Women's Health Specialists, S.C.®
YOUR FOX VALLEY OB/GYN PHYSICIANS

Birth Preferences

We want you to have the best childbirth experience possible. Some moms-to-be prefer to write down their "choices" for labor and delivery while others are comfortable just talking about their preferences when they arrive at the hospital. Either way, it is important to think about: what you may need to find comfort, stay confident, and feel safe; who will support you, and what you may need from them. Talk to your Provider about what is "realistic" and what amenities your hospital offers. Labor and delivery can be unpredictable and you may change your mind at any time. The most important goal is a healthy mom and baby! Some situations may happen which will require us to make changes from your preferences. You will be informed of the risks and benefits to you and your baby.

Mom-To-Be_____
Labor Support_____
1. What are your hopes for your childbirth experience?_____
_____
_____
_____
2. What are your concerns about your childbirth experience? _____
_____
_____
_____
3. How can the nursing staff help you the most?_____
_____
_____
4. Please list any dietary, cultural, spiritual, or other needs. _____

Comfort Options (check all that interest you)

- o Breathing techniques
- o Warm or cold packs
- o Shower/tub
- o Music
- o Massage/touch
- o Birthing and/or Peanut ball
- o Aromatherapy
- o Walking/dancing/squatting
- o Family support
- o Other_____

Pain Management

- o I strongly desire a drug-free birth and I know that I can request if needed.
- o I'm not sure what I will need and will wait and see.
- o I am planning on using IV medications.
- o I am planning on using an epidural.

IV Management (may be necessary depending on medical conditions, need for hydration, etc.)

- o I agree to a "capped IV".
- o I request no IV unless medically needed.

Delivery

- o I would like to see the birth through a mirror.
- o I would like to touch my baby during crowning.
- o

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- I would like to deliver in whatever position feels right and is safe.
- I would like to see the birth during a Cesarean.
- I would like to do skin to skin after a Cesarean.
- I would like to breastfeed after a Cesarean.
- I would like to have my partner do skin to skin after a Cesarean if I am not able.

Umbilical Cord

- I would like my partner to cut the cord.
- I would like to cut by baby's cord.
- I prefer the hospital staff to cut the cord.
- I plan to save the cord blood and have researched this option.

Infant Feeding

- Breastfeeding only
- Breast pumping and bottle feeding
- Formula feeding only
- Both breastfeeding and formula feeding

Visitors

- Open to all visitors from family/friends after delivery
- Please help me control my visitors.
- No visitors while I am in the hospital.

Circumcision (This elective procedure is usually done by the baby's provider prior to discharge)

- I do not plan to have my son circumcised.
- I would like to have my son circumcised.

Baby's Procedures

- I would like the 1st Hepatitis B vaccine given in the hospital.
- I will delay the 1st Hepatitis B vaccine.

Discharge-this will depend on your baby's and your recovery

- I am planning the usual 48 hours for vaginal delivery and 72 hours for a Cesarean birth.
- I would like to go home as soon as possible.

Other things to consider

- Clothing (hospital gowns are suggested during labor and delivery)
- Fetal monitoring will be determined by your provider based on many factors.
- Photography (pictures are allowed, but recording the birth is not)
- Ask your provider about what your options are for eating and drinking during labor

Standards of Care are put in placed based on best practice and in most cases do not need to be requested. Talk with your provider and nursing staff about questions/concerns.

These include:

- Delayed Cord Clamping
- Skin to Skin immediately after delivery
- Delayed infant cares (weight, measurements, antibiotic eye ointment, Vitamin K shot)
- Delayed Bathing
- Rooming In
- Very rare assistance during delivery including forceps, vacuum, or episiotomies
- Anesthesia given with circumcisions
- Infant Congenital heart screening
- Infant State screen
- Infant Hearing Screen
- Infant Bilirubin screening

OtherQuestions/Concerns_____

_____