

Birth Partnership: My Preferences



Your Preferred Name: _____ DOB: _____

Preferred Pronouns (opt.): _____

Your Due Date: _____

Physician/Midwife: _____

Pediatrician/Family Doctor: _____

Your Labor Support: _____

(Labor support includes a partner, doula, friends, relatives, or children. Please list all those who will be present.)

At Munson Healthcare, your team of doctors, midwives, nurses, and assistants are specialty-trained to provide you with the very best care before, during, and after your birth. We are honored to be part of this amazing time in your life. We also understand and appreciate that this is your experience, and each person knows the kind of care that will work best for them. Please complete this form. It is an opportunity to share your preferences and values. The information details what you can expect from us. Your doctor or midwife will be happy to assist you in understanding any information that is unclear at a prenatal care visit. You may also receive assistance with questions during a childbirth education class taught by a nurse educator. Your completed form will be shared with your care team members throughout labor.

What You Can Expect

Below is what your care team provides to keep you and your baby healthy and safe:

- Partnership with you during your experience and respect for your preferences.
- Labor-support tools: birth ball, peanut ball, birth bar, birthing stool, bathtub, and shower.
- In many circumstances, both eating and drinking are allowed during early labor (you may still require an IV).
- IV access is usually established on admission.
- Dedicated nursing care and support during labor.
- Off and on monitoring of your baby during labor if your pregnancy is low risk.
- Wireless devices to allow freedom of movement if prolonged monitoring is needed.
- Thorough explanation of care and medications before they occur.
- Interpreter or translation services are available 24/7.
- A variety of pain management options with and without medication.
- Cervical exams only as needed.
- Episiotomy, use of vacuum, and forceps are only used when medically necessary and with your consent.
- Immediate skin-to-skin bonding at delivery for both vaginal and cesarean deliveries, if safe to do so.
- Delayed cord clamping. The cord remains attached to you for an extra 60 seconds after delivery.
- Newborn baths are not offered unless indicated.
- Lactation and feeding support from board-certified lactation consultants and/or trained nurses.
- Newborn care and feeding education and support are provided.
- Pediatricians strongly advise the administration of the Hepatitis B vaccine, Erythromycin, and Vitamin K for your newborn and they are offered shortly after birth.
- Each room has one cot for a support person.
- A connection to *Healthy Futures*, our community nurse support program for newborns and their caregiver(s) after delivery (by phone and/or in person if you would like).

Tell Us What You Prefer

While low-risk births will need very little intervention, birthing persons or babies with certain medical conditions may need procedures, such as continuous monitoring or induction of labor, to improve the safety of both the birthing person and newborn. It is always best to talk with your provider and labor support person about your preferences before birth. Please indicate your birth experience preferences.

What is most important to you during your labor and birth?

What language do you speak and/or read, dialect if specific, and its country of origin for you. Does your labor support person speak and/or read English?

Do you have any cultural or religious practices that are important to you during childbirth, and what can we do to accommodate those needs?

Please share any concerns or other information that will help us best meet your individual needs. If you are comfortable sharing any history of trauma in the past that would affect your needs during labor and birth, please let us know.

Do you have any personal beliefs that would prevent you from receiving blood products? If a blood transfusion becomes necessary, you will be asked to give your signed consent before the transfusion by your provider. This is an opportunity to ask any questions you might have.

What else do we need to know about you?

Environment

- ☐ I would like dim lighting during my labor and/or birth
- ☐ I plan to bring my own music
- ☐ I plan to bring essential oils/aromatherapy (no flames or plug-in devices)
- ☐ I would like peace and quiet, no talking during contractions
- ☐ I would like humor and conversation to distract me during contractions
- ☐ I prefer the room to be kept very warm for cultural reasons.
- ☐ My first choice is to have an _____ interpreter in person or _____ by phone.
- ☐ I have sacred items I would like to bring with me to remain untouched and unmoved.

Hydration

- ☐ I prefer to keep hydrated by drinking fluids rather than having an IV.

Labor

- ☐ I attended a childbirth education class and understand many of my birth options.
- ☐ I would like to have freedom of movement (walking, standing, sitting, kneeling, using birth ball, etc.)
- ☐ Unless contraindicated, I would prefer to deliver in a position other than lying on my back.
- ☐ I prefer to labor with as few interventions as possible
- ☐ I prefer to wait for the amniotic membrane (bag of water) to rupture spontaneously.
- ☐ I prefer interventions to speed labor along.
- ☐ I prefer to be touched as little as possible.

Managing Pain

- ☐ I prefer no pain medications.
- ☐ I would like IV pain medication.
- ☐ I am considering IV medication and/or having an epidural but will decide when I am in labor.
- ☐ I would like an epidural ____ as soon as possible ____ as late as possible.
- ☐ I like the option of using the shower or bathtub.
- ☐ I prefer not to be touched unless medically necessary.
- ☐ My faith will be an important part of my coping tools.

Vaginal Birth

- ☐ I would like help with pushing positions.
- ☐ I would like a mirror to view the birth of my baby.
- ☐ I prefer to start pushing when I feel the urge to do so.
- ☐ I would like warm compresses to my perineum.
- ☐ I would like to touch my baby's head as it crowns.
- ☐ I would like my partner/labor support to announce the sex of the baby, even if we already know.
- ☐ I would like my partner/labor support person to cut the umbilical cord.
- ☐ I have a kit to collect and bank my baby's cord blood (the hospital does not provide kits).
- ☐ I would like to take the placenta home with me.
- ☐ I prefer the first words and voice that my baby hears be a human voice in my preferred native language. Check one of the following:
 - ☐ in person or
 - ☐ by phone/translator device

Cesarean Birth

- ☐ I would like to view the moment of birth through a window in the drape or lowering of the drape.
- ☐ I would like my baby placed skin-to-skin in the operating room.
- ☐ I would like at least one arm free to hold my baby.
- ☐ My partner would like to hold our baby skin to skin if I am unable to.
- ☐ I would like my partner/labor support to announce the sex.
- ☐ I would like all talk in the OR focused on the birth.
- ☐ Please describe the birth as it is happening.
- ☐ I would like to cut/shorten the umbilical cord.
- ☐ If baby needs intensive care, please assist with pumping within 1 hour of birth when possible.

Newborn Care

- ☐ I plan to exclusively breastfeed and/or chest feed my baby.
- ☐ If my baby needs formula for a medical reason, I want to be informed first.
- ☐ If my breastfed baby needs supplementing, I prefer they be given donor breast milk or glucose water.
- ☐ I would like to formula-feed my baby.
- ☐ If I have a male newborn, I plan to:
 - ☐ Circumcise
 - ☐ Not Circumcise
- ☐ When newborn tests or procedures are needed (labs, hearing test, circumcision, etc.) I prefer to be present or have my labor support person present.
- ☐ I or my labor support person would like to hold my baby during procedures to provide comfort when able.

Signatures

I have talked about and shared my labor and birth preferences with my provider during prenatal care visits, and both of us understand it. 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. I understand the care team will do their best to explain how my birth plan may need to change to support a healthy labor and delivery process.

_____	_____	_____
(My signature)	(Date)	(Time)

_____	_____	_____
(Health care provider’s signature)	(Date)	(Time)