

Dr. Smith's Labor Sample Preferences Outline —

GENERAL (Insert general preferences here - Mallory's samples are below, this is not prescriptive)

- Ex: I prefer no episiotomy unless necessary for baby safety
- Ex: I prefer no use of forceps unless very necessary
- Ex: No medication unless I am aware (or my birth support Dr. Brenda Smith) provides consent
- Ex: Quiet room & lights dimmed

AMBIANCE (Do you have a playlist you want on? Lighting preferences etc. Labor & Delivery is NOT an easy breezy process and is one that benefits from a comfortable environment).

- Ex: Quiet room and lights dimmed
- Ex: Calming music or my hypnobirthing app

EXAMS (do you prefer to be checked frequently or not? No right or wrong answer, think about how your brain works best!)

- Ex: Only necessary vaginal exams (I prefer not knowing how I am dilated as it may mess with my mentality / make me want to give up... but feel free to tell my support persons so they can provide necessary support!)

PAIN MANAGEMENT (insert your preferences)

- Ex: Massage, hot therapy, shower and birthing ball
- Ex: Please do not offer me an epidural, I will request if I need it
- Ex: GIVE ME THE DAMN EPIDURAL ASAP (lol!)

PUSHING/TEARING (insert your preferences)

- Ex: Please coach me on how to push to help avoid tearing
- Ex: No episiotomy unless necessary (I prefer natural tearing)

IF C-SECTION NECESSARY (insert your preferences)

- Ex: Father to conduct skin to skin if I am unable to
- Ex: Baby & mom to be reunited as soon as possible

Post Birth Preferences—

Immediately after birth (insert preferences)

- Ex: Please allow for as much silence as possible immediately after birth
- Ex: Unless the baby is distressed / needs immediate medical attention... Immediately place the baby on my chest and hold off on any tests until after golden hour or first latch AT LEAST.
- Ex: Do not wipe down/wash baby until I ask

Umbilical Cord (you may or may not have preferences here!)

- Ex: My husband will cut the cord after it stops pulsating and turns white

Hepatitis B Vaccine (Insert Preferences Here)

- Ex: DO NOT administer the Hep B vaccine (this is not a stance against vaccines, this is simply a shot we choose to delay considering circumstances)

Antibiotic Eye Treatment (Insert Preferences Here)

- Ex: Only if tested positive and necessary

Vitamin K Shot (Insert Preferences Here)

- Ex: Ok to administer

Baby Care (Insert Preferences Here)

- Ex: No formula, sugar water, pacifier or bottles
 - Sugar water and Paci OK during circumcision only
 - If formula is a MUST, please use syringes to feed
- Ex: Do not separate baby and mom unless medically necessary

Bathing (Insert Preferences Here)

- Ex: Do not bathe the baby until requested - I have brought my own shampoo & lotion to use (if you prefer products with cleaner ingredients than the hospital typical - bring your own. [We like this brand - rated very well by EWG and can be found at Target as well](#))

Feeding (State your feeding intentions)

- Ex: I plan to breastfeed exclusively

Circumcision (IF BOY - state preferences)

- Ex: Put off circumcision 24 hours to get a handful feeds in and latch established first (this came recommended to Mallory by an IBCLC)
- Ex: Only to be done in hospital if Plastibell method is used (if not, pediatrician will do at 2 day appt) - FYI - there are 3 circ methods. Some more invasive than others, good convo to have with your Ped.
- Ex: Pain management preferences (Lidocaine, tylenol, etc). Mallory stated OK to Lidocaine and no to tylenol - [this data is what drove that preference.](#)