

Birth Partnership: My Preferences

Form 12302 (08/21)

Your Name: _____ DOB: _____

Your Due Date: _____

Physician/Midwife: _____

Pediatrician/Family Doctor: _____

Your Labor Support: _____



(Labor support includes a partner, doula, friends, relatives, or children. Please list all those who will be present.)

At Munson Healthcare, your team of doctors, midwives, nurses, and techs is specialty-trained to provide you with the very best care before, during, and after your birth. We are honored to be part of this amazing time in your life. We also understand and appreciate that this is your experience and each woman knows the kind of care that will work best for her. Your provider can tell you about the benefits, risks, and alternatives of the decisions you may encounter during labor and birth. This is your opportunity to share your values and preferences in order to make informed decisions together, based on your specific needs. Your completed form will be scanned into your hospital chart so it can be shared with your care team and reviewed as labor progresses.

What You Can Expect

Below is what your care team provides to keep you and your baby healthy and safe:

- Labor-support tools: birth ball, peanut ball, birth bar, birthing stool
- Continuous nursing care during labor
- Immediate skin-to-skin bonding at delivery for both vaginal and cesarean deliveries, if safe to do so
- Delayed cord clamping
- Delayed newborn bath unless indicated
- Intermittent fetal monitoring for low-risk pregnancies
- Wireless devices to allow freedom of movement if continuous monitoring needed.
- A variety of pain management options including labor support, IV medication, and/or epidural
- Cervical exams only as needed
- In many circumstances, both eating and drinking is allowed during early labor
- IV access is usually established on admission
- Relaxing music available
- Lactation and breastfeeding support from board-certified consultants and trained nurses
- Thorough explanation of care and medications, for both mom and baby, before they occur
- Episiotomies, vacuum, and forceps are performed only when medically necessary
- Labor support and newborn education provided
- Pediatricians strongly advise the administration of the Hepatitis B vaccine, Erythromycin, and Vitamin K for your newborn

Tell Us What You Prefer

While low-risk women will need very little intervention, women or babies with certain medical conditions may need procedures, such as continuous monitoring or induction of labor, to improve the safety of both the mother and newborn.

These decisions are best made in collaboration with your provider during prenatal care visits, well in advance of the time of birth. On the following page, please indicate your birth experience preferences. In addition, please tell us:

What is most important to you during your labor and birth?

Do you have any cultural or religious practices that are important to you during childbirth, and what can we do to accommodate those needs? I agree to receive blood products.

PATIENT ID LABEL



Please describe any concerns, fears, or other information that will help us best meet your individual needs.

Environment

- I would like to limit the number of guests by having a sign posted on my door. (Each room has one cot for a support person.)
- I would like to have the lights dimmed during labor.
- I plan to bring my own music from home.
- I plan to bring essential oils/aromatherapy (no flames or plug-in devices).

Hydration

- I prefer to keep hydrated by drinking fluids.

Labor

- I would like to have freedom of movement (walking, standing, sitting, kneeling, using birth ball, etc.)
- I would prefer my labor to proceed as naturally as possible.
- I prefer to wait for the amniotic membrane (bag of water) to rupture spontaneously.

Managing Pain

- I prefer no pain medications.
- I would like the option of using the shower or bath tub.
- Please do not offer me pain relief options of medicine or epidural.
- I am considering IV medication and/or having an epidural but will decide when I am actually in labor.
- I would like an epidural.
- I would like IV pain medication.

Signatures

I have talked about and shared my labor and birth preferences with my provider during prenatal care visits, and both of us understand it. I recognize that my preferences and wishes may not be followed just as written and may need to change if medical needs arise in order to ensure a safe and healthy birth for my baby and me.

Birth

- I would like different pushing position options suggested to me.
- I would like a mirror to view the birth of my baby.
- I prefer to wait for an urge to push.
- I would like warm compresses to my perineum.
- I would like to touch my baby's head as it crowns.
- I would like my partner or support person to cut the umbilical cord.
- I would like my baby placed on my chest right after birth.
- I have a kit to collect and bank my baby's cord blood (the hospital does not provide kits).
- I would like to take the placenta home with me.

Cesarean Birth

- I would like my baby placed skin-to-skin in the operating room.
- I would like my support person to cut/shorten the umbilical cord.

Newborn Care

- I plan to exclusively breastfeed my baby.
- If my baby needs formula for a medical reason, I want to be informed first.
- I would like to formula-feed my baby.
- If I have a boy, I plan to have him circumcised.
- I would like to participate in the first bath.
- I would like to hold my baby during procedures to provide comfort.
- When tests or procedures are performed on my newborn, I would prefer to be present.

(My signature)

(Date)

(Time)

(Health care provider's signature)

(Date)

(Time)

PATIENT ID LABEL