Birth Wishes

Welcome to our birthing unit, where families begin. With this wish list we hope to help you make informed decisions for a joyful labor and birth experience.

Please read through the following and discuss your wishes with your support person. Your physician can help you make more informed decisions. The knowledge you gain from reading, childbirth classes or discussion with others can help with informed choices and wishes. Feel free to add any information you feel would aid the staff here at Southern Maine Health Care to assist you in your labor and birth process. Many of the choices put forth in this handout are routine at SMHC. Please know that your birth wishes should be flexible, and that changes may be made during any point in your stay.
First Stage of Labor

Environment:
Please check as many as you would like:

___* Low lighting
___* Music
___* Own pillow
___* Personal care items (hair brush, toothbrushes, etc.)
___* Do you wish to have visitors during labor?
___* Would you allow a medical student to watch?

Mobility:
Please know all of the following are encouraged:

___* Walking, rocking
___* Slow dancing with partner
___* Jacuzzi, shower
___* Ball
___* Massage
___* Other

Hydration:
Please check all that apply:

___* Clear fluids (water, juice, tea, soda, jello)
___* Ice chips
___* Hold off on IV fluids unless medically necessary
___* Request IV

Monitoring:

___* Intermittent when possible
___* Continuous monitoring if necessary
    __* External
    __* Internal (if physician feels there is a need)
Pain Relief Options:
What will be most helpful to you?
Check all that apply:

* Non-medical
  __* Relaxation, music, dim lights
  __* Water (Jacuzzi or Shower)
  __* Massage
  __* Other

* Medical Options
  __* Only, if I ask for medication
  __* Offer medication to me at the appropriate time
  __* Offer ASAP (explain options)
  __* IV medications
  __* Nitrous Oxide Gas
  __* Intrathecal
  __* Epidural

Second Stage of Labor ~Pushing, Birth, Placenta

Pushing:
Please note that some of these may depend upon medication used, how the labor is progressing and the health of the baby and mother.

* Choice of position
  __* Mirror to view birth of my baby
  __* Be able to touch my baby upon crowning
  __* Have people to support legs
  __* Have support person present at all times
  __* Take pictures or video during or after birth
  __* View placenta with Doctor
  __* Do NOT wish to see the placenta

Fourth Stage of Labor/ Skin-to-skin

* Place baby directly on chest for 60-90 minutes
Do you wish to have family of friends present at the birth?
___ I wish to have _________________ and _________________ present at the birth, I am aware that 2 support people are allowed, other family or friends will be waiting in the “Visitors Lounge” and a member of our support team will notify them of my progress and delivery.

OR
___ My partner and I do not wish to have any visitors during the birth. Family and friends may wait in the “Visitors Lounge” and can come into our room to meet with Mom and New Baby after delivery.

Who will notify family & friends of your baby’s birth? _________________
(Due to HIPAA laws regarding privacy, we are unable to give any information without your consent)

___* I/we wish to inform family & friends ourselves when we are ready.
___* Hospital staff may inform family & friends waiting at the Birthing Suite.

Cesarean Section

Please keep in mind that circumstances might change during a vaginal birth so please fill out the following.
___* Partner present/Family member/Doula present
___* Pictures after delivery of baby & new family
___* Hold the baby
___* We will inform family/ friends of our new arrival
___* Staff may inform family/friends of our new arrival

Baby Care

Cord cutting:
___* Have physician cut the cord
___* My partner would like to cut the cord if possible
___* Other

Holding the baby:
___* Please place the baby directly on my chest upon delivery
___* Wipe the baby before I hold her/him
___* Let my partner hold the baby first
Feeding the baby:

- * Breast Feeding ONLY
- * Breast Feeding as soon as possible after delivery
- * Bottle Feeding only
- * Combination breast/bottle
- * NO pacifier
- * Pacifier

Eye Care:

Note that eye medication should be done within one hour of birth
Choose one:

- * delayed one hour for bonding time
- * immediate

Keep in mind that the baby will remain with you at all times unless you request a few moments alone. The baby is always welcome into the nursery but most parents wish to have continuous care of their newborn. Please NEVER LEAVE THE INFANT ALONE, only leave infant with someone that has the same security bracelet as your newborn. Allow the baby to come to the nursery if you wish to shower, rest or have other concerns.

siblings:

Does this newborn have older siblings?
Names of other children: ___________________________ Age ________
___________________________ Age ________
___________________________ Age ________

Baby’s Doctor:

Name: ____________________________
Address: ____________________________
Phone# ____________________________

(03/19)