

BIRTH ROADMAP



MOTHER BIRTH
Doula & HypnoBirthing



www.motherbirth.net

BIRTH PREFERENCES

COMFORT MEASURES IN EARLY LABOR

- | | | | |
|-------------------------------------|---|--------------------------------|-----------------------------------|
| <input type="checkbox"/> MASSAGE | <input type="checkbox"/> DRAW | <input type="checkbox"/> WALK | <input type="checkbox"/> MEDITATE |
| <input type="checkbox"/> SLOW DANCE | <input type="checkbox"/> BREATHING TECHNIQUES | <input type="checkbox"/> MUSIC | <input type="checkbox"/> CUDDLE |

COMFORT MEASURES IN ACTIVE LABOR

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> MASSAGE | <input type="checkbox"/> COUNTER PRESSURE | <input type="checkbox"/> WALK | <input type="checkbox"/> MEDITATE |
| <input type="checkbox"/> SLOW DANCE | <input type="checkbox"/> BREATHING TECHNIQUES | <input type="checkbox"/> MUSIC | <input type="checkbox"/> CUDDLE |
| <input type="checkbox"/> HEAT | <input type="checkbox"/> COOL COMPRESS | <input type="checkbox"/> IV MEDICATION | <input type="checkbox"/> EPIDURAL |
| <input type="checkbox"/> NITROUS OXIDE | <input type="checkbox"/> SHOWER/TUB | <input type="checkbox"/> LIGHTING | <input type="checkbox"/> AFFIRMATIONS |
| <input type="checkbox"/> ROBOZO | <input type="checkbox"/> VISUALIZATIONS | <input type="checkbox"/> OTHER: | |

POSITIONS

- | | | | |
|---|--|------------------------------------|---|
| <input type="checkbox"/> LAYING DOWN | <input type="checkbox"/> SIDE LYING | <input type="checkbox"/> SQUAT BAR | <input type="checkbox"/> POLAR BEAR |
| <input type="checkbox"/> HAND AND KNEES | <input type="checkbox"/> SITTING UPRIGHT | <input type="checkbox"/> SQUATTING | <input type="checkbox"/> ASSISTED SQUAT |

DELIVERY

- | | | |
|--|--|---|
| <input type="checkbox"/> INTUITIVE PUSHING | <input type="checkbox"/> BREATHING BABY DOWN | <input type="checkbox"/> COUNTING WHILE PUSHING |
| <input type="checkbox"/> TOUCH BABYS HEAD | <input type="checkbox"/> MINERAL OIL | <input type="checkbox"/> MIRROR WHILE PUSHING |
| <input type="checkbox"/> DELAYED CORD CALMPING | <input type="checkbox"/> KEEP PLACENTA | <input type="checkbox"/> WARM COMPRESS |

INTERVENTIONS

- | | | | |
|--|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> CERVICAL EXAM | <input type="checkbox"/> MEMBRANE SWEEP | <input type="checkbox"/> IV FLUIDS | <input type="checkbox"/> INDUCTION |
| <input type="checkbox"/> PITOCIN | <input type="checkbox"/> AROM (RUPTURE OF MEMBRANES) | <input type="checkbox"/> EPISIOTOMY | <input type="checkbox"/> VACUUM |
| <input type="checkbox"/> FORCEPS | <input type="checkbox"/> CESAREAN | <input type="checkbox"/> EPIDURAL | <input type="checkbox"/> MONITORING |

CARE FOR NEWBORN

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> SKIN TO SKIN IMMEDIATELY | <input type="checkbox"/> EYE OINTMENT | <input type="checkbox"/> VITAMIN K | <input type="checkbox"/> HEP B VACCINE |
| <input type="checkbox"/> BREASTFEED | <input type="checkbox"/> BREASTCRAWL | <input type="checkbox"/> FORMULA/DONOR | |

Example of Birth Preferences to Provide to Care Provider

NAME & PHONE #

HUSBAND/PARTNER: NAME & PHONE #

DOULA: NAME & PHONE #

Summary: Prefer to have a **vaginal birth**, in all cases, unless if it is medically necessary.

Labor & Delivery	Environment & Comfort Measure	Postpartum Care
<p>First Stage</p> <ul style="list-style-type: none"> • Spontaneous onset of labor (no pitocin/induction) • • • • <p>Second Stage</p> <ul style="list-style-type: none"> • • • • • • <p>Third Stage</p> <ul style="list-style-type: none"> • • • • • <p>*If cesarean is medically necessary</p> <ul style="list-style-type: none"> • • • • • • 	<p>Preference to have:</p> <ul style="list-style-type: none"> • Lights dimmed • • • • • • • • <p>Comfort Measures</p> <ul style="list-style-type: none"> • Changing positions • Breathing techniques • • • • • 	<ul style="list-style-type: none"> • • • • • • •