

Labor & Vaginal Birth Preferences Guide

This guide is designed to help you share your preferences with your care team. Safety for you and your baby is always our top priority. We will honor your wishes whenever medically possible.

PATIENT NAME: _____
DATE OF BIRTH: _____
SCHEDULED DUE DATE: _____
PROVIDER: _____
SUPPORT PERSONS: _____
DOULA NAME: _____
BABY'S NAME & GENDER: _____
IS IT A SURPRISE? _____

IMPORTANT MEDICAL INFORMATION

Do you have any allergies we should know about?

- ☐ No known allergies ☐ Yes (Please list medications, foods, adhesives, etc., with reactions.)

BEFORE COMING TO THE HOSPITAL

Eat a nourishing meal before coming to the hospital when possible. Labor can be long, and having energy reserves may help support you through labor.

During Labor

As long as you and baby continue to do well and fetal monitoring remains reassuring, you may have up to 4 ounces of clear liquids each hour during labor.

Examples: water, ice chips, clear juice, popsicles, broth, sports drinks if approved

- ☐ I understand eating/drinking expectations during labor.
☐ I have questions about eating or drinking during labor.

MY LABOR ENVIRONMENT

- ☐ Aromatherapy (hospital-approved options available)
☐ I will bring my own aromatherapy.
☐ Music during labor/birth
☐ I will bring a playlist and portable speaker.
☐ I prefer a quiet environment without music.
☐ Dim lighting if available
☐ Limited interruptions when possible

Other things that help me feel calm: _____

MOVEMENT AND MONITORING

- ☐ Freedom to move around as much as safely possible
☐ Trying different labor positions
☐ Wireless fetal monitoring if medically appropriate
☐ Using a birthing ball/peanut ball
☐ Position suggestions from my nurse

COMFORT MEASURES DURING LABOR

Non-medication options

- ☐ Breathing/relaxation techniques
☐ Labor comfort cart items
☐ Heat/cold therapy
☐ Position changes
☐ Massage/counter pressure
☐ Hydrotherapy/shower if available
☐ Distraction/comfort items
☐ Aromatherapy
☐ Music

Medication options

- ☐ Plan to labor without medication if possible
☐ Keep options open
☐ IV pain medication
☐ Nitrous oxide if available/appropriate
☐ Epidural anesthesia

ABOUT NITROUS OXIDE

Nitrous Oxide is an inhaled pain relief option that may help decrease anxiety and improve coping during labor. It does not completely take away pain but may help you feel more relaxed and in control.

THINGS THAT HELP ME FEEL CALM

- | | |
|---|---|
| ☐ Quiet environment | ☐ Aromatherapy |
| ☐ Encouragement/
reassurance | ☐ Movement and position
changes |
| ☐ Step-by-step explanations
before procedures | ☐ Partner involvement |
| ☐ Limited people in room | ☐ Minimal interruptions |
| ☐ Music | Other: _____ |

SUPPORT PEOPLE AND VISITORS

Who would you like present?

- ☐ Partner/spouse
- ☐ Parent(s)
- ☐ Friend(s)
- ☐ Doula

Other: _____

Visitor preferences

- ☐ I prefer limited visitors.
- ☐ Please ask before allowing visitors.
- ☐ No visitors except approved
support people

Code word (optional): A code word can be used to discreetly let staff know you would like visitors to leave.

My code word: _____

LABOR AND BIRTH PREFERENCES

Cervical Exam Preferences

- ☐ I prefer minimal/intermittent cervical exams when medically appropriate.
- ☐ I prefer updates about labor progress as exams are performed.
- ☐ Artificial rupture of membrane (breaking water) to speed up labor
- ☐ Perineal massage
- ☐ Warm compresses
- ☐ No preference

During Pushing and Birth

- ☐ Coaching and encouragement during pushing
- ☐ Quiet support/minimal coaching unless requested
- ☐ Trying different pushing positions if medically appropriate

Mirror Option

- ☐ Use a mirror during pushing if available.
- ☐ Do not use a mirror.
- ☐ Will decide during labor.

Umbilical Cord

- ☐ Partner/support person cuts the cord.
- ☐ Provider cuts the cord.
- ☐ No preference

Delayed Cord Clamping

- ☐ Yes, if medically appropriate 
- How long? _____
- ☐ No preference
- ☐ I would like more information.

DONATION OPPORTUNITIES

USA Health offers eligible families the opportunity to donate umbilical cord blood and the placenta to support lifesaving research and future medical advances.

Placental Donation

Donate your placenta through telaGen. Donated birth tissue may be used to help heal burns, surgical sites and non-healing wounds.

- ☐ Yes
- ☐ No
- ☐ I would like more information.
- ☐ I plan to take my placenta home.
(If so, please bring a cooler. For your safety, do not consume.)

Cord Blood Donation

After your baby's birth, cord blood that would otherwise be discarded may be donated to help treat serious diseases and support future medical breakthroughs.

- ☐ Yes
- ☐ No
- ☐ I would like more information.

AFTER BABY IS BORN

Immediate Care

- ☐ Immediate skin-to-skin if medically safe 
- ☐ Partner skin-to-skin if I am unable
- ☐ Minimal interruptions during the first hour if appropriate

Feeding Preferences

- ☐ Breastfeeding 
- ☐ Formula feeding
- ☐ Combination feeding
- ☐ Lactation support requested

NEWBORN CARE PREFERENCES

Delayed Bath

- ☐ Delay baby's first bath if medically appropriate
- ☐ No preference

Newborn Medications

Vitamin K: helps prevent serious bleeding

- ☐ Yes
- ☐ No
- ☐ More information

Erythromycin: helps protect baby's eyes

- ☐ Yes
- ☐ No
- ☐ More information

Hepatitis B vaccine: protects against hepatitis B

- ☐ Yes
- ☐ No
- ☐ More information

PHOTOGRAPHY AND VIDEOGRAPHY POLICY

Photography and video are welcome before and after birth. During cesarean birth, photos may be taken of mom's face and bonding moments; however, photography/videography of the actual delivery process is not permitted per hospital policy.

- ☐ I understand hospital photography guidelines

COMMUNICATION AND PRIVACY

To protect patient privacy, medical updates cannot be given over the phone. Please choose a designated support person to share updates with family and friends if desired.

- ☐ I understand the phone update policy.

My support person is _____

Cell phone: _____

CARE TEAM PREFERENCES

USA Health Children's & Women's is a teaching hospital. Your comfort matters.

Provider Preferences

- ☐ Comfortable with all healthcare providers
- ☐ Prefer only female healthcare providers when possible
- ☐ Will discuss with my care team

Student Participation

Today's learners are tomorrow's doctors. By welcoming a medical student into your care team, you help train the next generation of physicians while receiving care from a fully supervised team.

- ☐ Students may participate.
- ☐ Students may observe only.
- ☐ Prefer no student involvement.
- ☐ Please discuss students first.

ADDITIONAL NOTES

Please share anything else that is important for your care team to know (cultural or religious considerations, special requests, fears/concerns, etc.):



IMPORTANT REMINDER

Birth preferences help guide your care team about what matters most to you. Medical circumstances may require changes to the plan for safety. We will keep you informed and honor wishes whenever possible. **Our primary goal is a healthy pregnancy, a healthy parent and a healthy baby.**

Thank you for sharing your preferences with us.
We look forward to caring for you and your baby!

**Please bring this completed form with you to the hospital
and discuss it with your care team.**