



Accel

OB PARTNERS IN CARE, LLC

My Birth Preferences

Name _____

Due Date _____

Labor Support _____

Room Environment

- Room lighting remain dimmed
- Music through speakers/headphones
- Aromatherapy
- Quiet environment
- Request all visitors to enter and exit room quietly
- I will use my own labor gown

I plan to bring the following items :

Fetal Monitoring

- I prefer monitoring to be minimal.
- I prefer monitoring to be intermittent
- I prefer monitoring to be continuous.
- I prefer monitoring while I move around.
- I prefer monitoring while I rest.

Mobility

- I prefer to move frequently out of bed.
- I prefer to remain mostly in bed.
- I prefer an epidural (when ready) and understand I will not be able to get out of bed and will need a urinary catheter.

Hydration

- If possible I would like to have clear liquids during labor.
- I understand I will receive IV hydration during labor.
- I prefer to have only a saline lock if possible.

Procedures

- I prefer all possible procedures are reviewed during prenatal visits then used as needed during labor.
- I prefer procedures are reviewed only as needed before performing while in labor.
- If safe, I prefer time for private partner discussions before a procedure is performed.



Continued Birth Preferences for:

Pain Relief

- | | |
|---|---|
| <input type="checkbox"/> Relaxation exercises | <input type="checkbox"/> Please do not bring up pain medication. I will let you know if I choose to explore medication options. |
| <input type="checkbox"/> Massage | |
| <input type="checkbox"/> Warm and cool packs | <i>At some point, I do plan to get:</i> |
| <input type="checkbox"/> Shower/bath (if available) | <input type="checkbox"/> Analgesics |
| <input type="checkbox"/> Breathing techniques | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Birth Ball | <i>Timing</i> |
| <input type="checkbox"/> Peanut Ball | <input type="checkbox"/> I would like pain medication as early as possible. |
| <input type="checkbox"/> Walking/Moving | <input type="checkbox"/> Feel free to recommend when you think a good time to get the epidural may be. |
| <input type="checkbox"/> Upright labor positions | <input type="checkbox"/> I would like to labor as long as possible without an epidural. |

Labor Induction or Augmentation

If cervical ripening is necessary, after discussion with my MD, we prefer:

- Cervidil
- Cytotec.
- Balloon technique with low dose Pitocin.

If Pitocin is needed, after discussion with my MD, we prefer to:

- Use a low dose Pitocin protocol.
- Use a normal Pitocin protocol.

If labor augmentation is needed, after discussion with my MD, we prefer to:

- Start with non-medical methods like walking
- Start with breaking my water if possible.
- Start with an IV of Pitocin (as checked above)

After discussion with my MD, my preferences for my bag of waters is:

- My doctor will decide when the appropriate time to break my bag will be.
- to wait until I am 4-6cm dilated, if possible
- To let my bag break on it's own, if possible.

Pushing

- | | |
|---|--|
| <input type="checkbox"/> I prefer to labor down until I feel the urge or until the baby descends. | <input type="checkbox"/> I would like my nurse/doctor to use warm compresses to avoid or reduce tearing. |
| <input type="checkbox"/> I would like to try a variety of pushing positions. | <input type="checkbox"/> I would prefer naturally tearing. |
| <input type="checkbox"/> I would like to use a mirror during pushing so I can watch my baby being born. | <input type="checkbox"/> I would prefer an episiotomy. |
| <input type="checkbox"/> I would like my nurse to coach me based on my progress during pushing. | <input type="checkbox"/> I would like to touch my baby's head during crowning. |
| <input type="checkbox"/> I would like my nurse/doctor to perform lubricating massage to avoid/reduce tearing. | <input type="checkbox"/> Epidural specific: if I am having difficulty with pushing and feeling pressure, I would like an opportunity to have the epidural stopped for a period of time, while I rest and regain some sensation, and then the epidural restarted. |



Continued Birth Preferences for:

Birth Preferences

Understanding this is all based on a healthy baby not requiring assistance.

- Immediate uninterrupted 60-minutes of skin-to-skin after birth
- Immediate skin-to-skin after birth, but I'm okay with the baby going to the warmer for the necessary assessments, then returning back to me.
- Please take the baby to the warmer first for assessment and wipe down and then bring the baby to me.
- _____ to cut the umbilical cord.
- Delayed cord clamping for at least _____ seconds.
- I prefer to hold the baby during routine hospital procedures, (i.e., Apgar's, vitals, med admin)
- Collection of umbilical cord blood and/or tissue.
- I am okay with all routine tests and procedures for my baby.
- I prefer the doctor speak to me about routine tests and procedures prior to performing them.
- I will be consenting to the Hepatitis B vaccination.
- I will be declining the Hepatitis B vaccination.
- I plan to breastfeed exclusively. Please discuss any other alternative feeding methods or pacifiers with me first.
- I plan to formula feed. The formula I prefer to use is: _____ if available.
- I plan to combine breastfeeding and formula feeding. The formula I prefer to use is: _____ if available.
- I would like my baby to room in with me.
- I am having a boy and would like him circumcised.
- I am having a boy and would he is not to be circumcised.

Education Wish List

This is a wish list of topics we hope the nurses can demonstrate and allow us to return demonstrate with us after our baby is born:

- Proper holding technique
- Swaddling
- Diaper changing
- Various breastfeeding holds
- Burping/relieving gas
- Comfort measures review for crying
- Taking baby's temperature.
- How to perform a sponge bath
- How to use a bulb syringe.
- Signs of hunger.
- Dressing my baby.
- Trimming baby's nails.
- Umbilical cord care.
- Circumcision care.