

## My birth preferences

Birth is a life changing event. Our team is here to provide excellent care and support our patients with their unique birthing experiences and needs.

To help us understand your birthing preferences, you can fill in the form below. Completing this form is optional. If you would prefer to tell us your preferences in person, we are happy to support what is best for you. This form is meant to be communication tool between you and your team. It is not a "plan", as we know that birth is unpredictable.

If you choose to fill in the form, please bring a copy with you when you come to the hospital to give birth.

My given name is: \_\_\_\_\_ I would like to be called: \_\_\_\_\_

My pronouns: \_\_\_\_\_ Language(s) I speak: \_\_\_\_\_

My partner or support person's name: \_\_\_\_\_ Their pronouns: \_\_\_\_\_

Language(s) they speak: \_\_\_\_\_

Important things I would like you to know (fears, concerns, previous experiences, cultural and/or religious considerations) \*please attach another page if you would like more space:

I am having:  1 baby  twins  multiples I know the sex of my baby:  yes  no

If yes, what is it? \_\_\_\_\_ If no, who will announce baby's sex at birth?

Name: \_\_\_\_\_  Partner  Support person  Doctor  Midwife  Nurse

I plan to have the following people at the hospital during and after birth (partner, doula, friend or family member): \_\_\_\_\_

If I have a cesarean birth, my support person will be \_\_\_\_\_

Our goal is to support a healthy vaginal delivery without medical assistance (cesarean birth, vacuum or forceps). If a cesarean birth or assisted vaginal birth (vacuum or forceps) is needed or recommended, your team will discuss this with you.

### Pain management preferences

- I do not want to use medicine during my labour
- I want to try to labour without medicine, but I will consider medicine if things do not go as expected
- I want medicine, but I would like to go as long as possible without it
- I want medicine as soon as possible

**Other comfort measures that I would like to use:**

- Birthing ball
- Birthing bar
- Breathing and relaxation
- Dim lights
- Epidural
- Nitrous oxide
- Movement
- Shower
- Walking
- Other:

**When it's time to push, I would like:**

- To wait to push until I feel the urge/until I am ready (unless baby is in distress)
- To push on my back or side
- To try different positions to push
- Active coaching
- Silence

Other preferences that I have regarding my care:

**After birth, I would like to:**

- Have skin to skin. If I am unable to do this, \_\_\_\_\_ (name) will do skin to skin
- Continue skin to skin for 1 hour after birth (if possible)
- Have procedures done with my baby in my arms
- Have delayed cord clamping (if possible)
- Have \_\_\_\_\_ (name) cut the cord
- Have my baby get:  Vitamin K  Erythromycin eye ointment
- Have \_\_\_\_\_ (name) put on the first diaper

If my baby(s) needs special care, I would like \_\_\_\_\_ (name) to go with my baby(s) as soon as it is possible

- I have arranged stem cell collection. I will bring my collection kit and completed paperwork

**Baby feeding**

- Breast/chest feeding only. If needed, I would like to discuss supplementing with:
  - Breast/chest milk
  - Formula
  - By cup
  - By bottle
- Breast/chest feeding and formula
- Bottle-feeding only (formula and/or breast/chest milk)
- I would like extra support with breast/chest feeding

Other things that are important to me regarding the care of my baby: