

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.

In the event I need blood products, I will accept them.

My Wishes, Fears, or Concerns regarding myself and my baby though your entire stay with us:

Anything you would like us to know about you, this pregnancy or previous pregnancies:

Pain Management:

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"/> Walking |
| <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)

Positioning and Pushing Preferences:

- | | |
|---|--|
| <input type="checkbox"/> I would like to see the birth of my child with use of a mirror | <input type="checkbox"/> I would like pictures during labor and delivery |
| <input type="checkbox"/> I would like to touch my baby's head as it crowns | <input type="checkbox"/> My Partner would like to cut the cord |
| <input type="checkbox"/> 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. Skin to skin promotes bonding, temperature and blood sugar regulation, and it helps baby adjust to the outside world. Medications and assessments can be done during skin to skin.

Postpartum Preferences

I would like to Breastfeed my infant.

I expect breastfeeding to go: _____

I would like to Bottle-feed my infant.

Nestle Good Start Similac Donor Milk Other: _____

Pumped Breastmilk

I would like my pain controlled post-partum by:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Ice Packs |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Tucks Pads |
| <input type="checkbox"/> Dermoplast Spray | <input type="checkbox"/> Other: _____ |

I would like circumcision for my baby boy

Vitamin K & Erythromycin ointment for eyes. (Waiver signed if not preferred) Hep B (Consent signed if 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.
- Hepatitis B Vaccine is offered at birth and given as a shot to prevent Hepatitis B which is a liver disease.

I have chosen _____ as my baby's doctor.

We look forward to making this exciting time a special one.

Thank for choosing Prairie Ridge Health.

See you soon!