

Patient Name _____ Date of Birth _____

Due Date _____ Physician-OB/GYN _____ Pediatrician _____

BIRTH OPTIONS

Patients should discuss all choices and preferences with their physician prior to admission.

The safety of mother and baby comes first, therefore some of these choices will only be available to low-risk moms.

ENVIRONMENT

In my labor room, I would prefer to (please check all that apply):

- Wear my own clothes
- Use my own pillows
- Wear my glasses or contacts
- Control the lighting, temperature and noise
- Relax to music
- Watch movies
- Limit visitors to _____
- Other: _____

LABOR

During labor, I would prefer to (please check all that apply):

- Move, such as walk, rock, squat, kneel on all fours or "slow dance"
- Change positions frequently
- Use counter-pressure or knee presses for "back labor"
- Shower or use the tub (or Jacuzzi if available)
- Use a birthing ball or birthing bar
- Use aromatherapy (supplied by patient)
- Use hot/cold compresses
- Have a massage (to be provided by the mother's labor coach)
- Have acupressure (to be provided by the mother's labor coach)
- Have IV medications for pain relief, as requested
- Be supported through an unmedicated labor
- Receive an epidural if I decide I want one
- Receive an epidural as soon as possible
- Other: _____

MONITORING

Patient initials _____ Physician initials _____

I know that monitoring the baby's heart rate during labor is important. If my pregnancy and labor are judged to be low-risk by my doctor, I would prefer monitoring to (please check all that apply):

- Be done intermittently
- Be done by telemetry so as to allow me to walk
- Be done continuously with an external (indirect) electronic fetal monitor
- Avoid internal (direct) monitoring unless it is needed for the baby's well-being

VAGINAL BIRTH

During birth, I would prefer to (please check all that apply):

- Allow my partner to be my coach. My partner is _____
- Have these family members present: _____
- Watch the birth with a mirror
- Use a camera or video equipment (with permission from my physician)
- Have the chance of a perineal tear instead of having an episiotomy
- Allow my partner to cut the umbilical cord
- Have the baby placed on my abdomen after delivery, if our conditions allow
- Allow the baby to remain skin to skin for at least _____ minutes
- Allow the baby to remain skin to skin until the first breastfeeding is completed
- Obtain cord blood for donation
- See the placenta after it is delivered
- Other: _____

CESAREAN SECTION

If a Cesarean section is necessary, I would like to (please check all that apply):

- Have this family member present if I am awake: _____
- Use a still camera (requires physician approval) - No cell phones are permitted
- Other: _____

Patient initials _____

Physician initials _____

MATERNAL CARE

During the rest of my hospital stay, I would prefer to (please check all that apply):

- Wear my own clothes
- Request that grandparents and visitors respect the time to initiate breastfeeding and bonding by waiting in the waiting room
- Have visitors (including my non-ill* children) at my discretion 24 hours a day. Children must be supervised by an adult (other than me) at all times.
- Limit visitors to _____
- Have my partner stay at night
- Other: _____

**Non-ill means no fever, cough, runny nose, rash and/or exposure to infectious diseases in the last two weeks.*

INFANT FEEDING

I would prefer to (please check all that apply):

- Breast feed my baby
- Avoid the use of supplemental formula bottles (please discuss with the baby's pediatrician)
- Have a visit by a Lactation Consultant
- Receive instruction on obtaining and using a breast pump
- Avoid the use of pacifiers
- Formula feed my baby
- Other: _____

NEWBORN CARE

It is important to me to (please check all that apply):

- Participate in the first infant bath
- Keep the baby in my room as much as desired (St. Luke's couplet care model allows the nurse to assist you with baby care in your room.)
- Keep my baby at the bedside 24 hours a day to facilitate breastfeeding and sleeping
- Have my baby stay in the nursery at night, but be brought to me when showing signs of hunger
- Observe all newborn procedures such as admission, obtaining blood, newborn photo, etc.
- Have demonstration of a baby bath and other baby care (cord care, taking a temperature, how to swaddle a baby, etc.)
- Include my partner in teaching and baby care. My partner is _____.
- Have my baby boy circumcised
- Not have my baby boy circumcised
- Other: _____

Please review and sign this with your physician to indicate that you have discussed your preferences with him or her.

Patient signature: _____ Date: _____

Physician-OB/GYN signature: _____ Date: _____

Patient initials _____ Physician initials _____