



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 may be made during any point in your stay.

Name: _____ Partner's Name: _____

Address: _____ Telephone: _____

City/Town: _____ 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 care items (hair brush, toothbrushes, etc.)
- * 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:

- * Clear fluids (water, juice, tea, soda, jello)
- * Ice chips
- * Hold off on IV fluids unless medically necessary
- * 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
 - ___ Epidural

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 and mother.

- _____ * 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 present at all times
- _____ * Take pictures or video during or after birth

Perineal Care:

- _____ * Would prefer no episiotomy, unless medically necessary
 - ___ 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.

Who will notify family & friends of your baby’s birth? _____
 (Due to HIPAA laws regarding privacy, we are unable to give any information without your consent)

- _____ * I/we wish to inform family & friends ourselves when we are ready.
- _____ * Hospital staff may inform family & friends waiting at the Birthing Suite.

Cesarean Section

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

- * Partner present/Family member/Doula present
- * Pictures after delivery of baby & new family
- * Hold the baby
- * We will inform family/ friends of our new arrival
- * Staff may inform family/friends of our new arrival

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
- * Wipe the baby before I hold her/him
- * 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

Eye Care:

Note that eye medication should be done within one hour of birth

Choose one:

- * delayed one hour for bonding time
- * immediate

Keep in mind that the baby will remain with you at all times unless you request a few moments alone. The baby is always welcome into the nursery but most parents wish to have continuous care of their newborn. Please NEVER LEAVE THE INFANT ALONE, only leave infant with someone that has the same security bracelet as your newborn. Allow the baby to come to the nursery if you wish to shower, rest or have other concerns.

Siblings:

Does this newborn have older siblings?

Names of other children: _____ Age _____
_____ Age _____
_____ Age _____

Baby's Doctor:

Name: _____

Address: _____

Phone# _____