

My Birth Preferences



Fill out this page according to your wishes for your birth. Keep in mind that you might not be able to follow every wish on this page, depending on the hospital policy or if complications arise during your labor. Share your plan with your support team, healthcare provider and labor nurse.

Name _____

Preferred name _____

DOB _____

Baby's due date _____

Delivering practice _____

Delivering hospital and selected pediatrician: _____

Support people are important to include in your delivery experience. We appreciate your cooperation as we work together to keep everyone safe and healthy. If you have questions about our visitation policy, please call the Wellstar hospital where you will be delivering.

My primary support person 1. _____

Additional support people 2. _____

3. _____

If you need privacy or visitor restrictions, please discuss this with Registration and your nursing team upon arrival.

Laboring environment for vaginal delivery

Options, if available, and with approval from provider

- | | |
|---|--|
| <input type="checkbox"/> Dim lights | <input type="checkbox"/> Guided imagery channel |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Tranquility music channel |
| <input type="checkbox"/> Extra pillows | |
| <input type="checkbox"/> Extra blankets | |
| <input type="checkbox"/> Shower | |
| <input type="checkbox"/> Battery-operated fan, if available at location | |
| <input type="checkbox"/> As few vaginal exams as possible | |
| <input type="checkbox"/> Walking as much as possible, unless fetal monitoring is required | |

Personal Items I may bring

- Birthing ball
- Gown and slippers
- Music: headphones, speaker or earbuds
- Sound machine
- Aromatherapy/diffuser (essential oils)
- Massage tools or handheld massager
- Hot or cold compresses (including ice packs)
- Eye mask or sunglasses
- Visual therapy: personal pictures
- LED lights or battery-operated candles

Non-medication pain relief that I or my support person will provide

- Acupressure
- Controlled breathing
- Cold therapy
- Essential oils
- Hot therapy
- Hydrotherapy (early labor only)
- Massage
- Meditation
- Music
- Reflexology
- Various labor positions
- Visual distraction

Vaginal delivery preferences

- Mirror to see delivery of baby
- Birthing bar, if available
- Birthing stool, if available
- Various pushing positions
- Perineal massage (after consultation with provider)
- Touch baby’s head as crowning
- Natural tearing instead of episiotomy
- Avoid forceps or vacuum assistance unless absolutely necessary
- Support person _____ to cut cord
- Delay cord clamping/cutting, if appropriate
- Place baby skin-to-skin with me immediately, if no complications
- Keep placenta, if possible (I will provide my own method of storage and immediate removal, unless provided by the hospital)
- Cord blood banking (prior arrangements must be made)
- Primary support person to stay with me at all times
- Primary support person to stay with baby at all times

In case of cesarean

- Soft music played in operating room, provided by the patient
- Clear drapes (if available)
- Explanation of surgery to me as it is progressing
- Support person to cut excess cord at the warmer
- Skin-to-skin with me or my support person as soon as the mother is stable
- Breastfeeding as soon as possible
- Primary support person to stay with me at all times
- Primary support person to stay with baby at all times
- Keep placenta, if possible (I will provide my own method of storage and immediate removal)
- Placenta donation
- Cord blood banking (prior arrangements must be made)

Baby

- Skin-to-skin immediately for one hour (Golden Hour)
- No interruptions or visitors for one hour
- Delay weighing for one hour
- Delay eye ointment for one hour
- All routine tests, shots and procedures done
- Choose tests, shots and procedures that are done (I will discuss with pediatrician ahead of time)
- Delay bath
- Mom or support person assist with first bath
- No bath
- Minimal separation

To discuss with the pediatrician

- Skin-to-skin immediately for one hour (golden hour)
- No interruptions or visitors for one hour
- Delay bath
- Mom or support person assist with first bath
- Delay weighing for one hour
- Delay eye ointment for one hour
- No bath
- Minimal separation

Postpartum

- Outside food (microwaves are available but not refrigerators)
- Special dietary needs:
- _____
- _____
- _____
- Hospital-grade breast pump and kits, if needed
- Hospital infant photographer based upon visitor guidelines.
- Chaplain or Spiritual Help consult
- Visitor and/or information release restrictions

What kind of additional support do I need before and after delivery

Any other concerns or issues the hospital staff should know

Provider signature

Patient signature

