



## Birth Preferences

Please understand that this form reflects your ideas/suggestions only and that medical necessity may override your preferences in order to best care for you and your baby.

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

Spouse/Partner's Name: \_\_\_\_\_

Expected Delivery Date: \_\_\_\_\_ Email: \_\_\_\_\_

Doctor or Midwife's Name: \_\_\_\_\_

Baby's Future Pediatrician/Family Medicine Doctor: \_\_\_\_\_

For each of the following sections, please check all that apply.

My baby's birth is expected to be:  Vaginal  Cesarean  Vaginal birth after cesarean (VBAC)

I'd like the following individuals\* to be present before and/or during labor:

Spouse/Partner  Parents  Birth Coach/Doula  Other \_\_\_\_\_

\*May be asked to leave the room for privacy questions during admission, epidural placement or during an emergency, if necessary.

During labor, I'd like:

- As few interruptions as possible
- The room to be kept as quiet as possible
- The lights dimmed
- Music or video played (I will provide the media and player)
- To wear my own gown (I understand I may need to wear a hospital gown for epidural placement or cesarean section)
- To wear my contact lenses the entire time
- To have as few vaginal exams as medically necessary
- To stay hydrated with clear liquids and ice chips
- To drink as approved by my doctor or midwife
- Intermittent fetal monitoring as policy allows
- Other \_\_\_\_\_

I'd like to spend the first stage of labor:

- Changing positions frequently
- In the shower
- Using a birthing ball
- Walking
- In the tub
- Offered different pain relief options
- Sitting in a rocking chair
- Other \_\_\_\_\_

### For pain relief, my top 3 choices are:

- Breathing techniques
- Distraction
- Massage
- Nitrous oxide
- Hydrotherapy (tub) if I am able and available
- Medication
- Epidural
- Nothing
- Only when I request it
- Whatever is suggested
- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### During delivery, my top 3 choices are:

- Labor down until urge to push
- Push as directed
- Push without direction
- To avoid an episiotomy
- Push while sitting upright or in various positions as able
- Use a mirror to see the baby crown
- Touch the head as it crowns
- Warm perineal compresses
- Have me (or my spouse/partner) help delivery the baby
- Use mineral oil that I provide
- Deliver in the tub

### Immediately after birth, I would like:

- Baby to be placed skin-to-skin with either me or my spouse/partner for the first hour (weighing the baby can wait; I do not expect the weight immediately)
- Vital signs/physical exam of baby to be done while skin-to-skin
- Delayed cord clamping
- Baby's eye ointment and vitamin K delayed until after initial bonding and breastfeeding
- My spouse/partner or my parents to cut the umbilical cord
- To bank the cord blood with a kit I will provide
- To see the placenta
- To keep the placenta
- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### If a cesarean is necessary, I would like:

- My spouse/partner to remain with me as much as possible
- The screen lowered so I can watch the baby come out
- My hands left free so I can touch the baby
- My spouse/partner to hold the baby as soon as possible
- Baby to be placed skin-to-skin with me or my spouse/partner
- Baby's assessment to be completed so that I can initiate skin-to-skin when I leave the OR
- To breastfeed while skin-to-skin in the operating room
- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to feed my baby with:  Breastmilk on demand  Formula on demand

### I would like to breastfeed:

- As soon as possible after delivery when baby displays hunger cues
- While holding baby skin-to-skin

= indicates standard of care at Aultman Orrville if mother and baby are both stable, unless mother wishes otherwise.

I would like baby's medical exam and procedures given:

- In my presence
- In my spouse/partner's presence
- In my room
- While skin-to-skin or breastfeeding if possible

I would like baby's first bath:

- Given in my presence
- Given in my spouse/partner's presence
- Given in my room
- Delayed 8-12 hours
- To be performed by me and my spouse/partner

The hepatitis B vaccine should:

- Be administered
- Not be administered

If I have a boy, a circumcision should: (choose only one)

- Be performed
- Not be performed
- Be performed later (after hospital stay)

If baby is not well, I would like:

- My spouse/partner and I to accompany baby to the offsite NICU if able
- To breastfeed or provide pumped breastmilk to baby
- To hold baby whenever possible

*To ensure your wishes are known, share this completed form with your doctor/midwife.*