

My Labour, Birth and Postpartum Preferences: Getting to know me and my family



This form gives you an opportunity to describe your preferences, values and concerns for your labour, birth and postpartum experience, to the people who will be caring for you during your hospital stay. It may also serve as a reminder to you of your own wishes for your childbirth experience.

Your choices and preferences **are** important to us. You will want to be flexible of course, since no one knows how your labour will progress. It is important to be aware that unplanned events may change the care you need. Language like, “If possible...,” “unless medically necessary...,” “I prefer...,” indicates to the staff that you recognize that a change in plans is sometimes necessary. Include the options you prefer if the “unexpected” should occur. This will help you remain actively involved in your care.

Begin to gather information early in your pregnancy that will help you make your choices and decisions.

- ◆ Talk to your doctor, midwife, doula and nurses about the issues and feel free to ask questions.
- ◆ Read “**Baby’s Best Chance**” - this booklet will be used by many of your caregivers throughout your pregnancy, birth and postpartum time. Please make sure that you obtain a copy. It is available free of charge at Community Health Centres; on the website: www.healthservices.gov.bc.ca/cpa/publications/babybestchance.pdf; at the library and for sale at some bookstores.
- ◆ Register early for prenatal classes.
- ◆ Read the information you obtain from the hospital. For further information log on to www.bcwomens.ca.
- ◆ Have a virtual tour on-line at www.bcwomens.ca, click on prenatal classes.

Complete a draft copy of this form and discuss it with your doctor/midwife, then make up a final copy. Take one or two extra copies with you to the hospital to share with those caring for you.

My Name: _____ Physician/Midwife: _____

I attended prenatal classes Yes No Where: _____

What you need to know about me and my family:

Begin with your names and a brief introduction about yourselves. Describe general health, any problems during pregnancy, any special needs or cultural preferences.

My support person or persons for labour and birth will be:

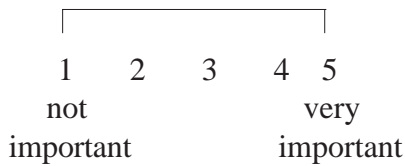
My translator: Name and Phone Number _____

Ways to work with the pain of labour

There are a variety of comfort measures and activities that will encourage you to relax and promote the progress of your labour. Check off the ones that you would like to try throughout your labour.

How important is it to you to have a birth without medication?

Please circle on scale.



Our thoughts about special procedures during labour:

Think about your feelings and thoughts about procedures such as:

- monitoring your baby's heart
- rupturing your membranes (bag of waters) using instruments
- IV fluids
- inducing or stimulating a slow labour

Our concerns or fears about labour/birth:

I hope to use the following during labour:

- | | |
|---|---|
| <input type="radio"/> drink fluids | <input type="radio"/> lunging |
| <input type="radio"/> breathing | <input type="radio"/> squatting |
| <input type="radio"/> relaxation | <input type="radio"/> birth ball |
| <input type="radio"/> music | <input type="radio"/> slow dancing |
| <input type="radio"/> encouragement | <input type="radio"/> focal point |
| <input type="radio"/> walking | <input type="radio"/> rocking |
| <input type="radio"/> position change | <input type="radio"/> shower |
| <input type="radio"/> rest | <input type="radio"/> tub |
| <input type="radio"/> making noise (vocalizing) | <input type="radio"/> ice pack |
| <input type="radio"/> massage | <input type="radio"/> hot water bottle |
| <input type="radio"/> back pressure | <input type="radio"/> TENS |
| <input type="radio"/> imagery | <input type="radio"/> sterile water injection |
| <input type="radio"/> hula (movement of hips) | |

Drug methods of pain relief

- nitrous oxide, entonox ("laughing gas")
- narcotics
 - demerol
 - fentanyl
- walking epidural
- epidural

Please indicate your preference

- I prefer to labour and birth without medication
- I want to have the least amount of pain possible
- I need more information before I can decide what I prefer.
Please specify: _____
- I understand my options, I want to make my decision(s) during labour.

What is important about the birth for us:

Think about special things you would like to happen for your birth.

- A variety of pushing positions: gravity-positive positions - squatting, supported squatting, kneeling, side-lying, on all fours, semi-sitting, sitting on the toilet or birth-stool
- Allow time needed for pushing in second-stage if mother and baby are doing well
- Self-directed pushing unless direction is needed
- Warm compresses to vaginal area for relaxation and comfort
- Dimmed lights and quiet surroundings
- Cutting the cord
- Use of cameras, video recorders (some restrictions may apply)
- Other: _____

What is important to us if unexpected events occur:

- All procedures are described and the issues explained
- My support person is included in all decisions
- The need for transfer of mother or baby to special care areas discussed
- Other: _____

If I require a Cesarean birth I would like:

All aspects discussed such as:

- consent for procedure signature/signing
- medication, anesthesia (epidural, spinal, general)
- preparation - I.V., catheter, shave
- wearing of glasses and/or contacts, removal of jewelry
- presence of support person
- contact with baby
- music (bring in own battery operated tape/CD player)
- Other: _____

Ways that will help make our baby's first hours and early days special and memorable:

- Partner or Labour Support Person is given opportunity to cut cord
- Photographs or videotaping done
- Cultural or religious customs respected (please describe specific wishes): _____
- Personal ceremony or celebration

- Limit visitors so mother and baby may rest and get to know one another
- Privacy of Preferred Accommodation
- Other: _____

Our concerns or questions about the care of our baby:

If our baby is sick and needs special care we would like:

- All aspects of care needed for our baby are discussed
- Involvement in the care and feeding of our baby as needed
- Skin-to-skin care of baby (as soon as possible)
- Staying overnight in the parent's sleep room (if available)
- Other: _____

Our plans for support after discharge:

Describe who is available to help with the care of baby and who is available to help with household chores, especially needed after a Cesarean delivery. Identify any specific needs or concerns that you have for this time.

Other wishes and ideas:

What my physician wants my other caregivers to know:

Developed by: Building Better Care Committee BC Women's, July 1999

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Adapted from: "Pregnancy, Childbirth and the Newborn: The Complete Guide", by Penny Simkin, Janet Whalley and Ann Keppler (3rd Edition), 1991. Deephaven, MN: Meadowbrook Press.