

Birth Wishes

Writing your birth wishes helps your care team know what is important to you. We will do our best to honor your wishes. Complete this form and bring it to the hospital. You may change your mind at any time. Know that the safety of you and your baby are our top priority. Discuss your plan with your clinician.

Your name: _____ Partner or support person's name: _____

If you have a doula, name of doula: _____

(Your doula may stay with you and your partner throughout your labor, delivery and postpartum period.)

Due date: _____

Your doctor or midwife: _____ Your baby's doctor: _____

Do you need interpreter services? If yes, which language? _____

We have both female and male clinicians on our care teams. We will do our best to meet your preferences but cannot guarantee who will be available to care for you and your baby during your hospital stay.

If you want anyone in addition to your partner or support person in the room for the actual birth of your baby, please provide name and relationship (such as parent, sibling, friend, older child, other):

Name: _____ Relationship: _____

If you have had a previous birth experience, tell us what you liked or did not like?

You will have many options for comfort measures and support. During labor, I would like to try the following:

- | | |
|---|--|
| <input type="checkbox"/> Rocking chair | <input type="checkbox"/> Birthing ball |
| <input type="checkbox"/> Tub or shower | <input type="checkbox"/> Peanut ball |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Walking |
| <input type="checkbox"/> A mirror to see my baby's progress while pushing | <input type="checkbox"/> Music |

If you would like to have special faith-based items, please bring these with you to the hospital.

For pain relief I would like to:

- | | |
|---|--|
| <input type="checkbox"/> Skip medication (do not offer) | <input type="checkbox"/> Have an epidural |
| <input type="checkbox"/> Try narcotic pain medication | <input type="checkbox"/> Try nitrous oxide, if available |
| <input type="checkbox"/> Keep an open mind and see what is needed | |

What other thoughts would you like to share about your labor wishes?

At the time of my baby's birth, I would like to have (check all preferences):

- A mirror to watch my baby's birth
- _____ trim the umbilical cord
- Skin-to-skin contact with my baby
- Other:

Postpartum

We will keep you and your baby together as much as possible. Aside from the recommended newborn screening, your baby will remain with you during your stay. Rooming in helps you bond with and feed your baby. Rooming in also helps you learn to best care for your baby when your nurse is there to help you.

I plan to feed my baby: Breastmilk Formula Both Not sure

We routinely give newborns:

- A vitamin K injection to help blood clot effectively
- Antibiotic eye treatment to help prevent common eye infections
- A hepatitis B vaccine also is recommended for your baby in the hospital

If I have a boy, my plan is to:

- Not have him circumcised
- Have him circumcised in the hospital (your baby should be feeding well before the procedure)
- Have him circumcised in the clinic as an outpatient procedure
- Not sure

Note: Check with your health insurance provider about coverage and benefits for a circumcision. You are responsible for any costs not covered.

First Day Photo provides a free electronic birth announcement to families who choose to take their free photo shoot while in the hospital. Check your preference:

- I would like to know more
- Not interested
- Not sure

What do you most want to learn about to best care for your baby?

Let us know if you have questions. Tell us anything else we can do to help make your stay as comfortable and memorable as possible. Each mother and baby is unique. We want your experience to be unique, too!

