Postpartum Care Preferences Guide WHAT MATTERS TO ME?

Congratulations on your new baby! We look forward to providing you with excellent care. Please review this Postpartum Care Preferences Guide and indicate what preferences you have for your postpartum care. We want to ensure that you are an active participant in your care and decision making. Please note that your preferences may not be possible and may have to change if medical needs arise. Together we want to make sure both you and your baby are cared for safely.

General Preferences

- I would like to have intravenous (IV) fluids discontinued as soon as possible unless it is medically necessary.
- I would like to be independent as soon as possible with activities of daily living (walking, showering, toileting, etc.).
- I would like to stay in the medical center as briefly as possible.
- I will verbalize any concerns about my readiness for discharge in the expected hospitalization time frames.

Environment Preferences

- □ I would like to have the door closed, lights dimmed, and a fan in my room.
- I would like the room as quiet as possible.
- I would like as few interruptions as possible.
- □ I plan to wear my own clothes.

Pain Management Preferences

- I would like to have the option to use comfort measures (heat, ice, position change, distraction, aromatherapy, relaxation techniques, etc.) for pain relief.
- Please do not offer me any sort of pain medications. If I decide to use pain medication, I will ask for it.

My pain is tolerable to me at _____ (see scale below).



Newborn Feeding Preferences

What is your feeding preference for your baby during your hospital stay?

☐ I would like a consultation with the Lactation Specialist.

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, and to remain present for all procedures.
- □ I would like to participate in my baby's first bath before going home.
- □ I would like to wait to give my baby's first bath at home.



What is most important to you after you have your baby (your biggest goals and priorities)?

Do you have any religious or cultural preferences that are important to you during your postpartum care? If so, what can we do to accommodate these needs?

Do you have any diet or nutritional preferences we should be aware of?

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



The medical center has free Wi-Fi available. The network name is **Salinas Valley Health**, and a password is not required.

