Birth Preferences

Creating a birthing preferences document is optional. While in the hospital, there is generally ample time to discuss your options and preferences with your care team. If you would like to create a birthing preferences document, you are welcome to use our template.

Creating a birth plan gives you the opportunity to think about your options and share them with your care team. Every birthing experience is unique, and your birth plan can be adjusted should you change your mind. We can’t promise that all of your birthing preferences will be appropriate for your labor, but we’ll advocate for your wishes, and do our best to provide a positive and healthy birth experience.

The following are routine practices at El Camino Hospital, Mountain View

* Medical students/residents will not be present. Occasionally, nursing students may observe or assist your Labor and Delivery nurse.
* Continuous fetal monitoring begins once you are admitted. Wireless options are available (Intermittent monitoring may be an option in low risk cases).
* Mobility during labor is encouraged. You may walk, sit, and stand in your room or out in the hallways, as long as an epidural has not been placed.
* Consumption of food and beverages is permitted. If you have an epidural, your intake is limited to clear liquids
* Episiotomies are not routinely performed. An episiotomy may be used in select circumstances to benefit you or your baby.
* Your baby will be placed skin-to-skin on your abdomen/chest immediately after delivery.
* A 60-second delay before clamping the umbilical cord is standard.
* Breastfeeding is highly encouraged; your baby will be in the room with you at all times.
* If baby has to be taken for medical treatment, your partner may accompany them.
* Pacifiers and formula supplementation are only given to your baby after a discussion with you.
* Hepatitis B vaccine, Vitamin K, and antibiotic eye ointment are recommended for all newborns, and are given after one hour of bonding time.
* The baby’s first bath is given after 8 hours of life.
My Birth Preferences

About me
Mother’s preferred name: _______________________________________________________
Baby’s name and sex: __________________________________________________________
Who I want in the room with me: _______________________________________________
Pediatrician: __________________________________________________________________

- During labor:
  - I would like the lights in the room to be dimmed.
  - I would like to limit the number of guests and phone calls I have by disconnecting my phone and placing a sign on my door.

* Mobility
  - I would like to be mobile and out of bed as much as possible.
  - I would like wireless fetal monitoring.
  - I have no preference about IV access and tubing, as long as I am still mobile.
  - If possible, please just leave in a “saline lock” in case IV access is needed later.
  - I would like to labor in the shower

* If I appear to be in pain:
  - I would like more information about pain management during labor.
  - My partner/doula will be my coach for managing my pain in labor.
  - I would like an epidural as soon as possible.
  - I am considering an epidural or pain medication and will decide for sure when I’m in labor.
  - Please do not offer me pain medication. I will ask if I want it.

- While pushing
  - Please instruct me on how to push most effectively
  - I prefer minimal direction
  - Apply warm compresses on my perineum to help minimize tearing.
  - Please provide a mirror so that I can see my baby’s head
  - I would like to touch my baby’s head as it crowns.

____________________________________________________________________________
After delivery
* Please place my baby on my chest
  □ Immediately
  □ After being cleaned off
* I would like the cord to be cut:
  □ At around 60 seconds (routine)
  □ As recommended by MD to allow for cord blood preservation
  □ By my partner
  □ ________________________________
* Placenta
  □ I would like to see the placenta before it is discarded
  □ I plan to bring the placenta home (must provide a sealed container)

Postpartum
* Feeding:
  □ I plan to breastfeed
  □ I would like additional information and support to help me breastfeed successfully.
  □ I plan to formula feed my baby.
* Circumcision:
  □ No circumcision
  □ Circumcision in the hospital
  □ Plan circumcision after discharge

Is there any other information we should know to help care for you (e.g., fear of needles, exams, etc.)?
____________________________________________________________________________
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