

# My Preferences for Labor and Birth

## A PLAN TO GUIDE DECISION MAKING AND INFORM MY CARE TEAM



### Personal Information

Name	Date of Birth	Due Date
Physician	Pediatrician/Family Doctor	
Your Labor Support Team (please include partner, doula, friends, or relatives who will be present):		

Decisions are best made by you, in collaboration with your provider, during prenatal visits, well in advance of the time of birth. Here are some common decision points:

- whether it's medically appropriate to wait for labor to begin on its own
- whether to be admitted to the hospital in early labor or to wait until active labor
- how to monitor your baby's fetal heart rate
- whether to have continuous labor support by a trained caregiver like a doula
- how to help manage labor pain and labor progress
- how to stay hydrated and maintain stamina (strength) during labor
- whether to remain mobile and upright during labor
- how to push around the time of birth
- what practices to engage in shortly after your baby is born and before you go home

While some women will need very little intervention, women with certain medical conditions may need procedures, such as continuous monitoring or induction of labor, to improve safety and ensure a healthy delivery. Your provider can tell you about the benefits, risks and alternatives of the decisions you may face during labor and birth. This is an opportunity to share your values and preferences and make informed decisions together, based on your specific needs. This form should go with you to the hospital to be shared with your care team and reviewed as labor progresses.

### Which options will make you most comfortable?

#### Environment

- I would like to limit the number of people in my room while I am in labor
- I would like to have the lights dimmed during labor
- I plan to bring in music from home
- I plan to bring in essential oils/aromatherapy (no flames allowed).
- I plan to bring in a "focal point" from home

#### Preferences for Food and Fluids

- I prefer to keep myself hydrated by drinking fluids. I would like to avoid intravenous fluids unless it is medically necessary
- I do not mind receiving intravenous hydration during labor
- If it is safe for me to do so, I would like to eat lightly during labor

#### Labor Preferences

- If safe to do so, I prefer to labor at home during the early phase of labor, and be admitted to the hospital when I am in active labor
- I would like to have freedom of movement while I am in labor (walking, standing, sitting, kneeling, using the birth ball, etc.), if safe and possible
- I prefer to move around or change positions to improve my labor progress before trying medication to increase my labor progress
- If labor is progressing normally, I prefer to be patient and let labor proceed on its own without interventions to speed it up
- I would prefer to wait for the amniotic membrane (bag of waters) to rupture spontaneously. If the need to have my water broken arises, please discuss this with me before breaking my water
- I would like to have my IV capped off (saline locked) so that I am free to move around during labor, if safe to do so

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### Which options will make you most comfortable?

#### Preferences for Managing Pain

- I would like to have the option to use the shower to ease pain
- I prefer to labor and deliver with no pain medications or epidural
- Please do not offer me any sort of pain medications. If I decide to use pain medication or an epidural, I will ask for them
- I plan to use an epidural in active labor to cope with the pain of labor and birth
- I am considering using medical pain relief, but will decide when I am actually in labor
- Other: \_\_\_\_\_

#### Preferences for Monitoring the Baby

- I prefer to have my baby monitored intermittently (not continuous monitoring), as long as it is medically appropriate to do so
- If my baby needs to be continuously monitored, I prefer a portable monitor (if available, and if my condition permits me to move freely)

#### Preferences for Cervical Examination

- I prefer as few cervical exams as possible, although I understand that periodic cervical exams may be medically necessary

#### Birth Preferences

- I would like to push in a position of my choosing (squatting, kneeling, side lying, etc.)
- I would like to follow my own body's urge to push as much as possible, rather than being directed to push, unless doing so is medically indicated
- I would like to use a mirror to view the birth of my baby
- I would like \_\_\_\_\_ to cut the umbilical cord, if safe and possible
- If safe and possible, I would like to have delayed clamping and cutting of the umbilical cord
- I would like to take my placenta home with me
- I am planning to use umbilical cord blood banking

#### Cesarean Birth Preferences

Our goal for every woman is to have a healthy birth. When a cesarean birth is necessary, we will continue to consider your preferences as much as possible throughout your stay. Sometimes, emergency situations necessitate a rapid conversation about risks and benefits of cesarean birth. We encourage your participation in the decision for cesarean birth.

- I would like my partner to stay with me at all times, as much as possible
- I would like to ask my anesthesiologist if the screen could be lowered so that I can watch the birth of my baby
- If my anesthesiologist determines that it is safe and possible, I would like to have an arm left free so that I can touch my baby
- I would like my baby placed skin-to-skin with me in the operating room if we are both doing well, if safe and possible
- I would like to hold my baby skin-to-skin during the recovery period

#### Newborn Care Preferences

- I would like all newborn procedures and medications explained to me before they are carried out or administered by the staff
- If my baby needs to leave my side for any reason, I would like \_\_\_\_\_ to accompany my baby as much as possible
- I would like to be present for my baby's first bath
- I would like to delay my baby's first bath
- I plan to exclusively breastfeed my baby
- I may have questions about breastfeeding or need help getting off to a good start
- If my baby needs to be fed anything other than my breastmilk for a medical reason, I would like to be informed first
- If necessary for my baby, I would like help learning how to hand express or pump my own breastmilk
- If I have a boy, I plan to have him circumcised

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With the expectation of a healthy outcome for both me and my baby(ies) already in place, my goals for this birth are:

Please let us know if you have any religious or cultural practices/traditions that are important to you during childbirth, and what we can do to accommodate these needs.

Please describe any additional preferences, concerns about labor and birth, or other information that will help us provide the best possible care to meet your individual needs.

I have talked about and shared my labor and birth preferences with my provider during prenatal care visits. 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.