

LABOR PARTNERSHIP

The goal of this labor partnership is to help you prepare for childbirth, to engage with you in decision making and to improve your chances for a safe and healthy delivery.

Please provide the following information:

Name _____ Due Date _____

Healthcare Provider _____ Labor Companion _____

When making decisions about the labor and delivery of your child, we encourage you to talk to your care provider to help them learn about your values and preferences surrounding the birth of your child. It is also important to realize that medical reasons may occur that prevent your healthcare provider from meeting all of your desired values and preferences.

Topics to be discussed with your healthcare provider during your prenatal visits include:

- When to be admitted to the hospital
- Who will be your support person in labor
- How to better cope with labor contractions
- How to stay hydrated during labor
- Whether to remain mobile and upright during labor
- What positions to be in when pushing during labor

Please list any other questions you may have as a reminder to discuss them with your provider:

When admission to the hospital is recommended:

We recommend admission when you are in "active labor." During the first stage of labor, the cervix goes from closed to 10cm dilated. During this stage, there is a phase of slower changes called **latent labor (1-5cm)** and then more rapid change called **active labor (6-10cm)**. Intense contractions can occur in both phases. During latent labor, we often delay admission if you and your baby are: **healthy, doing well and coping well**. Delaying admission until you are in active labor can reduce your risk of labor interventions, including cesarean delivery.

What is most important to you during labor and birth?

Please let us know if you have any religious or cultural practices/traditions that are important to you during childbirth.

My Labor and Birth Preferences

I plan to have a:

- Vaginal Birth VBAC C Section

Please note that I have:

- Group B Strep Hypertension
 Rh Incompatibility Other
 Gestational Diabetes

During labor, I would like:

- The lights dimmed
 The room as quiet as possible
 As few vaginal exams as possible
 To labor in the shower
- To stay hydrated with clear liquid
 Music played that I provide
 As few interruptions as possible

For pain relief, I would like:

- Breathing techniques Massage Nothing
 Cold therapy Nitrous oxid Only what I request at the time
 Hot therapy Epidural Shower
 Distraction IV pain medication

I would like to spend labor:

- Standing up
 Walking around
 Lying down

I would like fetal monitoring to be:

- Continuous External Intermittent

During delivery, I would like to:

- Semi-recline
 Use people for leg support
 Lie on my side
 Use foot pedals for support
- Be on hands and knees
 Use birthing bar for support
 Lean on my partner

As the baby is delivered, I would like to:

- Push spontaneously
 Push as directed
 Push without time limits
 Use a mirror to see baby crowning
 Touch the head as it crowns
- Turn off the epidural during pushing
 Use whatever methods my doctor deems necessary
 Avoid an episiotomy
 Have an episiotomy rather than a perineal tear

Immediately after delivery, I would like:

- My partner to cut the cord
- Have delayed cord clamping
- To bank the cord blood with the kit I provide
- To deliver the placenta spontaneously
- To take my placenta home, following hospital policy

I would like my baby:

- To be placed on my abdomen immediately after delivery
- Breast fed as soon as possible after delivery
- Delay having the first bath for 8 hours/24 hours
- I will give the first bath
- To be circumcised if it is a baby boy
- To have a pacifier
- To not have a pacifier
- To have the hearing screen
- To have Vitamin K and eye ointment
- To have the Hepatitis B vaccination
- To have the genetic screen completed
- To have the medical examination performed in my presence

In the event of a C-Section, I would like:

- My partner to remain with me during the surgery as safety allows
- My partner to hold the baby as soon as possible
- A clear drape to see the birth
- My hands free to touch the baby after being born
- To breastfeed in the recovery room

I have talked about and shared my labor and birth preferences with my provider during prenatal care visits, and both of us understand it. **I recognize that my preferences and wishes may not be followed just as written and may need to change if medical needs arise in order to help ensure a safe and healthy birthing experience for my baby and I.**

Healthcare Provider's Signature: _____

Date: _____

My Signature: _____

Date: _____

DMC
Huron Valley-Sinai
Hospital

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