# TeamBirth Preferences Conversation Guide

**My Preferred Name:**

**My Due Date:**

**Planned Pediatrician For Newborn:**

**Labor Support Team** (1 Support Person, Plus Doula, & 1 Additional Visitor):
**Your support person will receive a special wristband. This is the person who will stay with you during your entire hospital stay and can visit at any time, day or night. Your support person must stay the same for your whole admission.**

1) _____

2) _____

**Doula)** _____

At SJRH, our team of doctors, nurses, and technicians are specially trained to care for you during labor, birth, and after your baby is born. We know that "the best care" can mean something different to each person. Your provider can explain the benefits, risks, and choices you may have during labor and birth. This is your chance to share what matters most to you and make decisions together based on your needs. Please bring this form with you to Labor and Delivery (L&D).

Our goal is for every woman to have a healthy birth. Some people need little or no medical help, while others may need special care to stay safe. This can include starting labor early (induction) or having a cesarean (C-section). If you are not sure what may be right for you, talk with your provider. This guide is here to help you think about your choices and talk with your care team. As you read, ask yourself: What will help me feel most comfortable? For each section, check all that apply

# TeamBirth Preferences Conversation Guide

## For Early and Active Labor

- ❑ Wear My Own Clothing
- ❑ Music (Self-Provided)
- ❑ Aromatherapy (Self-Provided, No Flames)
- ❑ Massage By Support Person
- ❑ Dimmed Lights
- ❑ Quiet Voices
- ❑ Rest
- ❑ Only Support Person In Room
- ❑ Breathing Exercises
- ❑ Labor In Shower
- ❑ Alternate Positions Frequently
- ❑ Labor Ball (Self-Provided)
- ❑ Freedom Of Movement
- ❑ Wireless Baby Heart Rate Monitoring (If Available)
- ❑ Intermittent Baby Heart Rate Monitoring (If Condition Allows)
- ❑ Wait For Water To Break
- ❑ Minimal Cervical Exams
- ❑ Intravenous (I.V.) Access Only, Fluids Only When Needed
- ❑ I.V. Pain Relief
- ❑ Epidural
- ❑ I do not want to be offered pain medicine, even if I seem uncomfortable. If I choose to use pain medicine, I will ask for it.

**OTHER:**

_____

_____

_____

_____

_____

* I understand that my preferences may need to change if medical needs come up to help keep me and my baby safe and healthy.

# TeamBirth Preferences Conversation Guide

## For Pushing

- ❑ Delay Pushing Until I Feel Pressure
- ❑ Support Person Only During Pushing
- ❑ Delayed Cord Clamping
- ❑ Change Positions When Pushing
- ❑ Use Push Bar To Assist With Positioning
- ❑ Be Coached Through Pushing
- ❑ No Counting During Pushing
- ❑ Cord Cut By: _____

## For Recovery

- ❑ Photos Of Cord Cutting
- ❑ Skin-To-Skin With: _____
- ❑ Breastfeed
- ❑ Low Lights
- ❑ Support Person Only
- ❑ Ice Packs
- ❑ Music (Self-Provided)
- ❑ Keep Placenta (Discuss With Provider)

**OTHER:**

_____

_____

_____

_____

_____

*I understand that my preferences may need to change if medical needs come up to help keep me and my baby safe and healthy.

# TeamBirth Preferences Conversation Guide

## Postpartum Suggestion

- ❑ Breastfeed
- ❑ Breastfeeding With Formula As Needed
- ❑ Formula Feeding
- ❑ Ice Packs
- ❑ Sitz Bath
- ❑ No Visitors
- ❑ Visitors OK
- ❑ Low Lights
- ❑ Walk In Hallway
- ❑ Keep Placenta (Discuss With Provider)

**OTHER:**

* I understand that my preferences may need to change if medical needs come up to help keep me and my baby safe and healthy.

# TeamBirth Preferences Conversation Guide

## For Baby

- ❑ Baby's Exam Done At Bedside
- ❑ Baby Medications While Being Held By Parent or Designated Support Person
- ❑ No Bath
- ❑ Circumcision (For Male Babies)
- ❑ Skin-To-Skin
- ❑ Use Your Own Swaddle/Clothes
- ❑ Assistance From Lactation
- ❑ Hepatitis B Vaccine: To Prevent Hepatitis B Liver Disease

**Your Baby Will Receive 2 Important Medicines:**

- Vitamin K. This is to prevent bleeding problems and given right after birth
- Antibiotic (erythromycin) ointment. This is to prevent eye infection and is given after birth.

**OTHER:**

* I understand that my preferences may need to change if medical needs come up to help keep me and my baby safe and healthy.

# TeamBirth Preferences Conversation Guide

## For Cesarean Birth

If you are having a planned Cesarean birth or the need for one comes up during labor, which options would you prefer?

- ❑ Drape With Clear Window To View Birth
- ❑ Music During Procedure (Self-Provided)
- ❑ Partner To Cut Cord On Warmer If Possible
- ❑ Skin-To-Skin As Soon As Possible
- ❑ Breastfeeding As Soon As Possible
- ❑ Limit Conversation That Does Not Pertain To My Procedure
- ❑ Quiet Voices
- ❑ Keep Placenta (Discuss With Provider)

**OTHER:**

* I understand that my preferences may need to change if medical needs come up to help keep me and my baby safe and healthy.

# TeamBirth Preferences Conversation Guide

Please let us know if you have any religious or cultural practices or traditions that are important to you during this time. How can we support you and meet your needs?

Please share any wishes, concerns, or fears you have about labor and birth. You can also include any other information that will help us care for you in the best way possible.

I have talked about my preferences with my care team, and we all understand them.

I know that my preferences may need to change if medical needs come up to help keep me and my baby safe and healthy.

**My Signature:** _____ **Date:** _____

**Provider Signature:** _____ Date: _____