



My Birthing Preferences

Here at Sturgis Hospital we know that every birthing experience can be unique. We want to make sure that you have a memorable experience and are completely satisfied with the care you receive. Please take a moment to fill this form out. Bring it with you when you present to the OB department so that we can make every effort to accommodate your preferences.

My Name: _____ Partner's Name: _____

OB Doctor: _____ Pediatrician: _____

I would prefer to have:

- Partner/Father of baby: _____
- Parents: _____
- Other: _____

present before AND/OR during labor

My preferences for during labor are as follows:

- Lights dimmed
- Birthing/peanut ball
- Room quiet as possible
- To wear my own clothes
- Aromatherapy scents (that I will provide)
- Music (that I will provide)
- As few interruptions/vaginal exams as possible
- No nursing students
- Photos to be taken by: _____

If an episiotomy is needed, I'd prefer:

- Not performed, even if it means risking a tear
- Performed if a tear is going to happen
- Performed with local anesthesia
- Performed without local anesthesia

*An episiotomy will be performed if your doctor believes it is necessary.

My preferences for pain management are:

- Natural techniques (such as bath, shower, aromatherapy, massage, breathing, hot therapy)
- Intravenous pain medication
- Regional analgesia (epidural or intrathecal)
- Please do not offer me any pain medication. I'll request it if I need it.

As baby is delivered, I'd prefer:

- Push as directed/staff helping
- Use a mirror
- Touch baby's head as it emerges
- Use vacuum ONLY if necessary
- Use any method my doctor deems necessary.

Immediately after delivery I would prefer:

- My partner (or _____) to cut the umbilical cord
- Delayed clamping/cutting of the cord till it stops pulsating
- To see the placenta before it's discarded
- I have alternative plans for my placenta (pre-arranged with OB department)
- Send it to the cord blood bank (which we have arranged prior to admission)

If a c-section is scheduled or necessary, I'd prefer:

- To make sure all other options have been exhausted.
- To stay conscious
- If possible, my partner (or _____) to stay with me at all times
- A sheer screen to watch if possible
- My partner to hold baby as soon as possible
- To breastfeed/skin to skin in recovery room (If the appropriate staff is available)

I am having a boy, I prefer:

- My boy to be circumcised
- My boy to NOT be circumcised

I'd prefer my baby's medical exams & procedures be:

- Given in my presence
- Given only after we've bonded
- Given in my partner's presence
- To include a Hepatitis B Vaccine

I'd prefer that my baby's first bath be given:

- In my presence
- In my partner's presence
- By me
- By my partner
- By staff

I would prefer to hold baby:

- Immediately after delivery
 - (skin to skin)
- After suctioning
- After weighing/initial assessment
- After being dried and swaddled
- I'd prefer not to hold my baby after
- Other: _____

My feeding preferences are:

- Breastfeeding only
 - Breastfeed as soon as possible after delivery
 - Breastfeed when I feel comfortable
 - Pumped breastmilk only
- Formula only
- Both
- Pacifier
 - NO pacifier
 - Pacifier with procedures only
 - Hospital/my own pacifier O.K.

I'd prefer my baby to stay in my room:

- The majority of the time
- During the day only
- When I'm awake
- Only for feeding
- Only when I request

