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BIRTH PREFERENCES

PLEASE COMPLETE AND BRING TO BIRTH PLAN VISIT

1. Classes you have attended:

- Watched "Orientation to the Midwifery Center" Video (on TMC website)
- Early Discharge Class (recommended for discharge before 12 hours)
- Centering Pregnancy
- Breastfeeding/Newborn classes Where? _____
- Childbirth classes. Where? _____

2. Infant Care

A. Do you plan to breastfeed? Formula feed?

B. Have you breastfed before? _____ If you breastfed before, for how long? _____
Did you have any problems? _____

C. Do you have baby name(s) picked out (it's OK not to!)? _____

D. Name of pediatric provider _____

E. For a male baby, do you want him circumcised? _____

F. Do you consent to the following newborn treatments and screening tests (recommended to prevent disability and death in a newborn)?

- Vitamin K
- Erythromycin eye ointment
- Hepatitis B vaccination
- Hearing screen
- Genetic test
- Congenital heart disease screening

3. Delivery Plans

Family/Friends you plan to be with you

Name	Relation to you	Age (if child)	Present during birth?	Did he/she attend classes?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reminder: We encourage and welcome families to be present during your birth. Please remember that young children need to have a responsible adult (in addition to your birth coach) accompany them during their time at the birth center.

A. How do you envision your labor and birth?

B. What fears or concerns do you have about giving birth?

C. How do you see the Midwife's role in your labor & birth?

D. Please have your partner write their hopes and expectations of the birth experience:

E. Do you have any special requests?

4. After the birth plans:

A. What support/help do you have for the first weeks after delivery? _____

B. Do you plan to return to work? _____ If so, how long after delivery? _____

C. What are your plans for contraception? _____

CNM Notes:

- | | |
|--|--|
| _____ Orientation to the MWC model | _____ Short stay: Early discharge & home visit |
| _____ Early labor/when to call/how to reach us | _____ Postpartum Follow-up/support |
| _____ Admit/labor course | _____ AMTSL <input type="checkbox"/> YES <input type="checkbox"/> No |
| _____ Eligibility for MWC & transfer process | Notes: |
| _____ Birth Plan Review | |

Sign at the conclusion of the birth plan review:

I have reviewed my birth preferences with my midwife and had the opportunity to have my questions answered.

Patient Signature

CNM Signature