

# MY BIRTH WISHES

Patient Name: \_\_\_\_\_

Due Date: \_\_\_\_\_ Coach: \_\_\_\_\_

Student Nurse/Student Provider Allowed:  Yes  No

## MY DELIVERY IS SCHEDULED AS:

- Vaginal
- TOLAC (Trial of Labor after a Cesarean delivery)/VBAC
- Waterbirth
- C-section

## ADMINISTERED PAIN MANAGEMENT:

- Intrathecal
- Epidural
- IV Pain Medication
- Nitrous Oxide
- No Pain Medications

## DELIVERY:

- Hands and Knees
  - Semi-Recline
  - Side-to-side
  - Squatting
  - Water Birth (need to sign separate consent)
  - Mirror to see baby crowning
  - Would like to touch baby's head as he/she crowns
- I would like to keep my placenta upon discharge (if able):  
 Yes  No

## AFTER DELIVERY/INFANT CARES:

- Infant up to mother's chest immediately(if able)
  - Delayed cord clamping
  - Coach will cut cord
- Feeding Plan:  Breastfeed  Formula  Pump  
 Combination
- Pacifier:  Yes  No
- Erythromycin (antibiotic eye ointment to prevent eye infection)
  - Hepatitis B vaccine (recommended by CDC)
  - Vitamin K (to avoid baby bleeding)
  - Decline infant immunizations (I have discussed this with my provider and will sign the refusal form)
- Infant bath given in hospital (after 24 hours old):  Yes  No

## HEALTH HISTORY:

- Group B Strep
- Gestational Diabetes
- RH Negative
- High Blood Pressure
- Genital Herpes
- C-section

## DURING LABOR:

- Dim lights
- Music
- Walking
- Standing
- Birthing Ball
- Massage/Counter Pressure
- Hot/Cold Packs
- Tub/Shower
- Changing positions often
- Labor Imagery
- Breathing Exercises
- Quiet Room
- Labor Sling

## SPECIAL REQUESTS:

- Circumcision:  Yes  No  
(Will need to pay \$350 before procedure can be done, starting March 1, 2024)
- Tubal ligation
  - Adoption
  - Surrogacy

## DISCHARGE:

- I would like to discharge as soon as possible (after 24 hour testing is complete)
  - I would like to stay as long as possible (2 days for vaginal delivery, 3 days for C-section delivery)
- Need a prescription for a breastpump:  Yes  No

## OTHER PREFERENCES:

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Patient Signature: \_\_\_\_\_