



# Birth Preferences for Delivery at Madison Memorial

Thank you for choosing to deliver at Madison Memorial Hospital. We are excited to be a part of the arrival of your new baby. We encourage you to use this form to share your birth preferences with us, so we can better care for you and your baby. We will make every effort to achieve all of the requests you may have. Know that the safety of you and your baby are our top priority. It will be necessary to share this form with your primary OB care provider, and bring a copy with you to the hospital.

**About Me**

Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Doctor/Midwife: \_\_\_\_\_ Pediatrician: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special dietary needs/requests: \_\_\_\_\_

Cultural/Spiritual Considerations: \_\_\_\_\_

Other Special Considerations: \_\_\_\_\_

**About My Baby**

This is my: First/second/third/other \_\_\_\_\_ Baby.

We are anticipating a: Boy/Girl/Unknown

The name we have chosen for our baby is: \_\_\_\_\_ / We have not chosen a name yet.

**Labor Support**

Primary Support Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Others who may be present for Support:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_





# LABOR AND DELIVERY

### Environment:

- I welcome any visitors who may come to see me
- I would like to limit visitors until after delivery
- I do not want any visitors
- I would like the lights kept low and the room quiet
- Other preferences: \_\_\_\_\_

### Activity and Positioning:

I desire to try the following

- Sitting
- Standing
- Walking
- Birthing Ball
- Rocking Chair
- Hands/knees
- Squatting
- I'd like to stay in bed
- Other: \_\_\_\_\_

### Pain Management

The following statement best describes how I feel about pain interventions

- I strongly desire an un-medicated childbirth.
- Please do not offer me pain medication.
- I would like to try to avoid pain medication if possible, but may use it if necessary.
- I plan on using IV pain medication
- I would like an epidural after some time of laboring
- I would like to get an epidural as soon as possible

Some Techniques I plan on using for pain management include:

- Breathing/relaxation
- Walking, if possible
- Warm shower/Jacuzzi bath
- Hypnotherapy
- Massage
- Music
- IV Pain medication
- Epidural
- Undecided
- Other: \_\_\_\_\_

### Monitoring

- Continuous monitoring
- Intermittent monitoring (as medically indicated).

Other: \_\_\_\_\_

### Progression of Labor

- I would like pitocin to help progress my labor
- I would like the amniotic membranes ruptured before trying alternative means of labor progression
- I do not want the amniotic membranes ruptured artificially
- I would like to avoid any means of labor progression, unless medically indicated.

Other: \_\_\_\_\_

### Pushing

- I would like instruction on how and when to push
- I would like to try various pushing positions
- I would like to use a specific pushing technique:

\_\_\_\_\_

I would like to use a mirror

Other: \_\_\_\_\_

### Delivery

- I would like to limit people in my room during delivery.
- I would like to avoid an episiotomy unless absolutely necessary.
- I prefer an episiotomy
- I would like \_\_\_\_\_ to cut the cord. \* I understand in certain circumstances I may not have an option and the Doctor/ Midwife will cut the cord.

As soon as the baby is born:

- I would like him/her to be placed on my chest
- I would like the baby to be wiped off then placed on my chest
- I would like the baby to be taken to the warmer
- I would like the baby to be wrapped in blankets and handed to : \_\_\_\_\_



## RECOVERY

### Procedures for Baby (vitamin K, Erythromycin, weight, measurements etc)

- I would like procedures to be done while baby is on my chest
- I would like baby to be taken to warmer for procedures
- I would like to delay procedures until I have had a chance to bond with my baby
- Other: \_\_\_\_\_

### Breastfeeding

- I plan on breastfeeding my baby soon after delivery
- I would like assistance to breastfeed my baby
- I would like a bottle to give my Baby
- Formula preference: Similac/Enfamil

### Visitors

During the 2 hour recovery period, I would like

- No visitors
- Limited visitors
- Those present for delivery only
- Anyone who has come to visit
- Other: \_\_\_\_\_

### Pain Management

To manage my pain in the recovery period I would like:

- Ice pack applied to the perineum
- Medication
- Other: \_\_\_\_\_

### Other requests for Labor, Delivery and Recovery:

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## CESAREAN SECTION

### Scheduled Cesarean Delivery

- I would like to receive information about what to expect with my c-section
- I would like my support person \_\_\_\_\_ to be with me at all possible times
- I would like to see my baby immediately after delivery (as medically indicated).
- I would like to hold my baby as soon as possible in the recovery room.
- I would like to breast feed in the recovery room.
- Other requests:

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### Unscheduled Cesarean Delivery

- I would like to be informed of all decisions regarding my care.
- I would like my support person: \_\_\_\_\_ with me as much as possible.
- I would like everything explained to me as it is happening.
- I would like to see my baby as soon as he/she is born.
- I would like to hold my baby as soon as possible in the recovery room.
- I would like to breastfeed my baby in the recovery room.
- Other requests:

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### Other requests for a Cesarean Delivery

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## POSTPARTUM

### **Length of stay:**

- I would like my hospital stay to be as short as possible (24 hours or less for vaginal delivery); 48 hours or less for c-section)
- I would like my stay to be as long as possible (over 24 hours and up to 48 hours for a vaginal delivery, over 48 hours and less than 72 hours for a c-section).
- Please discuss with me the discharge process
- Please discuss with me insurance information and/or financial options.

### **Pain Relief:**

- I prefer no pain medication following delivery
- I prefer only non-narcotic plain medication after delivery
- Please discuss with me all options available for pain after delivery
- Jacuzzi
- Ice packs
- Donut pillow
- Relaxation
- Topical medications (such as dermoplast or medicated pads)

### **Infant Care:**

- I would like my baby to room in with me
- I would like my baby to stay in the nursery at night so I can rest.
- I would like my partner to stay in the room with me.

### **Feeding:**

- I would prefer to breastfeed only
- I would prefer to bottlefeed only
- I would prefer to breast and bottle feed my baby
- I do not want my baby to have a pacifier
- I would like my baby to have a pacifier. I am aware of the risks for nipple confusion.
- I do not want my baby given formula
- I do not want my baby to have a bottle. I would prefer cup feeding or finger feeding if supplements are necessary.
- I would like to see a lactation consultant
- I would like any gift bags of diaper bags given to have formula removed.

### **Circumcision:**

- I do not want to have my baby circumcised
- I would like my baby circumcised at the hospital
- I would like to have my baby's circumcision done after discharge
- I would like to be present during the circumcision

### **Activity/Hygiene:**

- I would like to shower as soon as possible after delivery
- I will notify my caregiver when I am ready to shower

### **Environment:**

- Please review your visiting policies with me
- I would like my partner to stay overnight with me
- Other: \_\_\_\_\_

### **Baby's Birth Certificate:**

- Please review the birth certificate process with me

### **Additional Services:**

- Discharge teaching
- Infant care
- Family Education
- Social Services
- Community Health information services
- Neonatal Intensive Care services
- Adoption
- Lactation services

The purpose of this birth plan is to educate you on a variety of childbirth options and to provide the healthcare team with the necessary information to make your experience here at Madison Memorial Hospital a very special and happy one. Our team will make every effort to follow your personal birth plan. In some circumstances, we may not be able to meet all requests. The options discussed and requested should not be assumed to be of automatic assent on the part of your caregiver. You may make changes to your birth plan at any time.

Patient Signature: \_\_\_\_\_