Birth Values and Voice: Priority Card

Oula

Bring your card to Labor & Delivery to share with your care team at the hospital

PATIENT NAME

BIRTH PARTNER

DUE DATE

PROVIDER

TOP PRIORITIES FOR LABOR & BIRTH

1. _____
2. _____
3. _____
4. _____
5. _____

TOP PRIORITIES FOR POSTPARTUM & NEWBORN CARE

1. _____
2. _____
3. _____
4. _____
5. _____

CORE VALUES & VISION

COMMUNICATION STYLE

CULTURE/RELIGION

SUPPORT TEAM

PRIMARY SUPPORT: _____

DOULA: _____

OTHER: _____

IMMEDIATE NEWBORN PREFERENCES

SKIN-TO-SKIN: ☐ YES ☐ NO ☐ WITH PARTNER
IF NOT POSSIBLE WITH BIRTHING PERSON

DELAYED CORD CLAMPING: ☐ YES ☐ NO

FEEDING PLAN: _____

PAIN MANAGEMENT OPTIONS

☐ **UNMEDICATED (COMFORT MEASURES):**

_____

☐ **EPIDURAL (TIMING PREFERENCES):**

_____

☐ **NITROUS OXIDE (IF AVAILABLE)**

☐ **OTHER OPTIONS:** _____

NEWBORN PROCEDURE PREFERENCES

VITAMIN K: ☐ YES ☐ NO ☐ DISCUSS

EYE PROPHYLAXIS: ☐ YES ☐ NO ☐ DISCUSS

HEP B VACCINE: ☐ YES ☐ NO ☐ DISCUSS/DELAY

FIRST BATH: ☐ STANDARD ☐ DECLINE

☐ DELAYED FOR ____ HOURS

Note: Every hospital is different. Make sure to talk to your provider about recommendations & requirements at your hospital.