

labor preferences worksheet

Talk with your doctor about your labor preferences before your due date.
Please bring this completed form with you to the hospital when you are in labor.



My name is: _____

My due date is: ____/____/____ My doctor is Dr.: _____

My support people are: _____

I hired a doula for labor support Oyes Ono Her name is : _____

I have worries, fears or concerns about: _____

Environment

- Dim lights
- Adjust the thermostat to ____°F
- Listen to music (I will provide)
- Have the room quiet and calm
- Watch the hospital TV for relaxation
- See the baby come out with the mirror
- Other: _____

Position Changes

- Walk around
- Change positions (squatting, pelvic rocking, etc.)
- Use the birthing ball, peanut ball or birthing bar
- Other: _____

Relaxation and Comfort Techniques

- Soak in the labor tub or take a shower
- Massage and/or counter pressure
- Meditate or use visualization
- Use breathing techniques
- Apply heat and/or cold
- Other: _____

Medical Interventions

- Saline lock
- Continuous fluids with IV
- Intermittent fetal monitoring
- Continuous fetal monitoring
- Continuous fetal monitoring with telemetry monitor to allow freedom of movement

Labor Support

Some helpful things to say to me are: _____

Some helpful things to do for me are: _____

I/We have attended the following classes: _____

Pain Control

- I desire to feel no pain. I desire an epidural as soon as possible and narcotics prior to an epidural.
- I'm willing to wait for an epidural until active labor begins. I want to be given narcotics if I request them if an epidural cannot be given.
- I'm willing to wait for an epidural until active labor begins. I do not want to be given narcotics.
- I'm undecided. I want to attempt "natural" labor. I desire the option of an epidural if labor becomes more painful than expected.
- I desire natural labor. I want to be given narcotics if I request them.
- I desire natural labor. I do not want the nurse to offer narcotics. *If you have any questions or would like more information about natural labor and birth, please contact our Natural Birth Liaison at 225-924-8530 or naturalbirth@womans.org.*

After Baby is Born

- I would like my partner to cut the umbilical cord. *(not applicable for a C-section)*
- Please place my baby skin-to-skin on my chest immediately after delivery.
- My pediatrician's name is: _____
- I plan to breastfeed.
- I plan to have my son circumcised.
- I do not plan to have my son circumcised.



Going Home

Special concerns/requests for my baby's care: _____

Feelings regarding visitors: _____

Additional requests/concerns: _____



labor options

Be sure to talk to your doctor about your labor preferences before your due date. You may need your doctor's order for some of your preferences.

Environment. Woman's rooms were designed to feel like home. You can adjust the environment to suit your needs, such as dimming the lights or adjusting the thermostat. You can also bring items that will make you more comfortable, such as music, pictures, massage tools or pillows. You can tune into the relaxation channel on the TV for soothing sounds or the education channel to learn about caring for your newborn, breastfeeding, parenting and other topics. Many couples enjoy watching to help pass the time in labor.

Birth Photos/Videos. Your support persons are welcome to use photography and videos to capture the special moments throughout the entire birth process.

Position Changes. Changing positions can help you through the labor process. Options include walking around; using a birthing ball, peanut ball or birthing bar; assuming a squatting position; pelvic rocking; and more. Occasionally, you may be asked to assume a certain position for your baby's benefit. The bed can change into many positions to help make you more comfortable, too.

Relaxation and Comfort Techniques. Water can be very soothing during labor. You may use the labor tub and/or shower with your doctor's order. Other helpful relaxation techniques include massage, counter pressure, meditation/visualization, breathing techniques, and hot and cold applications. You may want to consider hiring a doula to help with these techniques.

Doula Support. Many women hire doulas for their labor and delivery. A doula is a nonmedical childbirth expert who offers support and encouragement during labor and delivery. Your doula will not perform clinical tasks, give medical advice or make medical decisions for you. Your doula does not need one of your visitor passes. Whatever dreams you have for your labor, remember to be flexible. The unexpected could arise and plans might have to change so that you and your baby are safe and healthy. For a list of doulas, visit womans.org.

Labor Diet. You can keep yourself hydrated in labor by eating light foods at home in early labor and by drinking clear liquids when you arrive at the hospital. Your fluid intake may be limited to ice chips during an induction or augmentation of labor and if you plan for an epidural. Most mothers stay hydrated through an intravenous (IV) line, which is a line that infuses liquid directly into a vein.

Vaginal Exams. A nurse or your doctor will do vaginal exams to check your progress during labor. A vaginal exam will be done when you arrive at the hospital and may be repeated periodically to assess for progress.

IV. If you need continuous fluids or are having an induction or augmentation of labor, an IV line will be started in your vein.

Saline Lock. A saline "lock" is an alternative to a continuous IV line if you do not need fluids; it allows immediate access to your vein in case of an emergency.

Fetal Monitoring. It is important to determine your baby's heart rate throughout labor. Your doctor will usually want you to be monitored continuously once you are in active labor to make sure your baby is tolerating the contractions. Usually it does not restrict your ability to change positions, sit in a chair or walk. If you are admitted to the hospital when you are in early labor or not in labor, you may request to monitor your baby's heart rate occasionally with your doctor's consent. Wireless monitoring is also available to allow for freedom of movement while being continuously monitored. Please discuss any concerns you may have regarding fetal monitoring with your doctor before you come to the hospital or with your nurse once you arrive.

Labor Augmentation. If your labor isn't progressing well, your doctor might recommend taking steps to help it along. Your doctor will carefully assess your contractions and determine how much your cervix has effaced (thinned out) and dilated (enlarged), as well as how far your baby has descended in the birth canal. If your doctor determines that it's necessary to augment your labor, he or she may use the following methods:

- Give you Pitocin to stimulate contractions. Pitocin is a synthetic form of the hormone oxytocin that your body naturally produces during spontaneous labor. You will receive it through an IV line.
- "Ripen" or "soften" your cervix by inserting a hormone gel called prostaglandin or a balloon-like catheter.
- Rupture the membranes surrounding the baby (also known as breaking your water).