

## My Childbirth Expectations

Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Obstetrician: \_\_\_\_\_ Pediatrician: \_\_\_\_\_

The Family Birth Place at Sacred Heart Hospital on the Emerald Coast is dedicated to exceeding your childbirth expectations by tailoring an experience that meets your unique needs and desires.

To help us provide the best experience possible, please check off which childbirth options you would prefer at Sacred Heart. Please understand that these requests will be followed based on the well-being of both mother and baby and that safety will always be the top priority.

For more information on your childbirth options, please attend one of our childbirth preparation courses or call us at (850) 278-3545. To register please visit [www.sacredheartemerald.org/familybirthplace/classes.asp](http://www.sacredheartemerald.org/familybirthplace/classes.asp)

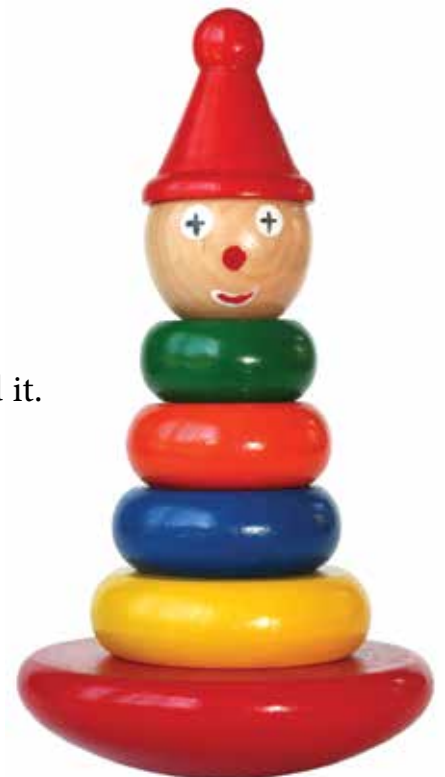
### My Labor Expectations:

#### *During My Labor, I Would Like:*

- My partner and support group to stay with me
- No IV fluids\*
- To walk and move around in early labor
- Dim, soothing lighting in my room
- To bring my own music
- To wear my own clothes during labor and delivery
- To avoid Oxytocin (Pitocin)
- To avoid artificial rupture of membranes (AROM)
- Other \_\_\_\_\_

#### *My Pain Relief Expectations:*

- Please don't offer me pain medication. I'll request it if I need it.
- If I decide I want pain relief, I'd prefer:
  - An epidural\*\*
  - IV medication
  - Movement during labor
  - Stretching on a birthing ball
  - Hydrotherapy
  - Aromatherapy brought from home
  - Massage by my support person



## My Delivery Expectations:

### *During My Delivery, I Would Like:*

- A mirror positioned for me to see the birth
- To avoid episiotomy
- My support person to take still photos
- Video taping (after delivery only)
- My support person to cut the umbilical cord
- My baby placed on my chest immediately after birth (vaginal birth) for skin-to-skin contact (highly recommended)
- To breast-feed immediately after birth (highly recommended)

## My Expectations for Mother-Baby Care:

### *After My Delivery, I Would Like:*

- Limited visitors
- My other child(ren) brought in to see me and meet the new baby as soon as possible after the birth
- My family members to see me and meet the new baby
- Exclusively breast-feed

\* Must have physicians order

\*\* Prior arrangements necessary

My support person(s) during labor & delivery will be:

\_\_\_\_\_

My support person(s) after my delivery will be:

\_\_\_\_\_

Signature of my physician: \_\_\_\_\_

My signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please discuss your completed checklist with your physician, who will then fax a copy of your preferences to the Family Birth Place. When you arrive, we'll be ready to help create a childbirth experience tailored specifically for you and your family.***

