

BIRTH PREFERENCES

NAME: _____

SUPPORT PERSONS:

Name: _____

Relationship: _____

How will they support mom? _____

ADDITIONAL SUPPORT:

Name: _____

Relationship: _____

How will they support mom? _____

PAIN MANAGEMENT:

- I would like to be offered pain meds
- Please do not offer me pain meds
- I will be using alternate methods of pain management

(see page 2 for options)

LABOR & DELIVERY:

- I would prefer my water to break on it's own, if possible.
- I would like _____ to:
 - Cut the Cord after _____ mins
 - Catch the Baby
- I would like the option to use a mirror while pushing
- I prefer to avoid routine procedures (continuous fetal monitoring, IV, Pitocin augmentation, etc.) unless clearly necessary for a safe birth.
- I would like to choose the position I labor and push in

(see page 3 for options)

POSTPARTUM:

- I would like to delay all procedures until at least an hour of skin-to-skin contact
- I would like my baby to room with me

FEEDING:

I am planning on:

- Exclusively Breastfeeding
- Combination Feeding
- Exclusively Formula Feeding

OTHER NOTES:

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UNMEDICATED LABOR COPING METHODS:

These techniques won't stop the pain of contractions, but they might help you feel more relaxed and better able to cope with labor pains.

Relaxation exercises: Begin by relaxing the muscles of your head and face. Release down your neck, shoulders and arms, down your chest, abdomen, and back, all the way down your legs to your toes. Breathe slowly, releasing more and more with each exhalation

Breathing techniques: breathing should be slow, deep, controlled and conscious or voluntary, not automatic

TENS: Transcutaneous Electrical Nerve Stimulation. When you use TENS at a low-intensity level, it is working through the Gate Control Theory. At a high-intensity level, it relieves pain through Diffuse Noxious Inhibitory Control.

Walking, moving or changing position

Continuous labor support, either from a doula or a loved one

Touch or massage: Some moms don't want to be touched during labor and that is OK!

Applying ice packs or heat to your back or other body parts

Hypnosis

Acupuncture and acupressure

Listening to music, dimming the lights, aromatherapy, and other ways of creating a calming birth environment

Water immersion: Studies find that moms who used water immersion during labor were less likely to need epidurals or spinal for pain relief

COMMON LABOR MEDICATIONS:

Opioids promote rest, take effect within minutes & an anesthesiologist is not needed. However, they don't completely eliminate labor pain and typically don't work for pain experienced during delivery. Some of the common opioids used in labor include Demerol, Stadol, Fentanyl, and Nubain. Talk with your provider about your options.

Nitrous oxide is a tasteless and odorless gas that reduces anxiety and increases a feeling of well-being so that pain is easier to deal with. Nitrous oxide is mixed with oxygen and inhaled through a mask. Mom holds the mask herself and decides when to inhale. It works best when you begin inhaling 30 seconds before the start of a contraction and is safe for mom and baby. Some women feel dizzy or nauseated while inhaling nitrous oxide, but these sensations go away within a few minutes.

Local anesthesia is the use of drugs to prevent pain in a small area of the body. It is injected into the area around the nerves that carry feeling to the vagina, vulva, and perineum. It's most commonly used with an episiotomy or with stitches after birth.

An epidural is the most common type of labor pain relief in the US. Your lower back will be numbed with a local anesthetic, a needle is inserted into the numbed area surrounding the spinal cord. After that, a small tube or catheter is threaded through the needle into the epidural space. You will have some loss of feeling in the lower areas of your body, but you remain awake and alert. You should be able to bear down and push your baby through the birth canal.

A spinal block is a form of regional anesthesia. Medication is given as a shot into the fluid around the spinal cord. It starts to relieve pain quickly, but it lasts for only 1-2 hrs. It's most commonly used for cesareans.

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LABOR POSITIONS

When you are in labor you may not be thinking clearly and might not remember all of the positions you prepared for during your pregnancy. It can be helpful to go over positions with your partner so they can help suggest other positions.

Rhythmic moving like swaying or rocking, sitting in a rocking chair.

Lunging may be able to help baby rotate if they aren't in the optimal position, and can help them descend further into the birth canal.

Sitting on a bed, chair, or toilet facing forward or backwards. (Pro Tip: You can place a pillow on the back of a toilet for a place to rest your head)

Hands and knees or kneeling

Lying on your side, particularly lying on your left side, as that will maximize blood flow to your uterus and baby. (This is a common position for those who receive an epidural)

Squatting is really helpful for the pushing stage. When you squat the opening of your pelvis increases, which gives your little one more room.

LABOR PROPS

A number of these items might be available to you at a birth center or hospital, but it's best to call beforehand to make sure!

Birth Ball: This is a multifunctional prop! Not only can you sit and sway on the ball, you can lean over it, place it on the bed to stand and rock with support, use it as a prop to squat against the wall, etc! Most hospitals will have one available for you to use.

Squat Bar: this is a prop that is attached to the hospital bed and is a great tool while pushing. You can hold on to the bar for support while you squat.

Rebozo or Alternatives: A rebozo is similar to a shawl, worn mostly by women in Mexico. A rebozo, scarf, sheet, or other alternatives can be used during labor to help relieve pain, for a double hip squeeze, sifting during contractions, or to pull on during the pushing stage. This is something your doula might provide or you can bring from home.

Birth Pool, Bathtub, or Shower: Hydrotherapy can be used during any part of labor and is a great tool for relaxation and pain management during labor.

Toilet with a Pillow: laboring on the toilet allows you to be in a supported squat and it's a place where we naturally let our pelvic floor relax. If you sit on it backwards, rest your head on a pillow and your birth team can massage your lower back or apply counter pressure.

Peanut Ball: Similar to an exercise ball but shaped like a peanut. This is commonly used to help open the pelvis by placing between your legs while laying on your side. It's a great tool if you get an epidural and aren't as mobile.

BIRTH PREFERENCES

BIRTH PREFERENCES FOR C-SECTION

These are some of the requests that you may consider in your birth plan for a planned Caesarean Section.

A gentle cesarean includes many features, but its overall purpose is to invoke a peaceful, calm atmosphere.

I would like the EKG or baby monitoring devices to be placed in areas that don't infringe on my ability to see, hold or breastfeed baby.

I would like
To watch baby be lifted through a clear drape.
The drape to be lowered and baby lifted above it

I would like my gown to be lowered and baby to be placed on my chest while being sutured.

I would NOT like my arms to be strapped down

I would like to attempt to breastfeed immediately while in the operating room

I would like to delay cord clamping/cutting until it stops pulsing.

I would like my choice in music to play in the operating room

I would like any and all usual post-birth procedures such as cleaning the baby and weighing the baby are delayed until I am ready

A doula, grandparent, or friend is permitted to photograph or videotape the birth so that I can concentrate on bonding.

COMMON REASONS FOR A C-SECTION

Personal preference or planned caesareans

Placenta problem (placenta previa that doesn't clear the cervix before delivery or a placental abruption)

Previous injuries to your pelvis

Severe preeclampsia when induction isn't an option

Infections like HIV or Genital Herpes

Transverse or Breech position

Twins, Triplets, or more if the first baby is Breech or Transverse

Certain birth defects or medical problems with the mother.

If you've had prior cesarean sections in SOME cases (like if you've had a prior high vertical (classical) incision, prior uterine rupture, if you've had more than 2 previous c-sections, etc.)

If you baby is in distress such as not getting enough oxygen or an irregular heartbeat.

Uterine rupture

Prolapsed umbilical cord (where the umbilical cord drops through the cervix and into the vagina before the baby does).

Failure to progress is the most common reason caregivers recommend a cesarean for first time moms. This can be due to a prolonged labor or a prolonged pushing stage. A long labor or delivery isn't always harmful. If you and baby are doing well, it's not automatically a reason for a c-section.

Just remember you have the right to ask questions, know the risks and benefits, request alternatives, and seek out a second (or third) opinion.