## Birth Preferences Sample

Dear Hospital Staff,

After careful consideration of our options, we are excited to have chosen you as our care providers and we thank you for respecting our researched and considered birth preferences and helping us achieve a positive caesarean birth.

We have come to the decision that a caesarean birth is in our best interests and will rely on your expertise and guidance, remaining committed to our preferences where possible.

Please know you will have our full cooperation after an explanation and discussion of any concerns. The welfare of our baby is what’s most important to us.

We have prepared for our baby’s arrival with HypnoBirthing and will be using breathing and relaxation techniques including self-hypnosis during the caesarean birth. My partner will be involved as much as possible, helping me with breathing and remaining relaxed.

We have completed our birth preferences together and he/she is fully prepared to support me in all decisions. Please include him/her in all discussions.

We appreciate your understanding and accommodation of our preferences.

We thank you for your support and assistance in helping us to achieve the best experience possible.

Warm regards,

Your Names

Our C-Section Birth Preferences

I would like that the operation is performed as slowly and gently as possible.

* **Calm Atmosphere** – we would like the atmosphere to remain as calm and quiet as possible – our birth space is very special to us.
* **Music** – we would love it if our music could be played during the procedure.
* **Medical Equipment** – if circumstances allow, could I have all IVs, straps and monitors to be on my non-dominant arm so that I can touch and hold baby once he or she is born.
* **Lower Screen at Birth** – I would like the screen to be lowered during the birth of our baby and if possible, I would like to assist by using my abdominal muscles to help push baby out and/or I would like to help pull my baby to my chest.
* **Lighting** – we would like it if our baby’s eyes could be shielded from the bright theatre lights when they are born.
* **Immediate Skin to Skin** – please place our baby as soon as possible onto my chest – this is very important to us. If not, my partner will do skin to skin.
* **Baby’s Gender** – we have not found out the gender of our baby so please do not announce it – we would like to find out for ourselves.
* **Vaginal Seeding** - I would like to do vaginal seeding, please help me facilitate this.
* **Delayed Cord Clamping** – if my baby and me are doing well, any delay in the clamping and cutting of the cord would be appreciated. If possible, my partner would like to cut the cord.
* **Our Baby** – when our baby is born, please only gentle wiping or drying of our baby – we understand vernix is beneficial for their skin.
* **Baby to Stay With Mum** – if health permits, the baby is to stay with me at all times – during the completion of the procedure and recovery.
* **Birth Companion** – we would like that my partner stay with the baby at all times should we need to be separated.
* **Placenta** – I would like to keep my placenta.
* **Breastfeeding** – I would like the opportunity to breastfeed during my recovery and any support required to do so. I would like my partner to stay with me in recovery rather than waiting in our postnatal room.
* **Self Attachment** – we’d love your patience while we give our baby the opportunity to do the breast crawl and self-attach.
* **Vitamin K** – we are happy for our baby to receive the vitamin K injection OR oral drops OR we decline Vitamin K
* **Hepatitis B** – we are happy for our baby to receive the Hep B vaccination OR we decline the Hep B vaccination
* **Bonding Time** – provided all is well, we would love 1-2 hours uninterrupted bonding time after the birth so all baby exams including weighing and measuring to please be delayed.
* **Expressed Colostrum** - I will be bringing frozen colostrum to the hospital in case my baby needs it and wish for this to be given to my baby before considering alternative options.