

My Birth Preferences

YOUR BIRTH. YOUR CHOICES. OUR PARTNERSHIP.

The birth of your child is one of the most important moments of your life. Our team is here help create the environment you desire and make sure you and your baby are safe every step of the way. Knowing your preferences ahead of time and giving you time to consider options before you are in the moment, will help you have the best birth experience possible. Use these birth preferences to help guide your conversations with your provider and care team.



ABOUT YOU

Full Name: _____

Due Date: _____

Partner or Support Person(s): _____

Baby's Gender and Name (if known): _____

Pediatrician: _____

My delivery is planned as: ☐ Vaginal ☐ Cesarean

☐ Trial Labor after Cesarean (TOLAC)



WHAT IS MOST IMPORTANT TO YOU:

1. _____
2. _____
3. _____



WHAT HELPS YOU FEEL SAFE AND SUPPORTED (ESPECIALLY IF PLANS CHANGE):

1. _____
2. _____
3. _____



WHAT TO EXPECT AT KOOTENAI HEALTH

At Kootenai Health we are all about practices that support natural birth, bonding, and family centered care. These are the standards you can expect here, but we are always open to your preferences.

- Shared decision making
- Support for movement and position changes during labor
- Wireless monitoring for baby if appropriate
- Non-medical and medical pain relief options, including nitrous oxide – the choice is yours!
- Cervical exams that align with care goals
- Support people welcome during your labor, birth and newborn care
- Delayed cord clamping
- Immediate skin-to-skin contact after birth
- Family-centered cesarean birth practices
- Rooming-in throughout your stay
- Breastfeeding and lactation support and assistance



ENVIRONMENT DURING LABOR:

Note: you always have the right to change your mind.

- ☐ **Birth Feels:** Calm | Empowering | Supported | Joyful | Peaceful | Collaborative | Flexible
- ☐ **Care Team Is:** Gentle | Informative | Encouraging | Respectful | Trauma-Informed | Reassuring

People welcome in the room: _____

- _____
- _____
- ☐ Music played (I'll provide)
- ☐ The room is as quiet as possible
- ☐ Dim lighting
- ☐ Maintain the option to move around, walk, and labor in the tub or shower
- ☐ Wear my own clothes
- ☐ As few interruptions as possible
- ☐ My partner or hired photographer to take pictures

ENVIRONMENT DURING LABOR (cont.)

Nourishment and hydration:

- ☐ I would like to eat light snacks and drink clear fluids whenever possible during labor.
- ☐ It would not bother me to have an IV for hydration if necessary.
- ☐ I prefer a saline lock (a catheter is placed into a vein, but it is not connected to a fluid bag unless it is needed)



PAIN RELIEF:

Non-Medical Options:

- ☐ Changing position/walking
- ☐ Relaxation techniques
- ☐ Breathing techniques
- ☐ Counter pressure
- ☐ Visualization
- ☐ Massage
- ☐ Labor ball
- ☐ Tub
- ☐ Hot/cold packs

Medical Options:

- ☐ IV pain medication
- ☐ Nitrous oxide (laughing gas)
- ☐ Epidural – note, once you receive an epidural, you won't be able to get out of bed, and you'll need a urinary catheter.



PUSHING AND DELIVERY:

- ☐ I prefer to wait to push until I feel the urge
- ☐ I would like to be directed when to push
- ☐ I would like to use a variety of positions during pushing
- ☐ I would like a mirror so I can watch my baby's birth



AUGMENTATION – METHODS TO INDUCE OR SPEED UP LABOR:

Note: these will only be used after discussion with you and mutual agreement.

- ☐ Use non-medical options like walking and upright labor positions
- ☐ Cervical ripening methods that cause the cervix to soften, thin, and open for childbirth
- ☐ Provider breaks my bag of water
- ☐ Pitocin delivered via IV and carefully monitored



IF YOU NEED A CESAREAN:

- ☐ I want a cesarean to be scheduled in advance
- ☐ I want to be sure all other options have been exhausted before choosing a cesarean
- ☐ I want the drape/screen lowered or a clear drape used so I can see my baby at delivery.



IMMEDIATELY AFTER DELIVERY (VAGINAL OR CESAREAN):

Holding Baby:

- ☐ Immediate skin-to-skin contact with mom is our standard of care
- ☐ I want my partner or support person to hold baby immediately after birth
- ☐ I want to hold baby after weighing, being wiped clean, and swaddled

Umbilical Cord and Placenta:

- ☐ I want my partner, myself, or support person to cut the umbilical cord
- ☐ I want to see the placenta before it's discarded
- ☐ I want to save the placenta so I can take it home (please bring an insulated storage container)

Routine Procedures:

- ☐ I prefer that routine hospital procedures be done while I hold my baby
- ☐ I want to talk with my pediatrician ahead of time and choose the routine tests, shots and procedures done for my baby
- ☐ I am comfortable with the hospital's routine tests, shots and procedures for my baby



FEEDING BABY:

- ☐ I want to breastfeed as soon as possible
- ☐ I plan to breastfeed exclusively
- ☐ I would like the help of a lactation specialist
- ☐ I plan to formula feed only. Formula preference:
☐ Similac 360 **or** ☐ Similac Organic
- ☐ I prefer a combination of breastfeeding and formula feeding
- ☐ My baby can be given a pacifier:
☐ Yes **or** ☐ No