

Labor and Delivery

Name

Obstetrician/CNM

Pediatrician (if known)

Type of Childbirth Education

LABOR (Choose as many as you wish)

- I would like to be able to move around freely during labor.
- I would like to be able to drink fluids during labor.

I understand that I will have an IV or a heparin or saline lock in place during labor.

I prefer:

- An intravenous (IV) line for fluids and medications.
- A heparin or saline lock (this device provides access to a vein but is not hooked up to a fluid bag).
- I have no preference.

I would like the following people present with me during labor:

I understand that people in training (medical students, residents, etc.) may be present during labor and delivery.

I would like to try the following options, if available (choose as many as you wish):

- A birthing ball (we do not provide these)
 - A birthing stool
 - A squat bar
 - A warm shower during labor (not during delivery)
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ANESTHESIA OPTIONS (choose one):

- I do not want anesthesia offered to me during labor unless I specifically request it.
- I would like anesthesia. Please discuss options with me.
- I do not know if I want anesthesia. Please discuss options with me.

DELIVERY

- I would like the following people present with me during delivery:

- Unless it needs to be done to ensure my baby's safety, I would prefer not to have an episiotomy.
- I have made prior arrangements for storing umbilical cord blood.

For a vaginal birth, I would like (Choose as many as you wish):

- To use a mirror to see the baby's birth.
- My labor coach to help support me during the pushing stage.
- For the room to be as quiet as possible.
- For one of my support persons to cut the umbilical cord.
- For the lights to be dimmed.
- For my baby to be put directly onto my abdomen immediately.

AFTER DELIVERY

- I would like to begin skin-to-skin as soon as possible after birth to promote attachment and successful breastfeeding. In the event of a Cesarean delivery, I would like the following person(s) to be present with me:

 - I would like to see my baby before he or she is given eye drops.
 - I would like one of my support persons to hold the baby after delivery, if I am unable to.
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BABY CARE PLAN

Feeding the Baby

I would like to (check one):

- Breastfeed exclusively
- Bottle-feed
- Combine breastfeeding and bottle-feeding

Circumcision

- If my baby is a boy, I would like my baby circumcised at the hospital or birthing center.

Cultural or Religious Preferences

- Yes No

If yes, please specify:

Patient Name (Print)

Patient Signature:

Date:

Time:
