

Preferences For Your Birth Experience

CentraCare Health invites you to personalize your birth experience by identifying your preferences. Preferences guide your care; however you and your baby’s health and well-being always come first. With this in mind, your provider and nurse may recommend alternatives to your preferences during labor and delivery.

Your Name	
Labor Support Person’s Name	
Labor Support Person’s Relationship	
What you’d like us to know about your pregnancy, family, yourself	
What would you like from your labor support person?	<input type="checkbox"/> Stand back and let nurse/provider help <input type="checkbox"/> Offer suggestions <input type="checkbox"/> Help with comfort measures like backrubs <input type="checkbox"/> Coach your breathing, etc. <input type="checkbox"/> Active participation and management
Preference for labor room atmosphere and environment (check all)	<input type="checkbox"/> Quiet <input type="checkbox"/> Low light <input type="checkbox"/> Music (bring media player/music)
Whom do you want present during birth (limited during delivery, siblings <9 must attend sibling class and have their own labor support person)	
How would you like your nurse to support you (check all)	<input type="checkbox"/> Stand back and let partner help <input type="checkbox"/> Offer suggestions <input type="checkbox"/> Help with comfort measures like backrubs <input type="checkbox"/> Coach your breathing, etc. <input type="checkbox"/> Active participation and management
Hope to use for comfort and relaxation (check all)	<input type="checkbox"/> Tub/Shower <input type="checkbox"/> Rocking <input type="checkbox"/> Walking <input type="checkbox"/> Birthing Ball <input type="checkbox"/> Massage <input type="checkbox"/> Other, specify
Pain management during labor	<input type="checkbox"/> Very committed to med-free birth <input type="checkbox"/> Open to needs at the time <input type="checkbox"/> Prefer epidural <input type="checkbox"/> Prefer IV medications <input type="checkbox"/> Do not offer – I will ask
Do you have chronic pain?	
Concerns regarding pain management?	
What are your biggest concerns about your upcoming birth experience?	
Baby’s health care provider	
Feeding your baby	<input type="checkbox"/> Breastfeed <input type="checkbox"/> Breast-milk by bottle <input type="checkbox"/> Formula
If boy, want him circumcised	<input type="checkbox"/> Yes (may not be covered by insurance) <input type="checkbox"/> No
Get car seat before admission	<input type="checkbox"/> Yes, schedule car seat appointment 320-656-7021 <input type="checkbox"/> No, www.carseat.org for appropriate car seats

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