

My Preferences for Labor and Birth

NAME: _____ DATE OF BIRTH: _____ DUE DATE: _____

LABOR SUPPORT PERSON: _____

OB PROVIDER: _____ BABY PROVIDER: _____

Welcome to Holland Hospital's Boven Birth Center. Because labor and birth means different things for every woman, this labor preferences page gives you an opportunity to share your ideas and wishes and can help guide conversations with your provider so that you can make informed decisions together based on your specific needs. Our specially trained team of providers, nurses and patient care assistants are excited to provide you the very best care during labor, delivery and postpartum stages. Our number one goal is always a safe and healthy birth for mom and baby.

BASED ON YOUR INDIVIDUAL PATIENT CARE AND TREATMENT NEEDS, YOU CAN EXPECT THE FOLLOWING TO OCCUR DURING YOUR DELIVERY AT BOVEN BIRTH CENTER:

- Intermittent fetal monitoring for low-risk pregnancies
- Cordless fetal monitoring
- A variety of pain management options
- We explain all mom and baby care and medications before they occur
- We avoid episiotomies and use of vacuum and forceps unless medically necessary
- Delayed cord clamping at both vaginal and cesarean deliveries
- Skin-to-skin bonding after delivery
- No pacifiers or formula given without your consent
- Lactation and breastfeeding support from board-certified consultants and trained nurses

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

Do you have any cultural or religious practices that are important to you during childbirth? How can we help accommodate these needs?

Please describe any concerns or fears you have or other information you need that will help us best meet your individual needs.

CHILDBIRTH EDUCATION:

Patient education has been shown to improve both outcomes and experiences.

Sign up for our childbirth education classes by visiting hollandhospital.org.healthylife/classes or calling 616.394.3344

Plan on sign-up at about 24 weeks because classes may fill 4-8 weeks ahead.



<p>LABOR</p> <ul style="list-style-type: none"> <input type="radio"/> I prefer to be at home during early labor, if it is safe, and to be admitted when I am in active labor <p>I would prefer the following:</p> <ul style="list-style-type: none"> <input type="radio"/> Dim light <input type="radio"/> To play music <input type="radio"/> To wear my own clothing <input type="radio"/> Quiet <input type="radio"/> Aromatherapy (unless someone on the unit has a sensitivity) <input type="radio"/> To bring items from home (pillows, photos) <input type="radio"/> To limit guests by having a sign on my door <input type="radio"/> As few cervical exams as possible <ul style="list-style-type: none"> <input type="radio"/> I would prefer to walk and change positions <input type="radio"/> I understand if I get an epidural I will be changing positions in bed and may need a catheter to empty my bladder because I will not be able to sense when it is full. <p>MONITORING</p> <ul style="list-style-type: none"> <input type="radio"/> I prefer to have my baby monitored minimally if my pregnancy is low risk <input type="radio"/> I would like continuous monitoring <input type="radio"/> I prefer a method that allows me to remain mobile <p>PUSHING</p> <ul style="list-style-type: none"> <input type="radio"/> I prefer to wait until I feel the urge or until my baby descends <input type="radio"/> I would like to use a variety of pushing positions <input type="radio"/> I would like to use a mirror so I can watch my baby's birth <input type="radio"/> I would like to be directed when I push <input type="radio"/> I would like to touch my baby's head as it crowns <p>BIRTH</p> <ul style="list-style-type: none"> <input type="radio"/> I have made arrangements to collect and donate umbilical cord blood <input type="radio"/> I would like to take my placenta home with me (I will provide the bucket and cooler) <input type="radio"/> My support person would also like to do skin-to-skin <input type="radio"/> I would like my support person to cut the umbilical cord 	<p>PAIN RELIEF</p> <ul style="list-style-type: none"> <input type="radio"/> Only offer pain medication at my request <input type="radio"/> Undecided <p>Nonmedical options</p> <ul style="list-style-type: none"> <input type="radio"/> Relaxation <input type="radio"/> Position Changes <input type="radio"/> Walking <input type="radio"/> Massage <input type="radio"/> Visualization <input type="radio"/> Breathing <input type="radio"/> Shower <input type="radio"/> Birthing Ball <input type="radio"/> Hot/Cold Packs <p>Medical Options</p> <ul style="list-style-type: none"> <input type="radio"/> Nitrous Oxide (I have discussed with my provider ahead of time and signed the consent) <input type="radio"/> IV pain medication <input type="radio"/> Epidural <p>AUGMENTATION</p> <p>If my labor slows down I would prefer:</p> <ul style="list-style-type: none"> <input type="radio"/> To try nonmedical methods like walking <input type="radio"/> To have my bag of water broken <input type="radio"/> To let my bag of water to break on its own <input type="radio"/> To use IV Pitocin after risks and benefits reviewed <input type="radio"/> To use IV Pitocin after all other methods have been tried and only when it is medically necessary <p>IN CASE OF CESAREAN SECTION</p> <ul style="list-style-type: none"> <input type="radio"/> I would like _____ with me (1 person) <input type="radio"/> I would like to have the drape lowered during surgery so I can see the birth <input type="radio"/> I would like to have photos/video taken of my baby <input type="radio"/> I would like to have my support person cut the umbilical cord (To lower infection risk, a provider will cut the cord first because it's near my incision.) <p>BABY CARE</p> <ul style="list-style-type: none"> <input type="radio"/> I plan to breastfeed exclusively <input type="radio"/> I plan to formula feed my baby <input type="radio"/> I plan to breastfeed and supplement as needed <input type="radio"/> I want to room in with my baby <input type="radio"/> If I have a boy I would like him circumcised <input type="radio"/> If I have a boy I would NOT like him circumcised <input type="radio"/> I want to participate in the first bath <input type="radio"/> I would like to hold my baby during shots or blood draws to provide comfort
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I have talked about and shared my labor and birth preferences with my provider during prenatal care visits. 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 myself and my baby.

My signature: _____ Date: _____

Health care provider's initials: _____ Date: _____

