

Patient sticker  
with barcode

# Your Birth Preferences

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed with: \_\_\_\_\_

This handout tells your care team what you would like when you're in the hospital for your baby's birth. These are your preferences. If we know what you want, we can help you have the experience you want.

Our main goal is to make sure both you and your baby are safe and healthy. We will do our best to honor your preferences. **In some situations, we may need to change your birth preferences to keep you and your baby safe.**

## How to Fill Out This Form

In the **left column** of each section, we'll tell you:

- What we usually do for our patients (our procedure)
- Our preferences and recommendations

In the **right shaded column**, you can write what you want (your preferences).

## General Info for Vaginal Births

Our Procedure and Preferences	What You Want
<ul style="list-style-type: none"><li>• If everything is going well, we would like you to eat and drink during labor.</li><li>• If you have an epidural, you can have clear liquids.</li><li>• We <b>do not</b> recommend enemas. (A liquid given by rectum to clear your bowels.)</li><li>• We <b>do not</b> shave pubic hair, unless you need a C-section.</li><li>• We <b>do not</b> usually do episiotomies (a cut in the muscles between your vagina and anus to make your vaginal opening bigger).</li></ul>	<p><b>Are the preferences we listed okay with you?</b></p> <p><b>Do you have any other preferences related to the list on the left?</b></p>

## Monitoring The Baby

Our Procedure and Preferences	What You Want
<ul style="list-style-type: none"><li>• We will monitor your baby for <b>at least</b> 20-30 minutes when you get to Labor and Delivery. This means we check the baby's heartbeat and other signs, to make sure the baby is healthy.</li><li>• All babies get monitored during labor. Some babies need to be monitored at all times, and some can be monitored on and off.</li><li>• If your baby needs to be monitored at all times, we'll have portable monitors so you can walk around and get in the shower or tub.</li></ul>	<p><b>If possible, would you like us to monitor the baby on and off?</b></p> <p><b>Other preferences:</b></p>

## IV Fluids

Our Procedure and Preferences	What You Want
<ul style="list-style-type: none"><li>• <b>We recommend having an IV in place while you're in labor.</b> That way, we can give you IV fluids or medicines if needed. The IV can be disconnected from the fluid bag so you can move around more freely.</li><li>• We may have to give you fluids through an IV if:<ul style="list-style-type: none"><li>○ You get dehydrated (you're not getting enough water). This can happen if you're throwing up or if you have a long labor.</li><li>○ You need medicines.</li><li>○ There is an emergency.</li></ul></li></ul>	<p><b>Other preferences or comments:</b></p>

## Pain Medicine and Anesthesia

Our Procedure and Preferences	What You Want
<ul style="list-style-type: none"> <li>We can give you pain medicine or anesthesia if you want it. You can choose to use medicine or not.</li> <li>If you want medicine, we can give you:               <ul style="list-style-type: none"> <li>Nitrous oxide (also called laughing gas)</li> <li>Pain medicine through your IV</li> <li>An epidural</li> </ul> </li> <li>For some, getting in a shower or bathtub helps with labor pain. We have showers in all of our rooms, and some rooms have bathtubs. We do not offer water birth at this time.</li> </ul>	<p><b>What is your preference?</b> (check one or more)</p> <p><input type="checkbox"/> I don't want any pain medicine or an epidural.</p> <p><input type="checkbox"/> I am open to using medicine or an epidural, depending on my pain.</p> <p><input type="checkbox"/> I want to use nitrous oxide (laughing gas) for pain.</p> <p><input type="checkbox"/> I want an epidural once labor starts.</p> <p><input type="checkbox"/> Other preference: _____</p> <p>_____</p> <p><b>Other preferences or comments:</b></p>

## When The Baby Is Born

Our Procedure and Preferences	What You Want
<ul style="list-style-type: none"> <li>If mom and baby are doing well when the baby is born:               <ul style="list-style-type: none"> <li>We will put the baby skin-to-skin on your chest or abdomen.</li> <li>We do delayed cord clamping, which means we do not cut the umbilical cord right away.</li> <li>Your partner, family member, friend, or even you yourself can cut the cord.</li> <li>The baby will stay with you and you'll go together to the postpartum unit.</li> </ul> </li> </ul>	<p><b>Would you like your partner, family member, or friend to cut the cord?</b> (check one)</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Not Sure</p> <p><b>If yes, who would you like to cut the cord?</b> (write their name below)</p> <p>_____</p> <p><b>Other preferences:</b></p>

## Breastfeeding

Our Procedure and Preferences	What You Want
<ul style="list-style-type: none"> <li>We strongly recommend that you breastfeed your child.</li> <li>We also recommend that you attend one of our childbirth education classes on infant feeding.</li> </ul>	<p><b>What is your preference for feeding your baby?</b> (check one)</p> <p><input type="checkbox"/> Breastfeeding</p> <p><input type="checkbox"/> Formula</p> <p><input type="checkbox"/> Both</p> <p><input type="checkbox"/> Not sure</p> <p><b>Other preferences:</b></p>

## Circumcision

Our Procedure and Preferences	What You Want
<ul style="list-style-type: none"> <li>If you choose to have a circumcision, we usually do the procedure the morning before the baby leaves the hospital.</li> </ul>	<p><b>Do you want your baby to have a circumcision?</b> (check one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Does not apply</p> <p><b>Other preferences:</b></p>

## Family Planning and Birth Control

Our Procedure and Preferences	What You Want
<ul style="list-style-type: none"><li>• If you need or choose birth control after having the baby, you have many options:<ul style="list-style-type: none"><li>○ IUD</li><li>○ Implant</li><li>○ Pills</li><li>○ Depo shot</li><li>○ Condoms</li><li>○ Diaphragm</li><li>○ Tubal ligation or vasectomy (these are permanent)</li><li>○ Ring</li><li>○ Patch</li></ul></li><li>• Some of these options may be available to you before you leave the hospital. Ask your provider for more information.</li></ul>	<b>What are your birth control preferences?</b>

## Your Support People

**Who will give you a ride to the hospital?**

\_\_\_\_\_

**Who will support you during labor?** (you can have up to 5 people in Labor and Delivery with you if things are going well)

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

**Who will give you a ride home from the hospital?** (They will need to have an infant car seat for the baby.)

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**If you have other children, who will take care of them?** (During flu season, children under age 14 are not allowed to go into the Labor and Delivery or Postpartum Unit. They cannot be left alone in the waiting room.)

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## Your Needs and Beliefs

We want to respect your beliefs and your religious, cultural, and spiritual needs.

**Do you have any religious, cultural, or spiritual needs that we should know about?**

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## Other Preferences

**Do you have any other requests or preferences?**

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**We will do our best to honor  
your preferences.**

**In some situations, we may  
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your baby safe.**



HLO Approved  
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