A birth preferences checklist is helpful in communicating your wishes for your labor and delivery experience. Discuss your birth preferences with your doctor in advance so she can review them with you and help to answer any questions that are unique to your pregnancy.

Once you have put together your birth preferences list, be sure to give a copy to your doctor, nurse, and partner.

Keep in mind that we share a common goal: the health and safety of you and your baby. While John Muir Health makes every effort to honor your wishes, your doctor and healthcare team will strongly encourage you to make healthcare decisions based on what they think is best for you and your baby. In some cases, your doctor will make the final decision on the treatment based on what she feels will keep you and your baby the safest.

### Patient Information

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date:</th>
</tr>
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</table>

| Support Person [s] Name: |

### My delivery will be:

- [ ] Vaginal
- [ ] C-Section
- [ ] VBAC
- [ ] Induction

### During labor I would like...

- [ ] Intermittent fetal monitoring (this allows freedom of movement and only periodic monitoring)
- [ ] Telemetry Fetal Monitoring (remote monitoring that allows you to walk around and shower)
- [ ] The doctor or nurse to clearly explain why I need labor augmentation (“inducing labor”) with Pitocin should it become necessary due to my or my baby’s condition
- [ ] My partner or support person to be present the entire time
- [ ] The lights dimmed
- [ ] Room as quiet as possible
- [ ] As few interruptions as possible
- [ ] As few vaginal exams as possible
- [ ] Wear my own gown
- [ ] Wear my contact lenses
- [ ] My partner to take pictures or video
- [ ] Stay hydrated with clear liquids or ice chips
- [ ] Minimal IV intervention until fluids are needed intravenously (this means you will be able to move around freely and will not be connected to an IV drip unless necessary)
- [ ] Help with positioning, moving around, and other low-intervention (“natural”) pain relief techniques
- [ ] Other:
# Birth Preferences Checklist

## For pain relief I would like to use:

- [ ] Nothing
- [ ] Only what I request at the time; I do not want anyone else to suggest pain medication to me
- [ ] Whatever the doctor or nurse suggests
- [ ] Breathing techniques
- [ ] Position changes
- [ ] Massage
- [ ] A shower to relax
- [ ] Epidural
- [ ] IV Narcotics

## When my baby comes I would like:

- [ ] Baby to be placed on me, skin to skin
- [ ] Breastfeed as soon as possible
- [ ] Pushing spontaneously
- [ ] Use a mirror to see baby crown
- [ ] Touch the baby’s head when it crowns
- [ ] The doctor or nurse to clearly explain why I need an episiotomy should it become necessary due to my or my baby’s condition
- [ ] The doctor or nurse to clearly explain why my baby needs forceps should it become necessary due to my baby’s condition
- [ ] The doctor or nurse to clearly explain why my baby needs vacuum extraction should it become necessary due to my baby’s condition
- [ ] Use whatever methods my doctor deems necessary to ensure the health of me and my baby
- [ ] Partner will cut the cord
- [ ] If cesarean section becomes necessary, I would like my partner to come into the operating room.

## Once we are in our mother-baby room we would like:

- [ ] Assistance from the nurses with breastfeeding
- [ ] Siblings of new baby to visit
- [ ] To bring in meals from home
- [ ] Special diet or preferences
- [ ] Discharge as soon as possible

## Other Notes: