



Labor Partnership with Hillsdale Hospital Birthing Center

Your preferred name: _____

Your due date: _____

Planned care provider for newborn: _____

Labor support team (partner, doula, friends, or relatives who will be present): _____

Our goal is for every woman to have a healthy vaginal birth. While low-risk women will need little intervention, women with certain medical conditions may need procedures to improve safety and ensure a healthy birth. This form should be shared with your care team prior to labor. Which options will make you most comfortable? For each section, please check all that apply.

Environment

- ☐ I would like to have the lights dimmed during labor
- ☐ I plan to bring in music from home
- ☐ I plan to bring in essential oils/aromatherapy (no flames, please) from home

Labor preferences

- ☐ I would like to have freedom of movement while I am in labor (walking, standing, sitting, kneeling, using the birth ball, etc.), if safe and possible
- ☐ If prefer to wait for the amniotic membrane (bag of waters) to break on its own
- ☐ I would like to have my IV capped off (saline locked) so that I am free to move around

Preferences for monitoring the baby

- ☐ I prefer to have my baby monitored intermittently (not continuous monitoring)
- ☐ I prefer to monitor my baby continuously (I understand this may limit my movement and may keep me in bed during labor)

What is most important to you about labor and birth (your biggest goals or priorities)?

We encourage immediate skin-to-skin contact between mothers and newborns, practice "delayed" cord clamping, and do not perform routine (unnecessary) episiotomies.

Preferences with coping with labor

- ☐ I plan to use the shower or tub for pain relief
- ☐ I would prefer no pain medications or epidural
- ☐ Please do not offer me pain relief medications—if I decide to use them, I will ask for them
- ☐ I plan to use pain relief medication through my IV
- ☐ I plan to use an epidural in active labor
- ☐ I am considering using IV pain medication and /or having an epidural, but will decide during labor

Birth preferences

- ☐ I would like to push in a position of my choosing (squatting, kneeling, side-lying, on my back, etc.)
- ☐ I would like to use a mirror to view the birth
- ☐ I would like warm compresses (washcloths) held to my bottom during pushing
- ☐ I would like delayed cord clamping
- ☐ I would like to do skin to skin after delivery
- ☐ If unable to do skin to skin myself, I would like my significant other to be allowed to do skin to skin

After birth preferences

- ☐ I would like to be present for my baby's first bath
- ☐ I plan to exclusively breastfeed my baby
- ☐ I plan to bottle feed my baby
- ☐ If I have a boy, I plan to have him circumcised
- ☐ If I have a boy, I plan not to have him circumcised
- ☐ For birth control, I plan to use _____

Please let us know if you have any religious or cultural practices/traditions that are important to you during childbirth, and how we can help accommodate your needs.

Please describe any additional preferences, concerns about labor and birth, specific fears, or other information that will help us provide the best possible care to meet your needs.

Signatures

I have talked about my labor preferences with my provider, and both of us understand them. I know that my preferences may need to change if medical needs arise in order to ensure a safe and healthy birth.

Provider's signature and date: _____

My signature: _____