



# WOMEN'S HEALTH

ADVANTAGE

## BIRTH PREFERENCE

Mother \_\_\_\_\_ Support Person \_\_\_\_\_

Physician/Midwife \_\_\_\_\_ Due Date \_\_\_\_\_

Pediatrician/Family Physician \_\_\_\_\_

My partner and I have selected the following preferences we would like for our birth experiences. I understand that I may have to make changes for the health and safety of myself and my baby.

### Environment

- Listen to music
- Soft lighting
- Natural lighting
- Pictures for a focal point
- Quiet, calm room
- Temperature of room

### Positions Changes

- Move around and change positions
- Use birth ball
- Use birth stool
- Walk in hallways
- Rocking chair

### Relaxation and Comfort Techniques

- Apply heat/cold
- Aromatherapy
- Birth ball
- Birth stool
- Breathing techniques
- Have continuous labor support
- Meditate or use visualization
- Shower and/or tub
- Touch & massage
- Doula

### Medical Interventions

- Saline lock
- IV fluids
- Intermittent fetal monitoring
- Continuous fetal monitoring (VBAC)

## Comfort Interventions

- Use Nitrous Oxide
- Pain medication
- Definitely offer an Epidural
- Offer an Epidural only if I ask

## Progression of Labor

- No artificial rupture of membranes unless caregiver deems necessary
- No Pitocin desired unless caregiver deems necessary

## Pushing

- Wait until I feel the urge
- Directed
- Varied positions
- Squatting
- Side lying
- Use birth stool

## Birth

- Skin to skin
- Touch head as it crowns
- Support person to announce sex of baby
- Delayed measurements and footprints
- Delayed cord clamping
- Support person to cut the cord
- Mirror to watch
- Caregiver to cut the cord
- Desire to see placenta
- Privately bank cord blood
- Publicly bank cord blood
- Take placenta home  
(if not sent to pathology)

## Perineal Care

- Prefer tearing to episiotomy
- Episiotomy
- Perineal massage
- Warm compresses to perineum

## If Cesarean is Necessary

- Would like to hold baby in OR (if possible)
- Music played in OR (if possible)
- Partner in OR for support
- Clear drape
- Skin to skin as soon as possible
- Breastfeed in recovery as soon as possible
- I understand that my choices may be limited, depending on the reasons for a cesarean delivery

## Baby Care

- Breastfeed my baby
- Exclusively pumping
- Formula feeding my baby
- Use of donor breastmilk (if necessary)
- Hepatitis B vaccination
- Rooming in
- No pacifier given to my baby
- Bath in room
- No bathing
- DO plan to have my baby son circumcised
- DO NOT plan to have my baby son circumcised

## Other Preferences

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_