

BIRTH PREFERENCES

The birth of your baby is a very special event! Please use this sheet as a tool to help you share with us any information that will help The Birth Center staff meet your special needs and care for you better. Share your birth preferences with the preadmission nurse at your preadmit appointment, with your physician and with your admitting nurse.

Name: _____ Support person: _____

My due date is: _____ My physician is: _____

OUR IMPORTANT ISSUES, FEARS, CONCERNS ABOUT THE BIRTH EXPERIENCE ARE:

LABOR

I plan to use the following comfort measures during labor: (please use blank space to the right to tell us more)

- Relaxation/breathing techniques _____
- Walking _____
- Changing positions _____
- Shower _____
- Setting atmosphere _____
- Heat/cold _____
- Massage _____
- Visualization/imagery _____
- Birth ball _____
- Medications _____
- Epidural _____
- Other: _____

MEDICAL INTERVENTIONS BY PHYSICIAN

Whether your labor and delivery experience includes interventions such as episiotomy, physician breaking the bag of water, induction of labor, IV infusions, etc., is determined by your physician's orders and plan of care for you. Fetal monitoring is routine for all laboring mothers for a minimum of 20 minutes per hour (this is the national standard). Longer periods of monitoring or continuous monitoring may be necessary or required. We encourage you to discuss these issues with your physician prior to delivery.

Things I would like my nurse to know: _____

DELIVERY

VAGINAL DELIVERY My special requests/needs would be: _____

If a **CESAREAN DELIVERY** is necessary, my special concerns/needs would be: _____
