

A birth preferences checklist is helpful in communicating your wishes for your labor and delivery experience. Discuss your birth preferences with your doctor in advance so she can review them with you and help to answer any questions that are unique to your pregnancy.

Once you have put together your birth preferences list, be sure to give a copy to your doctor, nurse, and partner.

Keep in mind that we share a common goal: the health and safety of you and your baby. While John Muir Health makes every effort to honor your wishes, your doctor and healthcare team will strongly encourage you to make healthcare decisions based on what they think is best for you and your baby. In some cases, your doctor will make the final decision on the treatment based on what she feels will keep you and your baby the safest.

Patient Information	
Patient Name:	Date:
Support Person [s] Name:	

My delivery will be:	
<input type="checkbox"/>	Vaginal
<input type="checkbox"/>	C-Section
<input type="checkbox"/>	VBAC
<input type="checkbox"/>	Induction

During labor I would like...	
<input type="checkbox"/>	Intermittent fetal monitoring (this allows freedom of movement and only periodic monitoring)
<input type="checkbox"/>	Telemetry Fetal Monitoring (remote monitoring that allows you to walk around and shower)
<input type="checkbox"/>	The doctor or nurse to clearly explain why I need labor augmentation (“inducing labor”) with Pito-cin should it become necessary due to my or my baby’s condition
<input type="checkbox"/>	My partner or support person to be present the entire time
<input type="checkbox"/>	The lights dimmed
<input type="checkbox"/>	Room as quiet as possible
<input type="checkbox"/>	As few interruptions as possible
<input type="checkbox"/>	As few vaginal exams as possible
<input type="checkbox"/>	Wear my own gown
<input type="checkbox"/>	Wear my contact lenses
<input type="checkbox"/>	My partner to take pictures or video
<input type="checkbox"/>	Stay hydrated with clear liquids or ice chips
<input type="checkbox"/>	Minimal IV intervention until fluids are needed intravenously (this means you will be able to move around freely and will not be connected to an IV drip unless necessary)
<input type="checkbox"/>	Help with positioning, moving around, and other low-intervention (“natural”) pain relief techniques
<input type="checkbox"/>	Other:

For pain relief I would like to use:

<input type="checkbox"/>	Nothing
<input type="checkbox"/>	Only what I request at the time; I do not want anyone else to suggest pain medication to me
<input type="checkbox"/>	Whatever the doctor or nurse suggests
<input type="checkbox"/>	Breathing techniques
<input type="checkbox"/>	Position changes
<input type="checkbox"/>	Massage
<input type="checkbox"/>	A shower to relax
<input type="checkbox"/>	Epidural
<input type="checkbox"/>	IV Narcotics

When my baby comes I would like:

<input type="checkbox"/>	Baby to be placed on me, skin to skin
<input type="checkbox"/>	Breastfeed as soon as possible
<input type="checkbox"/>	Pushing spontaneously
<input type="checkbox"/>	Use a mirror to see baby crown
<input type="checkbox"/>	Touch the baby's head when it crowns
<input type="checkbox"/>	The doctor or nurse to clearly explain why I need an episiotomy should it become necessary due to my or my baby's condition
<input type="checkbox"/>	The doctor or nurse to clearly explain why my baby needs forceps should it become necessary due to my baby's condition
<input type="checkbox"/>	The doctor or nurse to clearly explain why my baby needs vacuum extraction should it become necessary due to my baby's condition
<input type="checkbox"/>	Use whatever methods my doctor deems necessary to ensure the health of me and my baby
<input type="checkbox"/>	Partner will cut the cord
<input type="checkbox"/>	If cesarean section becomes necessary, I would like my partner to come into the operating room.

Once we are in our mother-baby room we would like:

<input type="checkbox"/>	Assistance from the nurses with breastfeeding
<input type="checkbox"/>	Siblings of new baby to visit
<input type="checkbox"/>	To bring in meals from home
<input type="checkbox"/>	Special diet or preferences
<input type="checkbox"/>	Discharge as soon as possible

Other Notes:
