SWEDISH

Birth Preferences Form

We use this sheet to understand your preferences for labor and delivery. Review it with your provider and bring it to your birth to share with your nurse and care team. Remember that no one knows how your labor will unfold, so we encourage you to give yourself flexibility to change your mind. Please see the Birth Preference User's Guide for more information.

Name: _____ **Date of birth:** _____ **Partner name, if applicable:** _____

About me/us:

Labor support team (names and relationships):

Hopes for this birth:

Concerns about this birth:

Pain management

☐ I plan an epidural ☐ I desire an unmedicated birth I am open to: ☐ an epidural ☐ IV pain medication

☐ I would like to use the following comfort techniques:

☐ Birth ball ☐ Music/Quiet ☐ Different positions ☐ Visualization

☐ Massage ☐ Aromatherapy ☐ Tub/Shower ☐ Breathing techniques

If applicable:

Penny Simkin pain management preference #_____ or code word to request medication:_____

Labor and birth

Monitoring of my baby: ☐ Intermittent, if appropriate for my situation ☐ Continuous ☐ Mobile

☐ Medication access point (Hep-Lock) rather than being connected to the IV, unless necessary

☐ I would like to try different positions for pushing:_____

☐ I would like a mirror to see my baby's head

☐ I would like to touch the baby's head as it emerges

If a cesarean birth is necessary, I would like _____ to accompany me in the operating room.

If the baby has to go to the NICU, I would like _____ to accompany the baby.

After your baby is born

☐ I plan to breastfeed. Concerns about feeding?_____

Questions about routine: ☐ Vitamin K ☐ Eye ointment ☐ Hepatitis B vaccine ☐ Postpartum pitocin

☐ If my baby is a boy, I plan to have him circumcised.

My partner or I would like to bathe the baby. ☐ Yes ☐ No

Cord blood

☐ Delay cord clamping ☐ Donation ☐ Banking ☐ _____ cuts the cord

My baby's pediatric provider is:

Name:_____ Clinic:_____ Phone:_____

Birth preferences reviewed by doctor or midwife:_____ Date: _____