

BIRTH OPTIONS AND PREFERENCES

Dear Health Care Providers~

These birth preferences are what we would like in the best-case-scenario. We understand that things are subject to change if special circumstances arise.

Thank you for your support!

Setting chosen for delivery (circle)

- Birth center
- Home
- Hospital
- Other _____

Health care provider (circle)

- Obstetrician
- Midwife
- Family Practitioner
- Perinatologist

Others to be present at birth (circle)

- Partner
- Children/other family members
- Friends
- Doula
- Other _____

Non Medical Choices for Early Labor

- Labor at home as long as possible Y / N
- Wear hospital gown **OR** Wear own clothes
- Access to fluids Y / N
- Access to snacks Y / N
- Allowed to be up and walking Y / N
- Use of shower and tub Y / N
- Access to birth ball Y / N
- Allowed to pull the drapes and turn the lights down Y / N
- Music Y / N
- Use of aromatherapy Y / N

Medical Choices for Early Labor

- External Fetal Monitoring:
Continuous ___ Intermittent ___
- Heparin Lock (Buff cap) Y / N
- IV fluids given Y / N
- Vaginal checks: Limited ___ Per HCP ___
- Artificial Rupture of Membranes Y / N
- Use of "Pain Scale" Y / N
- HCP to Offer Pain Medications Y / N

Type preferred _____

Birth

- Mother-directed pushing Y / N
- Mom chooses position for delivery Y / N
- Pictures/Videos Y / N
- Episiotomy Y / N
- Baby delivered by HCP with help from mother or partner Y / N
- Cord clamped: Right away **OR** Delayed
- Cord cut by: HCP **OR** Mother/partner
- Baby placed on mothers chest after birth **OR** Baby weighed, cleaned & presented to mom
- Parents allowed to hold baby for first hour or more before newborn procedures Y / N
- Routine pitocin after birth Y / N

Special Choices

- Save placenta
- Save cord blood
 - Bank: _____

Cesarean Section (if necessary)

- Epidural **OR** Spinal **OR** General anesthesia
- Present with me at the birth (circle)
 - Partner
 - Doula
 - Other: _____
- Wear my glasses to see my baby clearly **Y / N**
- Pictures / Video to be taken of birth **Y / N**
- One arm free to touch my baby **Y / N**
- Explain the procedure as it happens **Y / N**
- Lower the curtain **OR**
Place a mirror to view my baby's birth **OR**
Show the baby to me after he/she is born
- Partner to hold and comfort baby for first 30 minutes **OR**
Protocol
- Partner to cut cord **Y / N**

Recovery Room

- I would like the following people allowed into recovery with me: (circle)
 - Partner
 - Baby
 - Doula
 - Other: _____
- If baby is to go to the nursery, I would like the baby to be brought to me as soon as I feel ready (even if still in recovery) **Y / N**
- I would like to breastfeed in recovery if

Newborn Care

- Breast-feed **OR** Bottle-feed
- Access to pacifiers **Y / N**
- Baby to breastfeed before glucose test **Y / N**
- Prophylactic eye treatment: Per routine **OR** Delayed **OR** None given
- Vitamin K shot: Per routine **OR** Delayed **OR** Oral **OR** None given
- Vaccinations: Per routine **OR** Delayed **OR** None given
- Baby to room- in **OR** Baby to be in nursery and brought on demand
- Parents to give first bath **OR** Staff to give first bath **OR** No bath
- If bath is given: Use hospital's soap **OR** Use own soap **OR** No soap
- Circumcision: Done in hospital **OR** Done at Pediatrician's **OR** None

Postpartum Care

- Visitors allowed freely **Y / N**
- Visit from hospital's lactation consultant **Y / N**
- Pump if baby needs to stay in nursery **Y / N**
- Discharge from facility ASAP **OR** Stay in facility according to normal procedure