

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician/Midwife: \_\_\_\_\_ Pediatrician/Family Doctor: \_\_\_\_\_

Your Labor Support Team (please include partner, doula, friends, relatives, or children who will be present, limit 2 support people, per policy): \_\_\_\_\_

**Some of your decisions before and during childbirth may affect your risk of cesarean (surgery) birth instead of a vaginal birth. These decisions are best made in collaboration with your provider during prenatal care visits, well in advance of the time of birth. Here are some common decision points:**

- whether to wait for labor to begin on its own
- whether to be admitted to the hospital in early labor (mild and irregular contractions) or to wait until active labor (strong, closer together, and contracting regularly)
- how your baby's fetal heart rate is monitored
- whether you have continuous labor support by family or a trained caregiver like a doula
- how to help manage labor pain and labor progress
- how to stay hydrated and maintain stamina (strength) during labor
- whether to remain mobile and upright during labor
- how to push around the time of birth
- what practices to engage in shortly after your baby is born and before you go home

**As your care provider, the safest way to deliver your baby is our goal. While low-risk women will need very little intervention, women with certain medical conditions may need procedures, such as continuous monitoring of you and the baby or induction of labor, to improve safety and ensure a healthy delivery. During labor, even if you are a low-risk pregnant woman, your safety and your baby's safety will be priority over some preferences you pick, or we discuss. While most of the changes that happen in labor are normal, unexpected challenges can occur and could alter your desired preferences. Your provider can tell you about the benefits, risks, and alternatives of the decisions you may face during labor and birth. This is an opportunity to share your values and preferences and make informed decisions together, based on your specific needs. This form should go with you to the hospital to be shared with your care team and reviewed as labor progresses.**

**Environment**

Which options will make you most comfortable?

- I would like to have a calming and quiet area during my labor. I would like:
  - \_\_\_ The room lights dimmed
  - \_\_\_ Music I bring from home playing
  - \_\_\_ Relaxation technique ideas given

**Newborn Care**

Please check the areas that are important to you:

- Breastfeeding my baby
- Lactation Consult (breastfeeding help)
- Information and explanation of any medications, procedures done, or changes to baby's care

**Labor Preferences**

These following items are things that I prefer if they are safe and possible:

- I prefer to labor at home and be admitted to the hospital when I am not able to cope or tolerate labor.
- I would like to have freedom of movement while I am in labor and want to try:
  - \_\_\_ Walking \_\_\_ Sitting \_\_\_ Kneeling \_\_\_ Tub
  - Other \_\_\_\_\_
- My IV connection capped off if not needed.

**Preferences for Coping with Labor**

When in labor and I need help coping with contractions:

- I would like to have the option to use (shower or tub if available) for relaxation
- I prefer natural childbirth (no pain medications)
- If I feel I need pain medication, I will ask for it
- I would like to know about my pain medication options:
  - \_\_\_ Medication through my IV site
  - \_\_\_ An Epidural
  - \_\_\_ Other options



**LABOR PARTNERSHIP**

**Vaginal Birth Preferences**

When it's time to push I would like to push in different positions and if able:

- Avoid an episiotomy
- Use a mirror to watch my baby be born.
- Have \_\_\_\_\_ cut the umbilical cord
- Have my baby placed directly on my chest right after birth for skin to skin time
- Delay clamping and cutting of the umbilical cord

**Cesarean Birth Preferences**

Our goal for every woman is to have a healthy vaginal birth. If a cesarean birth is necessary, we will continue to consider your preferences as much as possible throughout your stay.

Sometimes, emergency situations necessitate a rapid discussion about risks and benefits of cesarean birth. We encourage your participation in the decision for cesarean birth.

If a Cesarean Section (surgery) is needed to deliver my baby safely and if **possible**:

- I would always like my partner or support person to stay with me
- I would like my baby placed skin-to-skin with me in the operating room if we are both doing well and after we return to our hospital room

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

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

3. If there are things you feel strongly about but are not mentioned above in the preference section, please list them here:

4. Please let us know if you have any religious or cultural practices/traditions that are important to you during childbirth, and what we can do to accommodate these needs.

**Signatures**

I have talked about and shared my labor and birth preferences with my provider during prenatal care visits, and both of us understand it. I recognize that my preferences and wishes may not be followed just as written and may need to change if medical needs arise in order to ensure a safe and healthy birth for my baby and me.

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

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



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