

BIRTH PREFERENCES WORKSHEET
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Name: _____ **Birthdate:** _____ **Due Date:** _____

We want our patients to have a safe, personal and meaningful birth experience. Please use this worksheet to learn what to expect and to share your preferences for labor and birth. Discuss your wishes and concerns with your prenatal care provider. You can change your mind at any time and not every preference can be safely or reasonably met. Please bring a copy when you come to the hospital.

Name: _____ **Support person(s):** _____

Religious, cultural, or spiritual preferences that you would like to incorporate into your birth experience: _____

Comfort and Pain Management in Labor

1. Comfort methods:

- Support persons: family members, friends, doulas. Doulas are professional and/or volunteer labor coaches. Trained volunteers are often available at the hospital.
- Breathing techniques or other meditation, visualization, and relaxation
- Managing your room lights, noise-level, music from home, television.
- Movement and position changes: shower, ball-sitting, walking, rocking chair, dancing.
- Changing positions for comfort and increased power during pushing.
- We encourage you to bring one or two items to make you feel at home during your labor such as a music player with battery power, fake candles, aromatherapy, essential oils, hand-held massagers, birth ball, other familiar item to comfort and distract you or serve as a focal point for meditation.
- Drinking liquids is important in labor. We provide fluid through your intravenous line and clear liquids such as ice chips, water, tea, broth, jello, popsicles and juice. You may bring your own favorite clear fluids. Because of emergency concerns, we often restrict eating solid food while in active labor.
- You will have a private labor and birth room with bathroom once admitted. There is a chair that opens into a cot for a support person. We do not limit the number of guests in your room but encourage you to consider your need for privacy and rest. You may want different people present for the labor and for the birth. Most importantly, your nurses and providers need clear access to provide the care you need.
- Support persons may bring food, drink, pillow and blanket for themselves. We do not have a refrigerator available.

2. Pain management:

- We support women who would like a birth without pain medication and work with you to help you manage the pain.
- We support women who would like a birth that is as pain-free as possible by offering pain medications. We offer fast-acting opiate medicine through your intravenous line (IV pain medication) and epidural anesthesia infused through a line inserted in the low back whenever desired and medically safe.

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3. Preparation:

- We recommend childbirth classes and a tour of CCRMC's Labor and Delivery Department. This preparation can help you learn what to expect during your labor, birth and after. Classes can also teach skills to help you deal with labor pain. Even if you plan to use pain medication, pain coping skills will be helpful before pain medication is started. Classes and tours are offered at CCRMC's Healthy Start Program in Spanish and English. Call (925) 370-5495 for a reservation.
- Still photographs are welcome on Labor and Delivery. Videotaping of the birth is not permitted.

What pain management and comfort methods are you considering? Would you like to be offered a doula if one is available? Other preferences or requests? _____

Labor and Birth

4. Early Labor: It is usually not medically necessary to stay in the hospital in early labor. It is usually best for you to be able to change positions, walk, drink plenty of water, eat light snacks, and rest during this time. You may be asked to go home until it becomes medically appropriate to be admitted to the hospital. The right time for you to be admitted to the hospital depends on your healthcare needs. Early labor can take minutes, hours or days and still be normal and healthy.
5. Monitors: Baby's heart rate and your contraction pattern will be monitored once you are admitted in labor until your baby is born. If medically appropriate, you may request to have your monitors disconnected for short walks or showering. We use continuous external monitors on your belly in most cases. Internal monitors may be placed when medically necessary.
6. We routinely start intravenous (IV) lines for all admitted laboring patients for medications, hydration, and emergency use.
7. We do not do enemas or shaves in preparation for delivery.
8. Once your cervix is completely dilated to 10 centimeters, you will begin to work to push your baby out. This means bearing down like having a bowel movement during your contractions until your baby is born. You can expect support and coaching from your care team for pushing. This can take several tries to learn and may take several minutes or hours. If you like, we have mirrors available so you can watch your progress while you are pushing.



Preferences/Comments: _____

After Baby is Born

1. After baby is born, your provider will usually place him or her directly onto your belly, skin-to-skin. If baby needs further medical assistance, baby is moved to a warm table in your room or to the nursery.
2. We do not routinely perform immediate umbilical cord cutting, episiotomy, vacuum, forceps or cesarean delivery unless medically necessary.

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3. We promote breastfeeding with skin-to-skin contact and bonding time for baby and mother in the first hour of life. We provide breastfeeding consultants and nursing support for breastfeeding. For almost all infants and mothers, breastfeeding is much healthier than formula feeding. If you are not planning to breastfeed, please advise our staff.
4. You will stay in your labor and delivery room for several hours after birth. You will then move to a room in the postpartum department on the same floor of the hospital to a shared room with up to one other patient, with curtains for privacy. We regret that there are no couches for support persons in postpartum rooms. Most women stay in the hospital for 1-3 days after giving birth.
5. For security, matching wrist bands are given to baby, mom and to one other person of you choose. Our staff will discuss this infant security system with you further.
6. We routinely discard the placenta. Please advise our staff if you desire to keep it.

Preferences/Comments: _____

If you like, choose any of these preferences:

- ☐ I prefer to have this person cut baby's umbilical cord, if possible: _____
- ☐ I prefer to have baby placed to the warmer until I am ready to hold baby.
- ☐ I prefer to delay routine newborn bath and procedures until after the first hour of life.

Special Medical Circumstances in Labor and Birth

9. Walking and position changes may be helpful in the progress of your labor. You may need additional help to progress, such as painless breaking of the bag of waters or Pitocin. Pitocin is a synthetic version of the hormone oxytocin that your body makes to cause contractions.
10. Medical induction of labor means using medication to start labor before your body starts on its own. This process might be recommended by your provider. This kind of labor is often longer and can take several days. Other than the longer length, you can expect a similar experience described above.
11. Should cesarean birth be necessary, you will most likely be awake with spinal anesthesia like an epidural, which creates numbness from the chest down. Your support person can usually accompany you in the operating room. They can usually hold, or help you hold, your baby upon delivery. In rare emergencies, you may need to have general anesthesia and your support person will need to wait outside the operating room.

Preferences/Comments: _____

*Every birth is a unique and dynamic experience.
We do our best to honor your preferences and our ultimate goal
is for you and your baby to be as healthy as possible.*

