

Cleveland Clinic Birth Preferences Worksheet

My preferred name: _____

My preferred pronouns are: _____

Decisions about labor and delivery preferences are best made by you, with your OB provider, during prenatal visits, well before the time of birth. While some people will need very little intervention during labor and delivery, people with certain medical conditions may need procedures, such as continuous monitoring for baby or induction of labor, to improve safety and ensure a healthy delivery.

Your OB provider can tell you about the benefits, risks, and alternatives of the decisions you may face during labor and birth. This is your opportunity to share your values and preferences and make informed decisions together, based on your needs. This form should go with you to the hospital to be shared with your care team and reviewed as labor progresses.

My OB provider is: _____

I have talked about and shared my labor and birth preferences with my OB provider during prenatal care visits. I recognize that my preferences and wishes may not be followed just as written and may need to change if medical needs arise in order to ensure a safe and healthy birth for my baby and me.

I would like my care team to know this about me and/or my history: _____

I am having a:

☐ Girl ☐ Boy

☐ Surprise – I would like _____to announce

My baby’s name is: _____

I'd like the following people to be present during labor and/or birth:

(You may typically have up to 2 people with you at one time in the birthing suite, if you have doula they are considered to be part of the care team and are not counted as a visitor):

Partner: _____

Friend/s: _____

Relative/s: _____

Other: _____

Doula: _____

My doula is registered at the Cleveland Clinic: ☐ Yes ☐ No

Cord blood banking

I’m planning to (check all that apply):

- ☐ Donate cord blood to a public bank
- ☐ Bank cord blood privately
- ☐ Neither

Postpartum

After delivery, I’d like (check all that apply):

- ☐ All newborn procedures possible to take place in my presence
- ☐ My partner to stay with the baby at all times if I can’t be there
- ☐ 24-hour rooming-in with my baby
- ☐ My baby to room-in with me only when I’m awake
- ☐ My other children brought in to see me and meet the new baby when I am in my postpartum room
- ☐ To make my decisions later depending on how I’m feeling

Infant feeding plan

I plan (check all that apply):

- ☐ Undecided
- ☐ Breast/Chest feeding only
- ☐ Breast/Chest feeding and formula-feeding
- ☐ To use a breast pump
- ☐ Formula only
- ☐ To use donor human milk if medically necessary
- ☐ I would like to work with a Lactation Consultant
- ☐ I would like to work with a Lactation Consultant only if I request it

Circumcision

If my baby is a boy (check all that apply):

- ☐ I want him to be circumcised at the hospital
- ☐ I’ll have him circumcised later
- ☐ I don’t want him circumcised

Discharge

I’d like to (check all that apply):

- ☐ Be discharged from the hospital with my baby as soon as possible
- ☐ Stay at the hospital as long as possible
- ☐ Wait and see how I feel before deciding about the timing of hospital discharge

NOTES & ADDITIONAL INFORMATION

Comfort items:

I'd like to (check all that apply):

- [] Bring music/a sound machine
- [] Dim the lights
- [] Bring an aromatherapy diffuser/essential oils
- [] Wear my own gown/robe during labor and delivery
- [] Bring a pillow/blanket from home
- [] Bring my own slippers/socks

Hospital admission & procedures

Once I'm admitted, as long as the baby and I are doing fine, I'd like to (check all that apply):

- [] Use a low intervention birthing suite
- [] Have an IV in place but drink clear fluids to stay hydrated rather than have an IV infusion
- [] To have movement in labor: Walk / Sit on a birthing ball / Use a rocking chair
- [] Have intermittent rather than continuous fetal monitoring
- [] Use portable monitoring for baby if available if I would like to move and need monitoring
- [] Be allowed to progress free of strict time limits
- [] Have my labor augmented only if necessary (membrane sweeping, pitocin, breaking water)
- [] Limit vaginal exams
- [] Have all procedures and interventions discussed with me first
- [] Take pictures and/or video during labor and after delivery (institutional policy prohibits filming/ photos of delivery & during emergencies, you should have opportunities to take photos before & after delivery)

Labor support:

If available and safe for me and baby, I'd like to try a **(check all that apply)**:

- ☐ Squatting bar
- ☐ Birthing pool/tub
- ☐ Shower
- ☐ Peanut ball
- ☐ Birthing ball
- ☐ Other labor props as available on the unit
(i.e., birthing stool)

Pain relief

I'd like to try the following pain-management techniques (check all that apply):

- [] Acupressure
- [] Bath/shower
- [] Breathing techniques
- [] Distraction (tablet, watch TV, read, etc.)
- [] Hot/cold therapy
- [] Self-hypnosis
- [] Massage
- [] Medication

Other: _____

Pain relief:

If I decide I want medicinal pain relief, I'd prefer (check all that apply):

- ☐ An epidural
- ☐ IV pain medication
- ☐ Nitrous oxide

Pushing:

When it's time to push, as long as my baby and I are doing fine, I'd like to (check all that apply):

- ☐ Be allowed to progress free of strict time frames
- ☐ Look at a mirror to see my progress

Positions:

I'd like to try the following positions for pushing (and birth) (check all that apply):

- [] Semi-reclining
- [] Side-lying position
- [] Squatting
- [] Hands and knees
- [] Tug of War style
- [] Whatever feels right at the time
- [] Other:

Vaginal birth:

During delivery, I'd like (check all that apply):

- [] To view the birth using a mirror if possible
- [] To touch my baby's head as it crowns
- [] The room to be as quiet as possible
- [] To only have an episiotomy if it is discussed with me first

Post birth:

After birth, if the baby and I are doing fine, I'd like
(check all that apply):

- [] To hold my baby right away
- [] To have my baby skin-to-skin
- [] To have my baby dried off before they are handed to me
- [] To put off any procedures that aren't urgent to breastfeed as soon as possible
- [] To delay clamping of the umbilical cord at least 30-60 seconds after baby is born
- [] To cut the umbilical cord / My partner/support person to cut the umbilical cord

C-section

If I have a c-section, I'd like (check all that apply):

- [] _____
to be present during the operation (one support person is allowed if not an emergency)
- [] The screen lowered a bit / a clear drape if available so I can see my baby
- [] To have my support person take pictures of the baby
- [] The baby to be given to my support person to hold / do kangaroo care if baby is doing fine
- [] I would like my baby placed skin-to-skin with me in the operating room if we are both doing well, if safe and possible
- [] If appropriate to hold / breastfeed my baby in the recovery room

NOTES & ADDITIONAL INFORMATION