



DMC
Hutzel Women's Hospital
A COMMUNITY BUILT ON CARE

MY LABOR AND BIRTH PREFERENCES

The goal of this document is to help you prepare for childbirth, to engage with you in decision making and to improve your chances for a safe and healthy delivery.

Please provide the following information:

Name _____ Due Date _____
Healthcare Provider _____ Labor Companion _____

When making decisions about the labor and delivery of your child, we encourage you to talk to your care provider to help them learn about your values and preferences surrounding the birth of your child. It is also important to realize that medical reasons may occur that prevent your healthcare provider from meeting all of your desired values and preferences.

Topics to be discussed with your healthcare provider during your prenatal visits include:

- When to be admitted to the hospital
- Who will be your support person in labor
- How to better cope with labor contractions
- How to stay hydrated during labor
- Whether to remain mobile and upright during labor
- What positions to be in when pushing during labor

Please list any other questions you may have as a reminder to discuss them with your provider:

When admission to the hospital is recommended:

We recommend admission when you are in "active labor." During the first stage of labor, the cervix goes from closed to 10 cm dilated. During this stage, there is a phase of slower changes called **latent labor (1-5 cm)** and then more rapid change called **active labor (6-10 cm)**. Intense contractions can occur in both phases. During latent labor, we often delay admission if you and your baby are **healthy, doing well and coping well**. Delaying admission until you are in active labor can reduce your risk of labor interventions, including cesarean delivery.

What is most important to you during labor and birth?

Please let us know if you have any religious or cultural practices/traditions that are important to you during childbirth.

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I plan to have a:

- Vaginal Birth VBAC C-Section

Please note that I have:

- Group B Strep Hypertension
 Rh Incompatibility Other
 Gestational Diabetes

During labor, I would like:

- The lights dimmed To stay hydrated with clear liquid
 The room as quiet as possible Music played that I provide
 As few vaginal exams as possible As few interruptions as possible
 To labor in the shower

For pain relief, I would like:

- Breathing techniques Massage Nothing
 Cold therapy Epidural Only what I request at the time
 Hot therapy IV pain medication Shower
 Distraction

I would like to spend labor:

- Standing up
 Walking around
 Lying down

I would like fetal monitoring to be:

- Continuous External Intermittent

During delivery, I would like to:

- Semi-recline Be on hands and knees
 Use people for leg support Use birthing bar for support
 Lie on my side Lean on my partner
 Use foot pedals for support

As the baby is delivered, I would like to:

- Push spontaneously Turn off the epidural during pushing
 Push as directed Use whatever methods my doctor deems necessary
 Push without time limits Avoid an episiotomy
 Use a mirror to see baby crowning Have an episiotomy rather than a perineal tear
 Touch the head as it crowns

Immediately after delivery, I would like:

- My partner to cut the cord To deliver the placenta spontaneously
 To have delayed cord clamping To take my placenta home, following hospital policy
 To bank the cord blood with the kit I provide

I would like my baby:

- To be placed on my abdomen immediately after delivery To have the hearing screen
 Breastfed as soon as possible after delivery To have vitamin K and eye ointment
 Delay having the first bath for 8 hours/24 hours To have the hepatitis B vaccination
 I will give the first bath To have the genetic screen completed
 To be circumcised if it is a baby boy To have the medical examination performed in my presence
 To have a pacifier
 To not have a pacifier

In the event of a C-Section, I would like:

- My partner to remain with me during the surgery as safety allows A clear drape to see the birth
 My partner to hold the baby as soon as possible My hands free to touch the baby after being born
 To breastfeed in the recovery room

I have talked about and shared my labor and birth preferences with my provider during prenatal care visits, and both of us understand it. **I recognize that my preferences and wishes may need to change if medical needs arise in order to help ensure a safe and healthy birthing experience for my baby and me.**

Healthcare Provider's Signature: _____

Date: _____

My Signature: _____

Date: _____

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