

Name _____ OB Provider _____

MOUNT AUBURN HOSPITAL BIRTH INTENTIONS AND PREFERENCES

Thank you for choosing our team for your care during pregnancy and birth. As an institution, we are committed to family-centered care and following evidence-based practice. Here are some standard Mount Auburn Hospital practices to keep in mind:

- We keep cervical exams to a minimum, doing them only if they will affect the management of your care.
- We do not perform routine episiotomies, enemas or shaving.
- Comfort measures include use of hydrotherapy and birth ball/stool. We are comfortable working with doulas.
- We do not require routine IV access, however there are medical situations in which an IV may be required, such as (but not limited to) a TOLAC (trial of labor after cesarean), dehydration, need for IV antibiotics, or use of an epidural.
- For the majority of our clients, intermittent fetal monitoring is an option. Some exceptions include TOLAC candidates; use of pain medication, inductions, if there is a fetal heart rate abnormality, or certain complications of pregnancy.
- In accordance with World Health Organization guidelines, we recommend active management during the delivery of the placenta, which includes a small dose of oxytocin after the baby is born to prevent postpartum hemorrhage.
- We practice delayed cord clamping and immediate skin-to-skin unless there is an immediate medical necessity to evaluate the baby. We encourage “rooming-in” and keeping your baby in your room postpartum.
- We value your choice around feeding your baby. If you chose to breastfeed, we support you and have lactation consultants on staff who will see every patient prior to discharge.
- We are a teaching hospital and may ask if you would be willing to have a student involved in your labor and birth. We encourage you to consider participating.

Please answer the following to help us better care for you:

Support person(s) for birth, including partner, Doula or other:

Partner involvement/preferences (eg: cord cutting, assisting in catching the baby, announcing sex of the baby or any other pertinent partner or support person(s) information)

Any childbirth education classes attended:

Intention regarding pain management for labor (options include un-medicated, hydrotherapy, nitrous oxide, narcotic medication, epidural or open to decide in the moment):

What is your preferred style of interaction with medical team? Examples: Do you like detailed explanations or concise reports? Need to know what the data says? Prefer supportive language? Prefer to avoid medical terminology?

Please indicate your preferences if a cesarean birth is planned or becomes necessary. We offer the following in non-emergent situations; one support person for the delivery, choice of clear drape or standard, and skin-to-skin with baby in the operating room.

Please share with us anything else about who you are and what you need (i.e., family traditions, spiritual, cultural or religious customs, specific fears/concerns, health history, labor or birth history that might help us better support you in labor etc.) Please feel free to expand on separate sheet if needed.

PLAN FOR INFANT POST DELIVERY

What is your plan for feeding your newborn?

Planning circumcision, yes or no? Standard practice for pain management during circumcision is the use of sucrose water and local lidocaine injection. We also offer soothing method of a pacifier. Vitamin K injection (not oral) is required before circumcision.

Standard practice is for babies to receive Hepatitis B Vaccine, Erythromycin eye ointment and Vitamin K injection after the first hour of birth. Please let us know if you plan to decline any of these.