



Mason General Hospital Birth Center

Birth Plan/Birth Preferences Worksheet

As your baby's due date nears, the labor and delivery process becomes a major focus for expecting parents. Our team of providers, nurses and staff look forward to meeting you and caring for you and your family throughout this special time.

You are a very important member of our team, too. Because each family is unique, it is important for us to get to know you and learn your birth experience preferences.

After completing this worksheet, please review it with your provider at your next appointment. During labor, your nurse will review it with you and will make every effort to incorporate your wishes without compromising our goal of absolute safety for you and your baby.

Labor Support Team

Please tell us who you want by your side during labor and delivery. Please share this plan with them as well, so they know what is important to you. Please note that during times of viral outbreaks, such as COVID-19, visitors may be restricted at the Birth Center.

Patient: _____

Partner: _____

Doula: _____

Relative(s) : _____

Friend(s): _____

Your older children: _____



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Important Needs and Concerns

Please feel free to use a separate sheet or the back of this page as needed. What are your top priorities for your birth? What is most important to you?

What concerns you most about labor? Do you have any specific fears?

Do you have any medical concerns or past health care experiences that we should know about?

From where do you draw your knowledge and information about birth?

Are there any religious or cultural rituals that you would like us to incorporate into your care? If so, please tell us a little about them and how we can help you.

If you are from another country or region, are there any traditions we can incorporate into your birth experience?

Is there anything else you would like to request? Are there any other things we should know about you in order to take better care of you and your family?

How familiar are you with our healthcare system? Are there any questions we can answer for you?



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First Stage of Labor (Contractions) Preferences

Which options will make you most comfortable?

- Listening to music of my choice
- Laboring in a quiet room
- Watching movies or TV to distract me
- A dimly-lit room
- A well-lit room
- Wearing my own clothes through labor
- Wearing a hospital gown
- A warm room
- A cool room

Other: _____

We encourage you to change positions frequently. Which positions would you like to try?

- Sitting up in bed
- Side-lying in bed
- Standing or walking
- Leaning on counter or bed
- Lunging
- Birthing ball
- Rocking chair
- Tub bath
- Shower
- Squatting
- Hands and knees
- I am unsure and would like my nurse to suggest positions for me to try.

Other: _____



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What are your plans for managing your pain during labor?

- Massage
- Breathing techniques
- Tub bath or shower
- Labor tub
- Position changes
- Transcutaneous electrical nerve stimulation (TENS) unit
- Narcotic medication
- Local anesthesia (Pudendal block) just before delivery
- Epidural anesthesia
- Specific childbirth method: _____

Other: _____

Which nourishment options do you prefer while in labor?

- If it is safe for me to do so, I would like to be able to eat light snacks and will bring them with me.
- I want to be able to drink clear liquids to stay hydrated during labor.
- I prefer to have an IV for hydration.
- I want to avoid having an IV as long as possible

Which labor monitoring options appeal to you?

- I prefer to have my baby's heartbeat monitored as little as possible, as long as my baby is doing well and it is safe.
- I prefer to have my baby's heartbeat monitored continuously.
- I prefer to have my cervical dilation checked regularly so I know how labor is progressing.
- I prefer to have as few cervical exams as possible.

Other: _____



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Second Stage of Labor (Pushing) Preferences

What positions do you wish to be in when pushing?

- Sitting upright
- Side-lying
- Squatting with bar for support
- Hands and knees
- Lying on back
- I am unsure and would like my nurse to suggest appropriate positions.

Other: _____

Which, if any, of the following additional delivery options interest you?

- Watching my baby's birth in a mirror
- Touching my baby's head while pushing
- Designating a support person to photograph my baby's birth*
- Designating a support person to film my baby's birth*
- Remaining covered as much as possible during pushing and delivery
- Banking my baby's cord blood with a private company (I will bring my own kit)
- Taking my placenta home with me
- Bathing my baby at home, instead of at the hospital

*These require consent form from staff who are present

Other: _____

Vaginal Birth Preferences:

- I want to avoid an episiotomy if possible.
- I would like my baby placed directly on my chest immediately after birth.
- I would like my baby cleaned before I hold him/ her.
- I would like to wait for the cord to stop pulsing before it is cut.
- I would like my partner or other birth support person to cut the cord.
- My partner would like to assist with the delivery of our baby.
- I would like to delay my baby's medications as long as possible.
- I would like to hold my baby while medications and other procedures are administered.



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Cesarean Birth (C-Section) Preferences:

Unless scheduled in advance, we will do everything in our control to assist you in a healthy vaginal birth. If a C-section becomes necessary, we will continue to work hard to incorporate your preferences throughout your stay with us.

- I would like my partner to stay with me during the C-section.
- I would like the “window” in the drape opened so I can watch the birth of my baby.
- I prefer to have the surgery explained to me in detail.
- I prefer the provider and other staff do what is necessary without much explanation.
- I would like to have the umbilical cord left long so my partner has the opportunity to cut the cord.
- I would like my baby placed skin-to-skin with me in the operating room if we are both doing well.
- I prefer to have my partner hold my baby until we return to our room.

Post-Birth Preferences:

How do you wish to feed your new baby?

- I plan to breastfeed my baby.
- I plan to pump and bottle feed my baby.
- I plan to bottle feed my baby with formula.
- I plan to feed my baby with a combination of breast milk and formula.
- I am concerned about breastfeeding my baby because:

- I have had the following surgery on my breasts:

- I have had the following difficulty breastfeeding one or more of my other babies:

Thank you for taking the time to share your wishes with us. Your birth preferences are important to us and we will work hard to follow them as closely as possible. Please remember that medical needs may arise, and we all may need to be flexible in the plan of care. The safety of you and your baby is always our first and most important concern.

We look forward to meeting you and helping you with Welcoming Baby. Thank you for placing your trust in us.

The Mason Health Birth Center Team