

# Birth Preferences User's Guide

This guide is meant to help you fill out your Birth Preferences form. We encourage you to discuss the form with your care provider at one of your prenatal visits, as well as any questions you have about it or about this guide.

**About me/us:** Use this section to tell your care team a bit about you, such as whether this is your first baby or if you have other children, the type of work you do, background on this pregnancy, hobbies you enjoy, etc.

**Labor support team (names and relationships):** List here the people who will be supporting you at your labor, such as partner, sibling, doula, etc.

**Hopes for this birth:** Include in this part general hopes you have for this birth experience.

**Concerns about this birth:** Include here concerns, worries or fears you may have about your delivery.

## Pain management

- An epidural is the injection of a numbing medicine into the space around the spinal nerves in the lower back. It numbs the area above and below the point of injection and usually takes away most of the pain of labor.
- Narcotic medication can also be given through an IV to dull some of the sensations of labor.
- Especially if you choose to labor without pain medication, either for some or all of your labor, you may find natural comfort measures helpful.
- Below is the Penny Simkin Pain Management Scale. You can choose the number to communicate your feelings about pain management in labor. You can also pick a code word to alert your caregivers you now want pain medication.

***Pain Management Preference Scale*** developed by Penny Simkin, PT. The following is a number scale of possible feelings about controlling pain in labor:

### Number What it means

+10	Desire to feel nothing: a desire for anesthesia before labor begins.
+9	Fear of pain; lack of confidence that I will be able to cope; dependence on staff for pain relief.
+7	Definite desire for anesthesia as soon in labor as provider will allow, or before labor becomes painful.
+5	Desire for epidural before transition (7-8 cm). Willingness to cope until then, perhaps with medications.
+3	Desire to use pain medication, but as little as possible. Natural childbirth is not a goal.
0	No opinion or preference.
-3	Would prefer that pain medications be avoided, but only if labor is short or easy.
-5	Strong preference to avoid pain medications but will accept for difficult labor.
-7	Very strong desire for natural childbirth, for a sense of personal gratification as well as to benefit baby.
-9	Want medication to be denied by staff, even if I ask for it
-10	Will not use medication even for cesarean delivery.

## Labor and birth

- Monitoring of your baby's heart rate is done during your labor to be sure that it remains in the normal range. There are some options for how this is done depending on your pregnancy situation:
  - Intermittent auscultation (listening) may be an option if your pregnancy and labor are uncomplicated.
  - Continuous electronic fetal monitoring is performed for pregnancies with some risk factors.
  - Mobile wireless monitoring can sometimes be performed with either continuous or intermittent monitoring to allow you to move around.

(over)

- An access point to your vein for medication is routinely done for safety (also called a Hep-Lock or Saline Lock). This may be connected to IV fluids if necessary.
- Different pushing positions may be an option.
- Some women like to use a mirror to see their baby's head as it emerges.
- Some women like to touch their baby's head as it is born.
- Giving Pitocin (Oxytocin) routinely after the baby is born has been shown to lower the risk of heavy bleeding postpartum.
- You can usually have one support person with you in the operating room. At the discretion of the anesthesiologist, a doula may also accompany you.

#### **After your baby is born**

- We encourage you to breastfeed because of the many health benefits for you and your baby, but there may be other wishes or physical reasons why this may not be best for you. Concerns with breastfeeding might include previous breast surgeries, previous feeding difficulties or inverted nipples.
- Vitamin K, eye ointment and a Hepatitis B vaccine are routinely given to your baby to help avoid bleeding or infection.
- We encourage you or your partner to bathe the baby while in the hospital. Under some circumstances this will need to be done by a nurse.

#### **Cord blood**

- Delayed cord clamping means your medical provider waits to clamp the baby's umbilical cord, which allows more blood from the placenta to flow into the baby after delivery.
- You can choose to donate your baby's cord blood or to bank it for private use.
- A partner or other support person may be able to cut the baby's umbilical cord.

#### **Baby's care provider**

- List the information for the pediatrician, family practice physician, nurse practitioner or other health care provider you choose for your baby's health care.