

Trinity Health Birth Wishes

We want to help prepare you for labor and the birth of your baby. This form can help you understand options for a safe and healthy delivery. It is also important to have discussions about your birth wishes with your provider during your prenatal visits. We will work together toward a healthy and satisfying birth experience.

Your Name: _____ Birthdate: _____

Your Support Person Name(s): _____

Baby's Name: _____ Baby's Due Date: _____

Your Pediatrician: _____

What You Can Expect From Us

- Early labor at home as long as it is safe to do so
- An IV is inserted upon admission for any possible emergencies. Fluids do not need to be infusing until it is medically necessary.
- Intermittent fetal monitoring for low-risk pregnancies
- Wireless monitors to allow freedom of movement when continuous fetal monitoring is needed.
- Discuss eating and drinking during labor with your provider. Solid foods are restricted for your safety in the event of an emergency.
- Options for pain management may include natural support, shower, position changes, nitrous oxide, IV medication and/or epidural.
- Episiotomies are done only when medically necessary
- Immediate skin-to-skin with baby for vaginal and cesarean section deliveries, unless your newborn requires medical care.
- Delayed cord clamping and newborn bath
- We will explain care, procedures and medications for you and your baby before they are started
- Breastfeeding and lactation support from trained nurses and board certified lactation specialists

What I Would Like

What is important to you during your labor and birth?

Do you have any cultural or religious practices that are important to you during your childbirth? What can we do to help you meet these?

Do you have any concerns, fears or other information to share that will help us give you the birth that you want?

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Please select any/all options that you would like for your birth:

Room

- I would like the lights dimmed during labor.
- I want to play music; I will bring my own music device.
- I want to bring essential oils / aromatherapy from home.

Labor

- I would like to have free movement (walking, standing, birthing ball, kneeling, etc.) if safe to do so.
- I prefer to let labor progress naturally or walk around before trying Pitocin to speed up labor.
- I prefer to wait for the amniotic sac (bag of water) to break on its own, please discuss artificial rupture with me first, if the need arises.
- I prefer as few cervical exams as possible.
- I wish to be surprised by the gender of my baby until birth. I want _____ (person's name) to announce the baby's gender.
- I plan to have a doula present to assist me. My doula's name is _____.

Coping

- I want to have natural childbirth without any pain medication. Please do not offer me pain relief options (IV medicine or epidural). I will tell my nurse if I change my mind and want other options for my pain.
- I plan to use nitrous oxide.
- I plan to have IV pain medicine.
- I plan to have an epidural.
- I am unsure whether I want any pain medication, but will decide when I am in labor. Please discuss my options with me while I am in labor.

Vaginal Birth

- I would like to choose the position I push in (kneeling, side lying, squatting, etc).
- I would like a mirror for pushing and/or delivery.
- I would like my support person to cut the umbilical cord.
- I have a cord blood collection kit to bank my baby's cord blood.
- I would like to take the placenta home with me and have brought a cooler to store it.

Cesarean Birth

- I would like to watch my baby deliver, when possible.
- I would like my support person to shorten the cord.

Newborn Care

- I plan to breastfeed.
- No supplementation, please. If my baby needs formula/supplementation for a medical reason, I want to be told beforehand.
- I plan to formula feed my baby.
- If I have a boy, I plan to have him circumcised.
- I want to be present and/or participate in the first bath.
- I prefer to hold my baby during procedures to provide comfort and decrease pain.
- I want my baby to receive the hepatitis B vaccine.
- I want my baby to receive erythromycin eye ointment.
- I want my baby to receive the vitamin K injection.
- I want to discuss the risks and benefits of the hepatitis B vaccine, erythromycin eye ointment and/or the vitamin K injection with my health care team.

I have discussed my birth wishes with my provider during prenatal visits and we both understand the plan. I realize that we may not be able to follow this as written, and changes may happen to have a safe, healthy delivery for myself and my baby.

My signature: _____ Date: _____

Provider signature: _____ Date: _____