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BIRTH PREFERENCES

PLEASE COMPLETE AND BRING TO 35-36 WEEK VISIT

1. Classes you have attended:

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

2. Infant Care

- How are you planning to feed baby?
 - Breastfeed Pumped breastmilk Formula feed Breastmilk and formula
 Have you breastfed before? _____ If you breastfed before, for how long? _____
 Did you have any problems? _____
- Do you have baby name(s) picked out and want to share (it's OK not to)? _____
- Name of pediatric provider _____
- Do you consent to the following newborn medications and vaccine?
 - Vitamin K injection
 - Erythromycin eye ointment
 - Hepatitis B vaccination

Do you consent to the following newborn screening tests, recommended after 24 hours of life?

- Hearing screen
- Metabolic screening: heel stick
- Congenital heart disease screening: pulse oximeter on baby's ankle and wrist

3. Delivery Plans

Who will be present to support you during labor and birth?

Do you have a doula? If so, list them below. If you don't and you're interested, there is still time to find one.

Ask us for resources.

Name	Relation to you	(you can have more than 3 people if you want 😊)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reminder: We encourage and welcome families to be present during your birth. Young children need to have a responsible adult (in addition to your birth coach) accompany them while at TMC.

Do you consent to Pitocin AFTER the baby is born to prevent postpartum hemorrhage(PPH)? This is the global standard of care to prevent PPH. In MWC, postpartum pitocin is typically an injection in your thigh, on L&D it is given IV.

Yes No

How do you envision your labor and birth?

What fears or concerns do you have about giving birth?

How do you see your care team's role in your labor & birth?

Partners: please write your hopes and expectations of the birth experience:

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. How do you plan to prevent pregnancy postpartum? _____
(Bedsider.org is a great resource to check out all your options for hormonal and non-hormonal methods)

Leave this part blank to fill out with a CNM during your birth plan visit around 36 weeks

All Births at TMC:

_____ Early labor/when to call/how to reach us

_____ Admit/labor course

_____ Postpartum Follow-up/support

MWC:

_____ Orientation to the MWC model

_____ Eligibility for MWC & transfer process

_____ Short stay: Early discharge & follow up visit

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