

## My Birth Preferences

Birth cannot be planned, but preferences can be shared. Birth preferences are the choices that are important to you. This document is a communication tool for you to share your preferences for labor, birth and recovery.

### My care team

My name: \_\_\_\_\_

Along with Torrance Memorial Medical Center nurses, my care team includes: \_\_\_\_\_

\_\_\_\_\_

Support people: \_\_\_\_\_

Obstetrician: \_\_\_\_\_

Specialist: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

### Labor preferences

I am planning a **vaginal birth**. I plan on laboring with:

A standard labor epidural

IV pain medication

Unmedicated comfort techniques:

Support person

Massage

Birthing ball

Peanut ball

Music

Aromatherapy

Other: \_\_\_\_\_

All of the above. Let's see how it goes!

I am planning a **cesarean birth**. In the operating room, I plan on using:

Music

Window drape

Are you donating your placenta?

Yes

No

**Ambulation:** I would like to move throughout labor (if no epidural is in place).

Yes

No

Do you want intermittent fetal monitoring (if medically appropriate)?

Yes

No

**Nutrition:** I would like to eat and drink throughout my labor.

Yes

No

I prefer a saline lock for my IV.

Yes

No

Other labor preferences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Birth preferences

I would like the cord clamped:

- 30 seconds after birth
- A few minutes after birth

Do you want to take your placenta home?

- Yes. I will arrange for it to be picked up/removed from the room in the first hour after birth.
- No

Do you want your cord blood collected for storage?

- Yes\*
- No

\*If yes, what company will be used for storage?

\_\_\_\_\_

\_\_\_\_\_

Do you want to avoid an episiotomy?

- Yes
- No

Do you want a warm compress to the perineum?

- Yes
- No

## Newborn care

Skin-to-skin right after birth:

- Yes
- No

How do you plan on feeding your baby?

- Breast only
- Formula only
- Both breast and formula
- Unsure

Do you want your baby bathed after 24 hours of age?

- Yes
- No

Do you want the recommended newborn medications?

- Vitamin K
- Antibiotic eye ointment
- Hepatitis B vaccine

Do you want your baby circumcised?

- Yes
- No

Something we missed? Any other birth preferences: \_\_\_\_\_

\_\_\_\_\_

- I do not have any preferences for my labor, birth or newborn care.

**It is important that all members of your care team know and understand your choices.**

- I have reviewed my birth choices with my obstetrician or midwife during an office visit.
- I am bringing this copy to share with my care team.

## For physician use only

- I have reviewed the birth plan with the patient and I agree with the above.

Physician signature: \_\_\_\_\_