

## My Preferences for Labor and Birth

PATIENT LABEL

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DUE DATE: \_\_\_\_\_

LABOR SUPPORT PERSON: \_\_\_\_\_

OB DOCTOR: \_\_\_\_\_ BABY DOCTOR: \_\_\_\_\_

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

