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:

__________________________________________________________________________________

DELIBERY

VAGINAL DELIVERY My special requests/needs would be:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

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

__________________________________________________________________________________

__________________________________________________________________________________

Page 2 of 3
AFTER DELIVERY
Our feelings, thoughts, wishes about:
The first hour after birth: ____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
The first feeding: ____________________________________________
________________________________________________________________________
________________________________________________________________________
Baby’s first bath: ____________________________________________
________________________________________________________________________
Rooming in: ____________________________________________
________________________________________________________________________
________________________________________________________________________
Education—before we go home we need information or practice with: ____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

OUR NEWBORN
We would like: We plan to:
☐ Footprints in our baby book ☐ Breast-feed
☐ Pictures ☐ Bottle-feed/Formula Preference________________________
☐ Other: ☐ Circumcise our son
☐ Use a pacifier (pacifiers are discouraged if you are breast-feeding)

Please feel free to share any other thoughts, concerns or questions with us in the space below:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________