

## **MY BIRTH PREFERENCES**

Name:

Congratulations on your upcoming delivery! The events surrounding the birth of a child create memories that will remain with you for a lifetime. Thank you for choosing Christie Clinic OB/GYN and Midwifery Services as your partner and including us in this exciting time!

Below is a list of common situations that are encountered during the birth of a child. We want to share with you the customary practices of Christie Clinic Providers so that you will have an idea of what to expect when you are admitted to the hospital. We hope it provides a framework for discussion to help you and your partner identify your wishes for this special day. Please use the comment sections below to note any special preferences you may have.

1. Please tell us if you have any religious or cultural preferences that you would like to incorporate into your birth experience.

2. Early labor is sometimes a lengthy process. During this time, it is important for you to be able to move freely, change positions, and eat light snacks. In most circumstances, home is a much better place for early labor. Do not be discouraged if, on the first exam, you are asked to walk for a period of time or even to return home.

3. All of the labor rooms at both local hospitals are private suites and have showers and/or Jacuzzi tubs available. We encourage you to bring your favorite music with player; dim the lights to create a relaxing environment; and change positions as you need for comfort. You may invite friends and family to be with you during normal early labor. Our local hospitals ask that for the actual delivery, you try to limit the guests in your room to two people.

4. We require IV access upon admission. This allows us to be prepared to act quickly in any emergency situation that may arise. During certain birth emergencies, even a few minutes spent on starting an IV can cause delay and result in harm to you or your baby. Having IV access before these emergencies arise is very important. This does not necessarily mean you will need to be attached to IV fluids.\_\_\_\_\_\_

5. It is important to stay hydrated during your labor, and we encourage you to drink clear liquids during this time. We can provide ice chips, water, and juice during early labor. If you choose to receive pain management (IV medications or epidural) or if you require medications to help your labor progress, you will no longer be able to drink. At this point, your provider may recommend IV fluids. \_\_\_\_\_\_

6. Every baby's heart rate is monitored externally upon admission. If the baby's heart rate is reassuring, then intermittent monitoring may be possible in healthy mothers with low risk pregnancies. If there is any concern, if you have any medication, or if you have a history of previous Cesarean delivery, then continuous monitoring of your baby becomes medically necessary. \_\_\_\_\_\_.

7. We support both medication and non-medication options for pain management during labor including walking, massage, birthing balls, Jacuzzi tubs, squat bars, etc. Many different body positions can be useful during labor. When you are actually pushing the baby out, we ask that you follow recommendations provided by your delivery physician or midwife regarding positioning. Your provider will be trying to limit the risk to your infant and to reduce the risk of trauma to the perineum (tissue between the vagina and rectum).

8. The hospitals provide a variety of options for medical relief of pain. All of these options are safe for your baby. One option is a rapid acting short-term narcotic that is administered through your IV. Another option is epidural anesthesia (pain medication in the lower back). Epidurals are provided by the anesthesiology team and are available 24hours a day. Once you have an epidural, you and your baby will be monitored closely. You may have decreased sensation of the need to urinate and therefore may require a catheter placed to drain your urine.

9. If labor does not progress, your provider may recommend additional help such as breaking the bag of water or Pitocin. Pitocin is the same hormone that your body produces during labor. If this is necessary, we start Pitocin at the lowest dose and increase gradually while monitoring the baby. Your care provider will discuss with you which options are the most appropriate.

10. Episiotomies are <u>not routinely</u> performed by Christie Clinic providers; however there are some circumstances in which your provider may recommend it. **\*\*\*and it may be necessary to perform as an emergency procedure without consent for the health and safety of your baby**\*\*\*

11. Forceps and vacuum births are <u>not routinely</u> performed by Christie Clinic providers; however there are some circumstances in which your provider may recommend their use. Your provider will try to take time to discuss the risks and benefits of such procedures before performing them. **\*\*\*However, it may be necessary to perform these as emergency procedures without consent for the health and safety of your baby.\*\*\*** 

12. After a vaginal birth, we can either take your baby straight to the warmer in your room or place the baby skin to skin on your chest. If your support person desires, he/she will be able to cut the umbilical cord. Our goal is to leave your baby on your chest for the first hour of life. If the team finds that your baby has passed meconium (bowel movement) before the birth, the baby will have to be taken to the warmer immediately to make sure that fluid is removed from their nose and throat. This decreases the chance of pneumonia.

13. Research studies have found that delayed cord clamping improves the volume of blood found in a baby's body after delivery. Therefore, Christie Clinic providers routinely perform delayed cord clamping for up to 2 minutes after delivery. If the baby does not start crying normally, this may be reduced so that the baby can be taken care of appropriately.

14. Should a Cesarean delivery become necessary you will likely be awake and your support person can remain with you for the birth. You and your partner will be able to hold your baby after the baby is breathing well. On rare occasions, you may need to go to sleep for the surgery. In this circumstance, your support person will be asked to wait in your labor room during the surgery. After Cesarean delivery, your baby and partner often will stay with you while your surgery is completed. Christie Clinic physicians may be willing to perform an elective Cesarean upon request. However, this service may or may not be covered by insurance. If you are interested in elective Cesarean delivery, you will need to have a conversation with your provider to review risks of elective surgery.

15. We routinely give patients Pitocin after delivery. Studies have shown that the use of Pitocin after delivery of the baby reduces blood loss and the risk of blood transfusion while having no negative side effects. Pitocin can be administered either through your IV or through an intramuscular injection.

16. The recovery period is a time of transition. You will stay in the Labor and Delivery unit while we monitor the safe transition for you and your baby. During this time, we keep parents and baby together as much as possible. If there is any concern about your baby's health, the pediatricians may need to observe your baby in the NICU (intensive care for babies) for a period of time.

17. We support your decision to breast or bottle feed your baby. If you choose to breastfeed, we will help you try to initiate this within the first hour of life. Our staff is here to help you become successful in caring for your baby. We have lactation consultants available to provide extra help in these tasks.

Please feel free to ask your provider questions both at your office visits and during the course of your birth. We are here to be your guide through what can be an anxiety provoking but also wonderful experience. We join you in eager anticipation of the arrival of your new baby!

PATIENT SIGNATURE:	 Date:	

PROVIDER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 11/7/18