



My Birth Preferences

Before starting your education and decision-making process, please read the **Alabama Women's Specialists' letter to patients** and the **American College of OB/GYN's committee opinion** on interventions during labor and birth.

DURING LABOR	
<input type="checkbox"/>	I'd like to have my labor photographed.
<input type="checkbox"/>	I'd like to wear my own gown brought from home. The hospital cannot launder the gown for you.
<input type="checkbox"/>	I'd like intermittent or wireless fetal heart rate monitoring so I may move around freely during labor. Intermittent monitoring is only appropriate when the fetal heart rate is reactive and reassuring. Please be aware there are a limited number of wireless fetal monitoring systems.
<input type="checkbox"/>	I prefer to just have an IV instead of an IV with fluids. You can hydrate and get calories by drinking clear liquids and eating popsicles/ice. An IV is required once active labor is diagnosed.
Medications for Pain Relief During Labor and Delivery	
<input type="checkbox"/>	I'd like an epidural or other pain medication as soon as possible. An epidural is appropriate once you have had cervical change and regular painful contractions over a short period of time. IV pain medications like morphine are not routinely administered after 8 cm of cervical dilation.
<input type="checkbox"/>	Please give me my options for pain medication and I will decide if I would like them. IV pain medications like morphine are not routinely administered after 8 cm of cervical dilation. An epidural cannot be placed if you are unable to be still for a few minutes.
<input type="checkbox"/>	Please don't offer me any pain medication. I will request it if needed.
<input type="checkbox"/>	I'd like to labor in the tub or shower. Laboring in water may help with pain relief. Delivery in water has not been associated with benefits to the mother or the baby. Moreover, there are case reports of serious newborn complications when water birth occurs. For these reasons, we do not offer water birth. Depending on the physician on call when you present in labor, water labor may or may not be recommended. You will be able to have a conversation about risks, benefits and alternatives with the physician on call before any final decisions are made. Please ask your physician to provide you with the water labor consent form so you may sign it at one of your prenatal visits. It can be on file in labor and delivery.
<input type="checkbox"/>	I prefer to let my water break naturally. Sometimes having your water broken is the least invasive way of helping your labor progress. Having your water broken may help you avoid Pitocin if your labor has slowed.
<input type="checkbox"/>	I'd like to be coached on when to push and for how long.
<input type="checkbox"/>	I'd like to push when and how I feel I should.
<input type="checkbox"/>	I'd like warm compresses applied to my perineum while pushing. There is some evidence that this may decrease the severity of a tear during delivery.
<input type="checkbox"/>	I'd like to choose the position in which I deliver.
<input type="checkbox"/>	I'd like to view my baby's birth using a mirror. This may help you learn where and how to push.
<input type="checkbox"/>	I'd like to touch my baby's head as it crowns. This can be encouraging to a mother in that she can realize just how close she is to delivery.

Assisted Vaginal Delivery

- I would like to try an assisted vaginal delivery as opposed to a C-section if I need help delivering vaginally.
- There are certain emergent situations in which an assisted vaginal delivery can make the difference between life and death for your baby. These are rare, but we will quickly recommend a vacuum- or forceps-assisted vaginal delivery if the following apply:
- You are pushing;
 - The fetal heartbeat is low and not coming back up to normal;
 - You are close enough to delivery that an assisted vaginal delivery would be faster than a C-section.
- The remainder of assisted vaginal deliveries will be discussed with you in detail and you will need to decide if the benefit of a vaginal delivery instead of a C-section is worth the risk of complications from an assisted vaginal delivery. It will be easier for you to make that decision if you have read the information in this document and on the site linked above.
- I would rather have a C-section than have an assisted vaginal delivery for any indication other than emergent fetal distress close to delivery.
- I would like a tubal ligation for **permanent pregnancy prevention** if I have a C-section or six weeks after a vaginal delivery.

AFTER DELIVERY

- I'd like to film a video immediately after my delivery.
- You'll sign a consent form when you arrive in labor.
- Skin-to-Skin Contact** – Skin-to-skin immediately after delivery is our standard practice.
- I'd like to hold my baby skin-to-skin immediately after delivery and delay weighing my baby, etc. for about an hour.
- I'd like to hold my baby skin-to-skin immediately after delivery, then after a few minutes, have him/her dried off, weighed, etc.
- I'd like to **delay cord clamping** for at least 30 seconds.
- In term infants, delayed cord clamping increases hemoglobin levels during the neonatal period, which may have a favorable effect. Delayed cord clamping in preterm infants, when possible, has been proven to be beneficial.
- If you undergo delayed cord clamping and want to bank your cord blood, the amount to bank may be less or insufficient.
- I would like to have my partner cut the cord.
- The physician will cut the cord during a C-section.
- I plan to refuse routine **Pitocin administration** immediately after birth.
- Administration of Pitocin after delivery is our standard practice.
- The routine use of prophylactic Pitocin after delivery significantly reduces blood loss and the incidence of postpartum hemorrhage without an increase in adverse effects.
- Delayed cord clamping may still be practiced, but there is a higher chance that the cord blood amount will not be sufficient. Nevertheless, we believe it is still worth attempting donation.

Cord Blood Banking

- I plan to donate my baby's cord blood to a public bank.
- LifeCord** is the public bank used by Brookwood Baptist.
- I plan to store my baby's cord blood in a private bank.
- I'm not banking my baby's cord blood.
- I plan on taking my placenta home.
- You'll sign a form and be given instructions on what to do with the placenta when you present in labor.
- Ingesting your placenta (placentophagy)**

Breastfeeding Your Baby

- I have discussed breastfeeding with my doctor, and I have no questions about exclusively breastfeeding.
- I still have questions about exclusively breastfeeding.
- If you are still unsure about breastfeeding, please seek the advice of your physician, your baby's pediatrician, the hospital lactation consultants and/or any of the nursing staff in the women's hospital.
- I'd like to be consulted before my baby is offered a bottle or a **pacifier**.
- I have consulted my baby's pediatrician, and I'd like to refuse the routine administration of **erythromycin eye ointment**.
- You'll need to sign a waiver when you present in labor.
- If my baby is a boy, I want him **circumcised** at the hospital.