



# BIRTH OPTIONS

EDD: \_\_\_\_\_ Physician/Clinic \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Cell# \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Doula Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Doula handout: \_\_\_\_\_

## Medical Information:

Pregnancy History or Risks/Other Medical History/ Surgeries: \_\_\_\_\_

Breast Surgeries/ Biopsies: \_\_\_\_\_ Thyroid Problems: \_\_\_\_\_ PCOS: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Group B Strep: \_\_\_\_\_

Other medical concerns: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Religious/cultural preferences: \_\_\_\_\_

## Labor & Birth:

IV Placed at Admission: \_\_\_ YES \_\_\_ NO

### EFM: Electronic Fetal Monitoring

\_\_\_\_\_ I would like intermittent monitoring as long as the baby is doing well

\_\_\_\_\_ I am open to constant monitoring

- constant EFM may be necessary during labor due to medical concerns as determined by my provider and if pain medication is used constant monitoring is also necessary

### AROM: Artificial Rupture of Membranes or breaking your water

\_\_\_\_\_ I want to avoid AROM

\_\_\_\_\_ I am open to AROM

\_\_\_\_\_ I am undecided- explaining the benefits and the risks

## Pain Medication Preference and Comfort Measures:

\_\_\_\_\_ I want an epidural at some point during labor. I will ask when I am ready

\_\_\_\_\_ I am undecided. If I am not coping well, please remind me of all my pain-relief options, including medication.

\_\_\_\_ Please do not offer me pain medications. I know what is available and will ask if I need them. Please remind me of the many highly effective natural relief measures available to me, including walking, rocking, shower, birth ball, controlled breathing, counter pressure, massage, deep relaxation, hot/cold compresses, aroma therapy, and others

- Pushing:**    \_\_\_\_ Spontaneous Pushing (when I feel the urge)  
                  \_\_\_\_ Directed Pushing  
                  \_\_\_\_ Variety of Pushing Positions  
                  \_\_\_\_ Squatting/ Birth Bar  
                  \_\_\_\_ Stirrups  
                  \_\_\_\_ Foot pedals

**In case of a C-Section,** \_\_\_\_\_ **will be with me in the OR.**

- If general anesthesia is necessary, I understand that no one is allowed in the OR with me, due to safety precautions
- If you are scheduled for a C-section, please notify the doula.

**Additional Notes for Labor and Birth:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Baby Information (gender, twins, etc.)** \_\_\_\_\_

**DISCLAIMER: I UNDERSTAND THAT MEDICAL CIRCUMSTANCES MAY OCCUR THAT WILL MAKE INTERVENTION NECESSARY BY MY PHYSICIAN. \_\_\_\_\_ Initials**

**It is medically advised that you come to the hospital within one hour after your water breaks or as instructed by your healthcare provider \_\_\_\_\_, initials**

Additional notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UMC Family Birth Center 806.775.8800**

**UMC Main Hospital Number 806.775.8200**