

Birth Wishes

Welcome to our birthing unit where families begin. With this wish list we hope to help you make informed decisions for a joyful labor and birth experience.



Please read through the following and discuss your wishes with your support person. Your physician can help you make more informed decisions. The knowledge you gain from reading, childbirth classes or discussion with others can help with informed choices and wishes. Feel free to add any information you feel would aid the staff here at Southern Maine Medical Center to assist you in your labor and birth process. Many of the choices put forth in this handout are routine at SMMC. Please know that your birth wishes should be flexible, and that changes can be made during your stay with us.

Name: _____ Partner's Name: _____

Address: _____ Telephone: _____

City/State: _____ Zip Code: _____

Physician's Name: _____ Due Date: _____

First Stage of Labor

Environment:

Please check as many as you would like:

- * Low lighting
- * Music
- * Own pillow
- * Personal items (hair brush, toothbrushes)
- * Do you wish to have visitors during labor?
- * Would you allow a medical student to watch?

Mobility:

Please know all of the following are encouraged:

- * Walking, rocking
- * Slow dancing with partner
- * Jacuzzi, shower
- * Ball
- * Massage
- * Other

Hydration:

Please check all that apply:

- * Eat light foods during labor
- * Clear fluids (water, juice, soda)
- * Ice chips
- * Hold off on an IV if possible
- * Request IV

Monitoring:

- * Intermittent when possible
- * Continuous monitoring if necessary
 - External
 - Internal (if physician feels there is a need)

Pain Relief Options:

What will be most helpful to you?

Check all that apply:

_____ * Non-medical

___ Relaxation, music, dim lights

___ Water (Jacuzzi or Shower)

___ Massage

___ Other

_____ * Medical Options

___ Only if I ask for medication

___ Offer medication to me at the appropriate time

___ Offer ASAP (explain options)

___ IV medications

___ Intrathecal

Second Stage of Labor (Pushing)

Pushing:

Please note that some of these may depend upon medication used, how the labor is progressing and the health of the baby.

_____ * Choice of position

_____ * Mirror to view birth of my baby

_____ * Be able to touch my baby upon crowning

_____ * Have people to support legs

_____ * Have support person count thru push (1,2,3,4,...10)

_____ * Take pictures or video during or after birth

Perineal Care:

_____ * Would prefer no episiotomy

___ massage perineum

___ warm compress on perineal area

_____ * Episiotomy

Do you wish to have family or friends present at the birth?

___ I wish to have _____ and _____ present at the birth, I am aware that 2 support people are allowed, other family or friends will be waiting in the "Visitors Lounge" and a member of our support team will notify them of my progress and delivery.

OR

___ My partner and I do not wish to have any visitors during the birth. Family and friends may wait in the “Visitors Lounge” and can come into our room to meet with Mom and New Baby after delivery.

Cesarean Section

Please keep in mind that circumstances might change during a vaginal birth so please fill out the following:

- ___ * Partner Present/Doula Present
- ___ * Pictures after delivery
- ___ * Screen lowered to view birth
- ___ * Hold the baby

Baby Care

Cord cutting:

- ___ * Have physician cut the cord
- ___ * My partner would like to cut the cord if possible
- ___ * Other

Holding the baby:

- ___ * Please place the baby directly on my chest upon delivery
- ___ * Wash the baby before holding
- ___ * Let my partner hold the baby first

Feeding the baby:

- ___ * Breast Feeding ONLY
- ___ * Breast Feeding as soon as possible after delivery
- ___ * Bottle Feeding only
- ___ * Combination breast/bottle
- ___ * NO pacifier
- ___ * Pacifier

