

MY PERSONAL BIRTH EXPERIENCE

Name: _____ Expected due date _____ OB/Midwife _____

Classes I have attended: _____ Childbirth Education _____ Breastfeeding _____ Other: _____ Pediatrician _____

The checked statement best describes my preference for pain management during childbirth.

- I would like an epidural when contractions become painful, I am willing to use comfort techniques, changing positions and walking as needed
- I would like an epidural as soon as it is available
- I DO NOT want pain medications during childbirth. I may consider taking pain medication for a difficult birth. I will ask for pain medication if or when I am ready
- I DO NOT want pain medication during childbirth and I don't want pain medication to be offered to me.
- I am having a planned c-section

Other requests for or questions about pain medication:

The checked statement best describes the method I plan to use to feed my baby:

- I plan to breastfeed ONLY. Please let me know if any nutritional supplements are medically necessary
- I plan to breastfeed and use formula
- I plan to use formula ONLY. Please teach me how to prepare formula
- I am not sure which method I want to use to feed my baby, please teach me about my options

Questions or concerns about feeding my baby:

Family/ Support:

Primary support: _____
The following people will also be attending the birth: _____
I DO NOT want the following people to visit me: _____

Preferences during labor (check all that apply):

- I would like to be able to move, change positions, and walk when allowed.
- I would like periodic (not continuous) fetal monitoring if appropriate.
- I would like to be able to eat/drink clear liquids (jello, broths, juices).
- I would like you to speak with me before performing any medical interventions
- I would like your help to use comfort techniques (massage, relaxation, birthing ball, shower, counter pressure).

Other requests for or questions about labor:

Preferences during delivery (check all that apply):

- I would like instructions on how to push when it is time.
- I would like to start pushing only when I feel an urge
- I would like to try different positions (squatting, sidelying) to push
- I DO NOT want an episiotomy, unless medically necessary.

Other requests for or questions about delivery:

Preferences after childbirth (check all that apply):

- The person I want cutting the umbilical cord is _____
- I have arranged for cord blood banking.
- I would like to delay umbilical cord clamping for 3 minutes (if the placenta is not delivered).
- I would like my baby to be placed on my chest (skin-to-skin) right away
- I want to hold my baby only after he/she is cleaned and swaddled.

Preferences on the mother-baby unit:

- I would like my baby to sleep in the room with me at night.
- I would like my baby with me at all times if possible. I prefer all exams and procedures be done at the bedside whenever possible.
- I am not sure where I would prefer my baby to sleep at night. Please discuss the options with me.
- I would like my baby to sleep in the newborn observation area.

Other requests, questions or religious or cultural traditions you will be observing: