



Birth Collaboration with Spinning Babies®

A conversation to your Birth Team

Introducing Us!

My/our name(s) _____ . I/We will have _____ relationship) with me.
I/We chose _____ (this birth setting), because I/we _____ .
We want you to know about us is _____ .
Crucial information about health and safety: _____ .

Spinning Babies® Approach:

In early labor or before, I'd like to talk about using Spinning Babies® to help my labor be more comfortable and smooth. Please help me with special comfort techniques and birth positions listed on my Spinning Babies® Labor Checklist at www.SpinningBabies.com/Your-Pregnancy

Laboring Preferences:

Early labor: If sent home, please help with

Free movement, out of bed Push spontaneously Eat and drink as desired
Water birth Upright positions during pushing

Comfort Measures:

Move freely Spinning Babies® Deep water Dim room Music
Hypnobabies or Hypnobirthing I will or want to have a doula present
Please use words that are soft happy factual friendly professional
I'm considering these pain relief options: non-medicated comfort measures intradermal water shots
gas narcotics other shot or IV med such as _____ epidural other pain medications
Sensitivities are: _____ .

In Case of Surgical Birth:

The support people I'd like present are: _____ .

Greeting Baby:

I would like baby skin-to-skin in the operating room in the recovery room
I would like a clear drape to see baby's birth: **Y / N**
I would like to see baby before cord is cut touch baby sing to baby hear baby

Immediate postpartum:

My preferences for cord cutting/waiting: _____ .
skin-to-skin immediacy: _____ length of time before weighing _____ and bathing: _____ .
Please provide comfort measures and the following needs about medication or concerns _____ .