

Prairie Ridge

HEALTH

Women's & Childbirth Services

Inspired by you

Your Birth Preferences

Your confidence is our commitment.

Name _____

Due Date _____

My support person will be _____

Relationship _____

Introductions:

This is neither a contract nor a guarantee of an uncomplicated labor. The purpose is to introduce yourselves and to help us understand your preferences. Please discuss these preferences with your Doctor as well.

My Wishes, Fears, or Concerns regarding myself and my baby:

Pain Management:

I'm expecting my pain to be between ____ and _____. (0-10)

I would like to use non-medicated Pain relief options such as;

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Birthing ball | <input type="checkbox"/> Shower | <input type="checkbox"/> Bath |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Aromatherapy-(patches applied) | <input type="checkbox"/> Heat / cold |
| <input type="checkbox"/> Focused breathing | <input type="checkbox"/> Double hip squeeze/counter pressure | <input type="checkbox"/> prayer |
| <input type="checkbox"/> Relaxation | <input type="checkbox"/> Moaning | |
| <input type="checkbox"/> Other: _____ | | |

I would like my pain controlled with medications.

___ Nitrous Oxide (laughing gas)

___ Stadol (narcotic given thru IV or shot)

___ Epidural (Anesthesia will speak with you prior to administering)

Stages of Birth Preferences

First Stage (positions, movements, comfort measures, food and beverages):

- Walking
- Rocking Chair
- Lying Down
- Standing
- Sitting
- Slow Dance
- Other: _____

Second Stage (Positioning and Pushing efforts):

- I would like to see the birth of my child with use of a mirror
- touch my baby's head as it crowns
- My Partner would like to cut the cord
- Other: _____

***The 3rd stage** is time for you and baby to bond. The first hour is the "Golden hour" we would like you to spend this time skin to skin with your infant and breastfeed if you so choose.

Postpartum Preferences

I would like to Breastfeed my infant _____

I expect breast feeding to go: _____

I would like to Bottle-feed my infant _____ - (Formula: Nestle Good Start or Similac) _____

I would like my pain controlled post-partum by (using over the counter medications, natural remedies):

Vitamin K & Erythromycin ointment for eyes. (Waiver signed if not preferred)

- Vitamin K given as a shot helps with the clotting factors in the baby's blood
- Erythromycin is a strip of antibiotic ointment administered in the baby's eyes to prevent certain eye infections.

Anything else you would like us to know or you would like to share:

We look forward to making this exciting time a special one.
Thank for choosing Prairie Ridge Health.
See you soon!