

# BIRTH PREFERENCES

Thank you for choosing Capital Health for your Maternity Care!

As you prepare for labor and delivery, we want to inform you of the services routinely offered and available to you at Capital Health. From Admission through Discharge, you and your support(s) will participate in TeamBirth huddles with your health care providers. These huddles foster shared decision-making to ensure your preferences are respected and considered when developing your care plan. We encourage you to review this plan with your provider and your hospital team upon arrival.

We value your birth preferences and are committed to working as a team to support your goals while ensuring a safe and healthy delivery. Childbirth can be unpredictable, and if medical needs arise, we will huddle, discuss options with you, and make decisions together. Our shared goal is to provide safe, respectful, and patient-centered care for you and baby.

## My Team:

Me: \_\_\_\_\_

My Support People: \_\_\_\_\_

Name of my provider(s): \_\_\_\_\_

Name of Baby's provider(s): \_\_\_\_\_

## My Labor Preferences:

(check those that are most important to you)

- ☐ I would like freedom of movement and to walk during labor.
- ☐ I would like suggestions for different positions during labor to promote comfort and progress.
- ☐ I would like wireless and/or intermittent monitoring during labor.
- ☐ I only want continuous IV fluids if they are medically necessary. Otherwise, I would like to drink fluids instead. I understand that I will have a saline lock, which gives vein access without fluids running all the time.
- ☐ Other: \_\_\_\_\_

## I may want to try the following

### Comfort and Coping Measures:

#### Non-Medical Comfort and Coping Measures

(check those that are most important to you)

- ☐ Birthing Ball
- ☐ Birthing CUB Chair
- ☐ Peanut Ball
- ☐ Squat Bar

- ☐ A warm shower or bath during labor. I understand that a bath is only available during the first stage of labor, not during delivery.
- ☐ Relaxation and breathing techniques
- ☐ Massage or counter pressure techniques
- ☐ Hot / Cold Compress (circle one or both)
- ☐ Soft music
- ☐ Aromatherapy/Essential oils (feel free to bring your own)
- ☐ Other: \_\_\_\_\_

#### Anesthesia/Pain Management Options

- ☐ I do not want epidural anesthesia offered to me during labor unless I specifically request it.
- ☐ I would like epidural anesthesia.  
(Please discuss the options with me.)
- ☐ I do not know if I want anesthesia.  
(Please discuss the options with me.)
- ☐ Nitrous Oxide
- ☐ IV Pain Medications

## My Birth Preferences:

- ☐ I would like the following 2 people with me during the delivery: \_\_\_\_\_
- ☐ I plan to have a doula, their name is: \_\_\_\_\_
- ☐ I have made prior arrangements for storing umbilical cord blood with the following company: \_\_\_\_\_

continued

continued

**For a Vaginal Birth, check those items that are MOST important to you, as we recommend the following**

- ☐ To use a mirror to see baby's birth.
- ☐ For my support person to actively participate during the pushing stage.
- ☐ For my room to be as quiet as possible.
- ☐ For the lights to be dimmed.
- ☐ To have a support person take pictures of the birth; we understand that we cannot take video.
- ☐ Other: \_\_\_\_\_

**At the delivery, the following are typically done while considering the baby's care needs; check those that are MOST important to you**

- ☐ For baby to be put directly on my chest after delivery, as this helps to promote bonding.
- ☐ To delay cord clamping, to support the baby's overall health.
- ☐ For my support person to cut the umbilical cord.
- ☐ To begin breastfeeding as soon as possible after birth.
- ☐ Other: \_\_\_\_\_

**For a planned Cesarean or in the event of an unexpected Cesarean delivery, I would prefer**

- ☐ Delayed cord clamping if able to do so.
- ☐ Immediate skin to skin in the OR, if accessible.
- ☐ To see baby before any medications are given.
- ☐ My support person to hold the baby or do skin to skin after delivery if I am not able to.
- ☐ Other: \_\_\_\_\_

### Baby Care Plan:

The following standard medications are recommended for the baby. These interventions are safe and effective in promoting your baby's health. Your nurse will discuss them with you prior to administration.

- ☐ Hepatitis B Vaccine, to protect against infection.
- ☐ Vitamin K injection; to help prevent excessive bleeding in newborns.
- ☐ Erythromycin ointment to eyes, to prevent infection.

### Feeding the baby

- ☐ I plan to breastfeed or pump exclusively; this is recommended for at least 6 months.
- ☐ Human donor milk: Is recommended if baby needs a little more while you build your milk supply.
- ☐ I plan to formula feed only.
- ☐ Combination feeding (*breastfeeding and formula*)

### Other procedures

- ☐ If baby is a boy, I would like him circumcised at the hospital by an OB provider.
- ☐ I would like to give baby their first bath.
- ☐ Other requests for baby: \_\_\_\_\_

### Preferences for Our Stay:

If there are any special requests or preferences for you or your baby's care, pronouns, cultural, or religious considerations, please note them here.

---

---

---

---



**capitahealth**  
MATERNITY SERVICES