

My Birth Preferences



My preferred name: _____ **My preferred pronouns:** _____

Decisions about labor and delivery preferences are best made by you, with your OB provider, during prenatal visits, well before the time of birth. While some people will need very little intervention during labor and delivery, others will need interventions to improve safety and ensure a healthy delivery.

Your OB provider can tell you about the benefits, risks, and alternatives of the decisions that you may face during pregnancy, labor, delivery, and postpartum. This is an opportunity to share your values and preferences and make informed decisions.

We recommend completing this form and reviewing it in the clinic. Bring it with you when you come in in labor and/or attach it to a MyChart message so it will be easily visible to the team.

My OB provider is: _____

I have talked about my labor and birth preferences with my OB provider during prenatal care visits. I understand that these preferences may change based on the clinical judgment of my nurse(s) and OB provider(s), as well as the medical needs of me or my baby. The goal is a safe and healthy birth for both me and my baby.

I am having a ☐ boy ☐ girl ☐ surprise- I would like _____ to announce.

My baby's name is: _____

I would like the following people present during my labor and/ or birth (you may have up to 3 people with you. If one person needs to leave during labor to attend to work/children, you may replace them for the duration of the labor. You may have a certified doula apart from your 3 guests).

Doula _____ **Certified?** ☐ Yes ☐ No ☐ Unsure

Comfort items: I'd like to (check all that apply)

- ☐ bring music/sound machine
- ☐ dim lights
- ☐ wear my own gown/robe during labor
- ☐ bring a pillow/blanket from home
- ☐ bring my own slippers/socks

Hospital admissions and procedures:

Once I'm admitted, if medically appropriate for me and my baby, I'd like to (check all that apply):

- ☐ have an IV in place but not receive IV fluids through it unless needed
- ☐ have movement in labor: walk/sit on birthing ball
- ☐ have intermittent monitoring if I'm an appropriate candidate
- ☐ use wireless monitoring to help me move more freely
- ☐ use contraction medication to help my labor along
- ☐ break the bag of water to help my labor along
- ☐ have cervical exams when clinically indicated to check my labor progress
- ☐ have cervical exams only when I request them
- ☐ Take pictures and/or video **during labor and after delivery** (institutional policy prohibits filming/ photos during delivery & during emergencies)

Inductions:

- ☐ only have an induction of labor if medically necessary
- ☐ have a risk reducing induction of labor between 39 weeks and 41 weeks
- ☐ if a candidate start the induction process at home (outpatient cervical ripening) to decrease time in the hospital
- ☐ wait until after the epidural to have my water broken
- ☐ other preferences for induction:

Labor support:

If it is available and safe for me, I'd like to try:

- ☐ squatting bar
- ☐ labor tub
- ☐ shower
- ☐ birthing or peanut ball
- ☐ walking
- ☐ eating small meals/drinking fluids
- ☐ other _____

My Birth Preferences page 2

Pain relief:

I'd like to try the following pain management techniques:

- ☐ bath/shower
- ☐ breathing techniques
- ☐ distraction (TV, read, etc)
- ☐ hot/cold therapy
- ☐ self-hypnotherapy
- ☐ massage by support person
- ☐ TENS units (I will bring my own)
- ☐ IV pain medicine (available until ~6cm)
- ☐ nitrous oxide
- ☐ epidural

Pushing:

When it's time to push, I'd like to:

- ☐ Look in a mirror to see my progress
- ☐ Push in squatting or hands and knees pushing
- ☐ push in semi-reclined or side lying position
- ☐ push with tug of war style
- ☐ whatever feels right at the time
- ☐ other _____

Vaginal birth:

During delivery, I'd like to:

- ☐ be in the position that feels best to me
- ☐ touch my baby's head during crowning
- ☐ for the room to be as quiet as possible
- ☐ to say a prayer to the baby as their first words
- ☐ to hold my baby right away, skin to skin
- ☐ to have my baby dried off before being handed to me
- ☐ to delay cord clamping for 60 seconds after the baby is born
- ☐ to have _____ cut the cord

C-section:

If I have a c-section, I'd like:

- ☐ _____ to be present during the surgery (just one support person can be in a c-section with you)
- ☐ to lower the screen or drape to see my baby if safe
- ☐ to have my support person take pictures of the baby
- ☐ to do skin to skin after the baby is assessed and is doing fine

Postpartum:

After delivery, I'd like:

- ☐ my partner to stay with the baby if I can't be there
- ☐ 24-hr rooming in with my baby
- ☐ my baby to be able to go to the nursery if I request assistance to sleep/rest.
- ☐ newborn procedures that can be safely done at the bedside to take place in my presence
- ☐ my other children to come visit the baby on postpartum
- ☐ to leave the hospital as soon as possible
- ☐ to stay for support in the hospital as long as possible
- ☐ my baby boy to be circumcised
- ☐ to discuss my plan about vaccines with the pediatric provider

Feeding plan:

- ☐ breast/chest feeding only
 - ☐ breast and formula feeding
 - ☐ Pumping only
 - ☐ Formula only
 - ☐ See a lactation specialist for breastfeeding support
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