CMQCC
California Maternal
Quality Care Collaborative

My Preferences for Labor and Birth: A Plan to Guide Decision Making and Inform My Care Team

Your Name and Date of Birth:

Your Due date:

Physician/Midwife:

Pediatrician/Family Doctor:

Your Labor Support Team (please include partner, doula, friends, relatives, or children who will be present):

While low-risk women will need very little intervention, women with certain medical conditions may need procedures, such as continuous monitoring or induction of labor, to improve safety and ensure a healthy delivery. Your provider can tell you about the benefits, risks and alternatives of the decisions you may face during labor and birth. This is an opportunity to share your values and preferences and make informed decisions together, based on your specific needs. This form should go with you to the hospital to be shared with your care team and reviewed as labor progresses.

Some of your decisions before and during childbirth may affect your risk of cesarean. These decisions are best made in collaboration with your provider during prenatal care visits, well in advance of the time of birth. Here are some common decision points:

- whether to wait for labor to begin on its own (induction of labor may increase your risk of cesarean)
- whether to be admitted to the hospital in early labor or to wait until active labor (being admitted in active labor improves your chances of having a vaginal birth)
- how to monitor your baby's fetal heart rate (low-risk women who are continuously monitored may be more likely to have a cesarean)
- whether to have continuous labor support by a trained caregiver like a doula (continuous labor support improves your chances of having a vaginal birth)
- how to help manage labor pain and labor progress
- how to stay hydrated and maintain stamina (strength) during labor
- whether to remain mobile and upright during labor
- how to push around the time of birth
- what practices to engage in shortly after your baby is born and before you go home

Environment:

Which options will make you most comfortable?

____ I would like to limit the number of guests in my room while I am in labor by having a sign posted on the door to my labor and delivery room

____ I would like to have the lights dimmed during labor

____ I plan to bring in music from home (my own MP3 player, CD player, etc.)

____ I plan to bring in essential oils/aromatherapy (no flames, please).

____ I plan to bring in a "focal point" from home

Preferences for Food and Fluids

____ I prefer to keep myself hydrated by drinking fluids. I would like to avoid intravenous fluids unless it is medically necessary

____ I do not mind receiving intravenous hydration during labor

____ If it is safe for me to do so, I would like to eat lightly during labor

Labor Preferences

____ If safe to do so, I prefer to labor at home during the early phase of labor, and be admitted to the hospital when I am in active labor

____ I would like to have freedom of movement while I am in labor (walking, standing, sitting, kneeling, using the birth ball, etc.), if safe and possible

____ I prefer to move around or change positions to improve my labor progress before trying Pitocin to increase my labor progress

____ If labor is progressing normally, I prefer to be patient and let it proceed on its own without Pitocin to speed it up

____ I would prefer to wait for the amniotic membrane (bag of waters) to rupture spontaneously. If the need to have my water broken arises, please discuss this with me before breaking my water

____ I would like to have my IV capped off (saline locked) so that I am free to move around during labor

Preferences for Managing Pain

___ I would like to have the option to use hydrotherapy (shower, or tub if available) for pain relief

___ I prefer natural childbirth (no pain medications or epidural)

___ Please do not offer me any sort of pain medications. If I decide to use pain medication or an epidural, I will ask for them

___ I plan to use intravenous pain medication (pain medication through my IV) to cope with the pain of labor and birth

___ I plan to use an epidural in active labor to cope with the pain of labor and birth

___ I am considering using IV pain medication and/or or having an epidural, but will decide when I am actually in labor

Preferences for Monitoring the Baby:

___ I prefer to have by baby monitored intermittently (not continuous monitoring)

___ I prefer to monitor my baby continuously (I understand this may limit my movement and may keep me in bed during labor)

___ If my baby needs to be continuously monitored, I prefer a portable monitor (if available, and if my condition permits me to move freely)

Preferences for Cervical Examination:

___ I prefer as few cervical exams as possible

___ If safe to do so, and my bag of water is not broken, I prefer to check dilation regularly so I know how labor is progressing

Birth Preferences

___ I would like to push in a position of my choosing (squatting, kneeling, side lying, lithotomy, etc.)

___ I want to avoid an episiotomy if possible

___ I would like to use a mirror to view the birth of my baby

___ I would like _____ to cut the umbilical cord

___ I would like my baby placed directly on my chest right after birth

___ If safe and possible, I would like to have delayed clamping and cutting of the umbilical cord

___ I am planning to bank my baby's cord blood

___ I would like to take my placenta home with me

Cesarean Birth Preferences

Our goal for every woman is to have a healthy vaginal birth. If a cesarean birth is necessary, we will continue to consider your preferences as much as possible throughout your stay. Sometimes, emergency situations necessitate a rapid conversation about risks and benefits of cesarean birth. We encourage your participation in the decision for cesarean birth.

___ I would like my partner to stay with me at all times

___ If possible, I would like to bring another support person with me into the operating room in addition to my partner. My other support person is _____

___ I would like to ask my anesthesiologist if the screen could be lowered so that I can watch the birth of my baby

___ If my anesthesiologist determines that it is safe and possible, I would like to have an arm left free so that I can touch my baby

___ I would like to have my partner or support person cut (shorten) the umbilical cord

___ I would like my baby placed skin-to-skin with me in the operating room if we are both doing well

___ I would like to hold my baby skin-to-skin during the recovery period

Newborn Care Preferences

___ I would like all newborn procedures and medications explained to me before they are carried out or administered by the staff

___ If my baby needs to leave my side for any reason, I would like _____ to accompany my baby, and to remain present for all procedures

___ I would like to be present for my baby's first bath

___ I plan to exclusively breastfeed my baby

___ I may have questions about breastfeeding or need help getting off to a good start

___ If my baby needs formula for a medical reason, I would like to be informed first

___ If my baby requires ongoing supplementation, I would like help from a lactation nurse in learning how to hand express or pump my own milk for my baby

___ If I have a boy, I plan to have him circumcised

What is most important to you during labor and birth (your biggest goals or priorities)?

Please let us know if you have any religious or cultural practices/traditions that are important to you during childbirth, and what we can do to accommodate these needs.

Please describe any additional preferences, concerns about labor and birth, specific fears, or other information that will help us provide the best possible care to meet your individual needs.

Signatures

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 not be followed just as written and may need to change if medical needs arise in order to ensure a safe and healthy birth for my baby and me.

Health care provider's signature: _____ Date: _____

My signature:: _____ Date: _____

Please note: this form does not automatically reach our OB Care Coordinator, please email the completed form (to: Rena.Koerner@providence.org) and remember to bring this with you when you are in labor and to your OB appointment to generate conversation with your care provider.