Birthing Preferences
We want you to feel in charge of your labor and birth. If you have any preferences, please let us know.

Name: ________________________________________________________________________________

Partner/primary support person’s name: _________________________________________________

People to be present at your birth: _______________________________________________________

Due date: _______________

Setting:

_____ Dim lighting  ______ Music (please bring your favorite CDs)
_____ Peace and quiet  ______ My own clothes  ______ hospital gown
_____ Door shut  ______ No visitors  ______ visitors
_____ TV on  _____ TV off

Mobility:
We encourage you to move around and be active during your labor. If an epidural is used, you will be confined to the bed.

_____ Walking  ______ BIRthing ball/rocking chair
_____ Choice of positions  ______ Tub/shower

Pain management choices:
Hospital regulations require that we ask you to rate your pain level. You have many choices for getting through the discomfort of labor. We encourage you to discuss the options with your providers prior to labor.

_____ Physician/nurse-midwife to offer pain medication
_____ Prefer not to be offered pain medication unless I ask
_____ Natural methods: massage, hot/cold packs; aromatherapy
_____ I plan to use hypnobirthing
_____ I plan to use hydrotherapy: hot tub/shower
_____ IV narcotics
_____ Intrathecal
_____ Epidural

Labor and Birth:
Fetal monitoring:
National standards require that we do fetal heart monitoring for 20 minutes on admission, and to listen to the baby at least every 30 minutes during the first part of labor and every 15 minutes while pushing.

We encourage you to move around and be active during your labor. If your provider feels it is necessary to do continuous fetal monitoring, he or she will explain why.

_____ I prefer intermittent auscultation (listening to the baby every 30 minutes)
_____ I prefer continuous electronic fetal monitoring
_____ No preference
Amniotomy ("breaking the water"):
   _____ I prefer this to happen naturally
   _____ I prefer this to be done by provider

Pushing:
   _____ I would like to choose position for pushing
   _____ I would like to be coached by nurse/provider
   _____ I would like to push according to my own urge

Perineal care:
   Episiotomy (surgical cutting of the perineum) is performed only if medically necessary
   _____ I would like warm compresses and massage of the perineum

Birth:
   Research shows that newborn transition (breathing, staying warm and bonding) is benefited by skin-to-skin contact between mother and baby right after birth. Our practice is to place the baby with mom unless medically indicated.
   I would like the following people to be present at my birth ____________________________
   I would like ____________________________ to cut the baby’s umbilical cord.
   _____ Please delay routine infant weight, vitamin K injection and eye ointment for up to four hours to allow uninterrupted time with my baby.

Newborn Care:
   The American Academy of Pediatrics recommends breast milk as the ideal food for infants. At FMH, our nursing staff includes many lactation consultants who will do everything they can to support you if you choose to breastfeed your baby.
   _____ I plan to breastfeed
   _____ I plan to formula feed
   _____ I plan to use a pacifier (not recommended for the first two weeks of breastfeeding)

Circumcision:
   Many insurers no longer cover circumcision. Payment is necessary prior to the surgery if not covered by insurance.
   _____ I plan to have my son circumcised.

Induction of labor:
   Induction of labor should be performed only when there is a medical reason involving either mother or baby. Your provider will discuss this with you if it becomes necessary.

Cesarean Section:
   If a Cesarean is necessary, I would like the following people to be present in the operating room: ____________________________ and ____________________________.

Other requests:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

At Franklin Memorial Hospital and Franklin Health Women’s Care, it is our goal is to provide you and your family with the best possible birthing experience. Thank you for letting us know your preferences.