

NAME:

PARTNER'S NAME:

PROVIDER:

BIRTH LOCATION:

DUE DATE/INDUCTION DATE:

Prenatal Care

Positive language

Female Care Only

Discuss alternatives

Informed Consent

Offer suggestions

Explain procedures

No coercion

Ultrasounds

B.R.A.I.N mindset

Glucose screening

Hands off mentality

Continuous glucose monitor

Nonstress tests are ok

Blood pressure monitoring

Membrane sweeps

Doppler monitoring

Labor and Delivery Comfort Measures

- | | |
|---|---|
| <input type="checkbox"/> Prayer | <input type="checkbox"/> Shower pressure |
| <input type="checkbox"/> Mantras and affirmations | <input type="checkbox"/> Birthing stool/ toilet |
| <input type="checkbox"/> Whisper/soft voices | <input type="checkbox"/> Squat bar |
| <input type="checkbox"/> Water immersion | <input type="checkbox"/> Eat/ Drink if labor allows |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Free Movement/Walking |
| <input type="checkbox"/> Lights dimmed | <input type="checkbox"/> Birthing/ Peanut balls |
| <input type="checkbox"/> Music | <input type="checkbox"/> Photos/Videos allowed |
| <input type="checkbox"/> Chiropractic Care | <input type="checkbox"/> Less interruptions |
| <input type="checkbox"/> Counterpressure & hip squeezes | <input type="checkbox"/> Upright birth position |
| <input type="checkbox"/> Acupuncture/ Acupressure | <input type="checkbox"/> Knees In, Calves Out (KICO) position |
| <input type="checkbox"/> Reflexology | <input type="checkbox"/> Rebozo |
| <input type="checkbox"/> Massage | <input type="checkbox"/> TENS machine |
| <input type="checkbox"/> Limited Visitors | <input type="checkbox"/> No students |
| <input type="checkbox"/> Clitoral stimulation | <input type="checkbox"/> Cannabis |

Labor and Delivery Interventions

- | | |
|---|---|
| <input type="checkbox"/> Emergency C-section only | <input type="checkbox"/> No epidural |
| <input type="checkbox"/> Surgery explained as it happens | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Lowered/clear screen for C-section | <input type="checkbox"/> No coached pushing |
| <input type="checkbox"/> Nitrous oxide | <input type="checkbox"/> No discomfort scale |
| <input type="checkbox"/> Intermittent baby monitoring | <input type="checkbox"/> Limited vaginal exams |
| <input type="checkbox"/> No contraction timer | <input type="checkbox"/> No artificial rupture of membranes |
| <input type="checkbox"/> No stirrups | <input type="checkbox"/> Hand mirror |
| <input type="checkbox"/> No IV | <input type="checkbox"/> Partner to catch baby |
| <input type="checkbox"/> Hep-lock | <input type="checkbox"/> Catch own baby |
| <input type="checkbox"/> No pitocin | <input type="checkbox"/> No episiotomy |
| <input type="checkbox"/> No enema | <input type="checkbox"/> No vacuum or forceps |
| <input type="checkbox"/> No medications | <input type="checkbox"/> Perineum support |
| <input type="checkbox"/> No time limits | <input type="checkbox"/> Purple line |

Postpartum

- | | |
|---|---|
| <input type="checkbox"/> Don't announce gender | <input type="checkbox"/> No cord blood banking |
| <input type="checkbox"/> Immediate skin-to-skin | <input type="checkbox"/> No husbands stitch |
| <input type="checkbox"/> Partner skin-to-skin if C-section occurs | <input type="checkbox"/> Breastfeeding |
| <input type="checkbox"/> Golden hour | <input type="checkbox"/> Vaginal seeding |
| <input type="checkbox"/> Don't wipe baby vernix | <input type="checkbox"/> Lactation consultant assistance |
| <input type="checkbox"/> Delayed cord clamping | <input type="checkbox"/> No formula |
| <input type="checkbox"/> Natural 3rd stage | <input type="checkbox"/> No sugar water |
| <input type="checkbox"/> No fundal pressure | <input type="checkbox"/> No pacifier |
| <input type="checkbox"/> Partner to cut cord | <input type="checkbox"/> Oral vitamin K |
| <input type="checkbox"/> No CCT | <input type="checkbox"/> Vitamin K preservative free shot |
| <input type="checkbox"/> Lotus birth | <input type="checkbox"/> No Hep B shots |
| <input type="checkbox"/> Save placenta | <input type="checkbox"/> No eye ointment |
| <input type="checkbox"/> Umbilical cord tie | <input type="checkbox"/> Delayed baby exams |
| <input type="checkbox"/> No circumcision | <input type="checkbox"/> No bath for baby |