



ARIZONA ASSOCIATES  
— FOR —  
WOMEN'S HEALTH

## My Birth Preferences

The nursing and medical staff of Mountain Vista Medical Center and Tempe St Luke Hospital understands your baby's birth is one of the most important times in your family's life, and families have different needs and preferences. Our main goal, for you and your family, is a healthy mom and health baby. We strive for an open communicative and collaborative environment during your birthing experience.

This form will help us understand your needs, preferences and expectations.

We will strive to discuss your options so you can make informed decisions about your care and the care of your baby. We will include the benefits, risks, and alternatives during these discussions.

### **Preferred Labor experience: Please check/circle all that apply**

- My support team includes:
  - Significant other
  - I wish for my significant other to remain with me during my stay
  - Doula
  - Other \_\_\_\_\_
- Other visitors while I am in labor:

- Anyone who comes is welcome
- Siblings of baby
- My significant other will screen visitors
- Please ask me before allowing entry
- Lights:
  - No preference
  - I would prefer the lights dimmed
- Music:
  - No preference
  - I will bring a CD player
  - I will bring my iPod/Phone
- Activity:
  - I prefer to walk around
  - I would like to be able to shower in labor
  - I would like to use the Jacuzzi/tub in labor
  - I would like to use birthing balls or other labor aids
- Diet/fluids:
  - Light diet till active labor
  - Clear Liquids during labor
- IV vs. saline lock (circle one)
- Fetal surveillance preference:
  - Regular fetal monitoring
  - Wireless fetal monitoring
  - Intermittent fetal monitoring
  - No preference
- Pain management:
  - Please don't offer narcotics (IV pain medications) or epidural. I will request if needed
  - May offer narcotics or an epidural
  - Aroma therapy/essential oils
  - Nitrous oxide
  - Narcotics

- Epidural
- Augmentation of labor:
  - I would prefer to delay the breaking of the waters unless medically necessary
  - I would prefer my bag of waters to be broken to help my labor progress or start
  - I would prefer the use of pitocin
  - Pitocin, please discuss

- My Significant Other wants to cut the cord
- Delay if possible

- Skin to Skin after baby dried off
- Immediate skin to skin contact with my baby
- “Golden Hour” of bonding: Baby will remain skin to skin for at least the first hour
- Immediate breastfeeding or as soon as possible
- I would like a “Gentle C/S”, if C/S needed
- I want to take my placenta home, if not needed for medical testing.

**Preferences During the Birth of My Baby:**

- My support team includes:
  - Significant other
  - Doula
  - Sibling of infant (please have an adult available who can stay with child if they want to leave)
  - Other \_\_\_\_\_
- Lights in Room:
  - No preference
  - Dimmed
- Music:
  - None
  - iPod/Phone (Patient supplied)
  - CD player (Patient supplied)
- Position for birth:
  - No preference
  - Would like to “find “best position
- Pushing Phase:
  - Allow me to wait for urge to push
  - Encourage my pushing
- Umbilical cord cutting:
  - No preference

**Care of my Baby:**

Please discuss the medications and interventions that my baby may need.... during my labor. Please do not wait till after my baby’s birth when I may not be as able to understand

Please include benefits, risks, and alternatives in these discussions.

Preferred care of my baby:

- Skin to Skin bonding after baby dried off
- Immediate skin to skin bonding with my baby
- “Golden Hour” of bonding: Baby will remain skin to skin for at least the first hour
- Quiet time with significant other and baby. Skin to skin
- Breastfeeding only
- Breastfeeding & bottle feeding
- Bottle feeding
- I do not want my baby to have a pacifier
- I want my baby to have a pacifier
- I don’t want my baby removed from my presence if at all possible
- If my baby has to leave my side, I want my significant other to accompany my baby

My preference concerning my visitors after delivery: (We will restrict anyone with signs or symptoms of a cold, and non siblings children during RSV season) (anyone touching or holding infant must wash their hands first)

- Significant other will screen visitors
- Anyone who wants to come see me and my baby is welcome

Personal Information:

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

Significant other's name and relationship:

\_\_\_\_\_

Siblings, names and ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

Date: \_\_\_\_\_