me about decisions
- ☐ Include my support person in discussions

## Newborn Care

- ☐ Baby stays in my room
- ☐ Vitamin K injection
- ☐ Eye ointment
- ☐ Hepatitis B vaccine
- ☐ Newborn bath delayed at least 24 hours
- ☐ Pacifier only if requested

Other: _____

## Additional Notes

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_____

Thank you for helping us create a safe, respectful, and positive birth experience for our family.