

# Congratulations from NYU Langone Medical Center

At NYU Langone Medical Center we understand your baby's birth is a unique and personal experience. We want to know about any birth goals, preferences, beliefs or practices that will make your baby's birth and experience more meaningful to you. On the reverse side you will find *My Personal Birth Experience*. We encourage you to review this form and discuss it with your partner/support person and healthcare provider during your pregnancy. Bring a completed copy with you to the hospital. Your nurse will review your preferences and work with you to develop a plan to meet your needs. It is important to remember that birth is active and unpredictable. You may need to be flexible as circumstances can change without notice.

## **We are committed to making sure you, your birth partner, family and loved ones:**

- understand what is happening.
- participate in all decision making through each step of your labor and delivery.

After delivery, your baby will be placed on your chest with his/her skin touching yours, unless there are medical complications. Skin to skin is the best place for your baby after delivery.

## **We also encourage:**

- your partner, a family member or loved one stay overnight with you.
- you keep your baby by your bedside for most of your hospital stay.

Breastfeeding may be easier when mothers have support and when the baby remains close to their mothers during these early days. As a designated Baby Friendly hospital, we are committed to support your choice to breastfeed and will help guide you to a successful start.

To better prepare you for what to expect during and after childbirth, we suggest you attend childbirth education classes and attend the information session ***Ready, Set, Baby***, where you will learn what to expect when you have your baby with us. To learn more about classes and sessions offered by NYULMC, visit our website [www.nyubaby.org](http://www.nyubaby.org) or call **212.263.7201**. We look forward to working with you during this very special time.

# My Personal Birth Experience

Name: \_\_\_\_\_

My 3 top goals for this birth are: \_\_\_\_\_

My birth team includes: \_\_\_\_\_

The following are also very important to me, including religious and cultural traditions: \_\_\_\_\_

Physician comments: \_\_\_\_\_

## Preferences During Labor (check all that apply)

### In the absence of medical indications, I would like:

- To move, change position, and walk.
- Intermittent (not continuous) monitoring.
- To discuss any medical interventions before they are performed.
- To be able to eat/drink clear liquids including: jello, broths, and juices
- Help with comfort techniques (massage, relaxation, birthing ball, shower, and counter pressure, etc.)
- For labor to begin and progress on its own.

## Preferences for Pain Management (check all that apply)

- I am having a planned induction. Please discuss options available for my comfort.
- I would like an epidural when contractions become painful, I am willing to use comfort techniques, changing positions and walking as needed.
- I would like an epidural as soon as it is available.
- If I receive an epidural I want instruction on how to safely change positions.
- I DO NOT want pain medications during childbirth. I may consider taking pain medication for a difficult birth. I will ask for pain medication if or when I am ready.
- I DO NOT want pain medication during childbirth and I don't want pain medication to be offered to me.
- I am having a planned c-section

## Preferences During Delivery (check all that apply):

### In the absence of medical indications, I would like:

- To start pushing only when I feel an urge.
- Instructions on how to push when it is time.
- To try different positions (squatting, sidelying) to push.
- To avoid an episiotomy.

## Preferences After Childbirth (check all that apply):

- I want \_\_\_\_\_ to cut the umbilical cord.
- I would like my baby to be placed on my chest (skin-to-skin) right away.
- I would like delayed cord clamping for 3 minutes (if the placenta is not delivered).
- Please do all procedures immediately post-birth with the baby skin-to-skin.
- I have arranged for cord blood banking
- I will arrange to take my placenta home if medically appropriate.
- I want to hold my baby after he/she is cleaned and swaddled.

## Preferences For Feeding My Newborn:

- I am not sure which method I want to use to feed my baby, please teach me about my options.
- I plan to breastfeed exclusively. Please let me know if any nutritional supplements are medically necessary.
- I would appreciate any support and assistance with breastfeeding
- I plan to breastfeed and use formula.
- I plan to use formula. Please teach me how to prepare formula.

## Preferences On The Mother-Baby unit (check all that apply):

- I would like my baby with me at all times. I prefer all exams and procedures done at the bedside.
- I would like my baby to sleep in my room.
- I am not sure where I would prefer my baby to sleep at night. Please discuss the options with me.
- I would like my baby to sleep in the newborn observation area at night.

I participated in child birth preparation:  Yes  No If Yes please list classes: \_\_\_\_\_

Obstetrician: \_\_\_\_\_ Pediatrician: \_\_\_\_\_