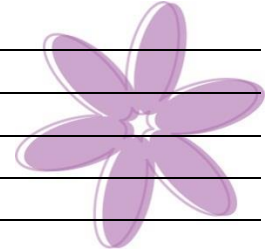


Birth Preferences

UnityPoint Health – Meriter

My full name: _____
Name I would like to be called: _____
My partner's name: _____
Other support people to be present at birth: _____
Due date: _____
Primary caregiver: _____
Prenatal classes I've attended: _____



Some general information

- Enemas, pubic hair shaving, episiotomies and IV's are NOT routine
- Water birth is available. Please discuss this option with your provider during prenatal visits
- We welcome you to take pictures and video tape those important moments of your labor, vaginal birth, and of your newborn. For a Cesarean birth, photography options need to be discussed with your provider. We do request that you ask permission from your provider and nursing staff before any photography or videotaping.

Options I would like during labor

- | | |
|--|--|
| <input type="radio"/> Doula (you contract this service privately) My doula's name is _____ | <input type="radio"/> Light snacks/beverages |
| <input type="radio"/> Aromatherapy (supplied by patient) | <input type="radio"/> Play music on my personal device |
| <input type="radio"/> Low lighting in room | <input type="radio"/> Soaking tub |
| <input type="radio"/> Shower | <input type="radio"/> Walking |
| <input type="radio"/> Use a birthing ball | <input type="radio"/> _____ |
| <input type="radio"/> Wear my own clothes | <input type="radio"/> _____ |
| <input type="radio"/> _____ | <input type="radio"/> _____ |
| <input type="radio"/> _____ | <input type="radio"/> _____ |

Options I have discussed with my provider

Breaking the bag of water

- I would prefer this to occur naturally unless there is medical need
- I would like to be involved in the decision before my water is broken

Interventions for pain relief

- I prefer no pain medication
- I prefer to ask for pain medication when I am ready, rather than have it offered to me
- I would like to have an epidural
- I am willing to try other medications before getting an epidural



Options I would like to consider during my pushing and delivery

- Squatting (with or without squat bar)
- Perineal massage
- I would like my baby placed skin-to-skin on my chest immediately after birth
- I would like my baby placed skin-to-skin on my chest after being wiped off
- Cutting the umbilical cord
- I would like to see the placenta
- I plan to take my placenta home (please discuss with your provider)



Cesarean birth*

If a Cesarean birth is needed, I would like _____ to come with me to the surgical birth suite.

1 person may accompany you if you are awake, if you have general anesthesia (go to sleep), your support person will join you in the recovery room.

Other Cesarean preferences _____

**We will discuss family-centered options available to you for your Cesarean birth. Options may vary and are dependent on the level of care required by you or your baby at the time of birth.*

Options for care of my baby

Immediate newborn care (when baby is stable at birth)

- Watch initial newborn assessment
- Partner to place baby in my arms (if baby was initially cared for at warmer)
- Partner would like to hold baby skin-to-skin

First bath (done when baby is 12 hours of age or older)

- I would like to do the bath as the RN assists/instructs (partner may participate too)
- I would like the RN to do the bath and I will observe and help as I am comfortable

- Circumcision** (boys only)

Feeding

- I will breastfeed
- I will formula feed
- I will breast and formula feed

Please describe how you would like your partner to be involved:

Other labor and birth preference not listed:

Your RN will discuss your birth preferences with you on admission to the Birthing Center and throughout your labor.

Every effort will be made to honor your preferences.

We will work with you when modifications are needed to assure you and your baby have a safe delivery and a memorable experience.

