



# What matters to me?

**Congratulations!** We look forward to assisting you with the birth of your baby! Please review this “Birth Preferences Guide” and indicate what preferences you have for your labor and birth. We want to ensure you that you are an active participant in your planning and decision making. Please note that all babies are placed skin to skin on mom’s chest and undergo delayed cord clamping (condition permitting). Please also know we want to make sure both you and baby are cared for safely.

## General Preferences

\_\_\_\_\_ I would prefer a saline lock versus a continuous IV drip to allow me to walk freely

## Preferences for Managing Pain

\_\_\_\_\_ I would like to have the option to use the shower for hydrotherapy for pain relief

\_\_\_\_\_ I prefer natural childbirth (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 intravenous pain medication (pain medication through my IV) to cope with the pain of labor and birth

\_\_\_\_\_ I plan to use an epidural in active labor to cope with the pain of labor and birth

\_\_\_\_\_ I am considering using IV pain medication and/or having an epidural, but will decide when I am actually in labor

## Preferences for Monitoring the Baby

\_\_\_\_\_ I prefer to have my baby monitored intermittently (not continuous monitoring)

\_\_\_\_\_ I prefer to monitor my baby continuously (I understand this may limit my movement and may keep me in bed during labor)

\_\_\_\_\_ If my baby needs to be continuously monitored, I prefer portable monitor (if my condition permits me to move freely)

## Vaginal Birth Preferences

\_\_\_\_\_ I would like to push in a position of my choosing (squatting, kneeling, side lying etc.)

\_\_\_\_\_ I want to avoid an episiotomy

\_\_\_\_\_ I would like to use a mirror to view the birth of my baby

\_\_\_\_\_ I would like \_\_\_\_\_ to cut the umbilical cord

## Cesarean Birth Preferences

Our goal is for every woman who comes in labor to have a healthy vaginal birth. If a cesarean birth is planned or necessary, we want 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 to utilize the see through drape so I can watch the birth of my baby

\_\_\_\_\_ I would like my baby placed skin-to-skin with me in the operating room if we are both doing well

\_\_\_\_\_ I would like to bring my own music to play during my cesarean birth and recovery

## 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 be present for my baby’s first bath

\_\_\_\_\_ Newborn feeding preference \_\_\_\_\_



What is most important to you during labor and birth (your biggest goals and priorities)?

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, specific fears, or other information that will help 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, 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.

My signature:

Date:

My physician is:

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