



Birth Wish List

Name _____ Doctor or Midwife _____

Support Person(s) _____ Baby's Name _____

Use this checklist to guide your discussion with your practitioner before coming to the Alexander D. Brickler, MD Women's Pavilion.

Note your preferences and give copies to your caregivers when you arrive at the Women's Pavilion. At Tallahassee Memorial, our goal is to meet your birth requests. However, we encourage you to be flexible as safety concerns for you and/or your baby may require a different medical plan.

BABY-FRIENDLY

As a hospital, we have embarked on a journey towards becoming a Baby-Friendly facility. Through progressive programs, we hope to support the precious bond between you and your child.

- **Skin to Skin** - If safe for baby, skin-to-skin contact is made immediately after birth.
- **Delayed Bath** - Bath is delayed for up to 24 hours after giving birth.
- **Promoting Breastfeeding** - Through expanded resources, we promise to give you every opportunity to breastfeed your child.
- **Rooming In / Rest and Recovery** - Research shows that mothers and babies rest better when in the same room. They will have a 24 hour period focused on bonding, relaxation and recovery immediately following the birth.

LABOR & DELIVERY

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| <ul style="list-style-type: none"> <input type="checkbox"/> I'd like to walk and move around as I choose if it is safe for me and my baby. <input type="checkbox"/> I'd prefer intermittent fetal monitoring if it is safe for my baby. <input type="checkbox"/> If I need an IV, I prefer a saline or heparin lock (a small tube connected to a catheter in a vein that can be capped or uncapped for easy IV access). <input type="checkbox"/> I prefer to let my water break naturally. <input type="checkbox"/> I plan to use natural pain relief techniques (such as breathing techniques, hypnosis, massage, showering, and changing positions). <input type="checkbox"/> I'll decide whether to use pain medication as my labor progresses. <input type="checkbox"/> I'd like to be offered an epidural or other pain medication as soon as possible. <input type="checkbox"/> I'd like to be allowed to push when and how I feel I should. | <ul style="list-style-type: none"> <input type="checkbox"/> I'd like to be coached on when to push and for how long. <input type="checkbox"/> If able, I'd like to choose the position I deliver in (such as squatting, semi-sitting, lying on my side, or on my hands and knees). <input type="checkbox"/> I'd like to view the birth using a mirror. <input type="checkbox"/> I'd like to touch my baby's head as it crowns. <input type="checkbox"/> I'd like to discuss having an episiotomy versus tearing naturally. <input type="checkbox"/> I prefer to use tools to help labor progress, such as birthing ball, tub, etc. <input type="checkbox"/> I'd like my baby to be dried off before being brought to me. <input type="checkbox"/> I'd like to wait until the umbilical cord stops pulsating before it's clamped and cut. <input type="checkbox"/> I'd like my support person or attendant to cut the umbilical cord. <input type="checkbox"/> I made arrangements to store my baby's cord blood. |
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Birth Wish List continued



FAMILY CARE/POSTPARTUM

- I'd like all procedures that are done and medications that are given to my baby to be explained to me beforehand.
- I'd like my baby evaluated and bathed in my presence.
- If my baby must be taken from me to receive medical treatment, I'd like _____ to go with him or her.
- I plan to exclusively breastfeed my baby while in the Women's Pavilion.
- I'd like assistance to help me learn to breastfeed.

- I'd like to be consulted before my baby is offered a bottle or a pacifier.
- I plan to feed my baby formula.
- If my baby's a boy, I do/do not want him to be circumcised at the hospital. I do I do not
- If my baby is taken away and it is appropriate, I would like my support person to follow the baby.

IF C-SECTION IS NECESSARY...

- I prefer an epidural or spinal block and to remain conscious during the procedure.
- I would like my hands to remain free so I can touch my baby after they are born.
- If possible, I would like my support person to be in the operating room for the procedure.
- I prefer to know what is going on during the procedure with regular updates from the medical team.
- If skin-to-skin is not possible in the delivery room, I would like my support person to do skin-to-skin until I am in recovery.

- If my baby is taken away and it is appropriate, I would like my support person to follow the baby.
- I would like the placenta to be donated.
- If possible, I would like my support person to be allowed in the recovery area.
- I would like to breastfeed as soon as possible after delivery.

IF THE BABY NEEDS CARE IN THE NEONATAL INTENSIVE CARE UNIT...

- If possible, I prefer to provide breast milk for the baby through pumping.
- I would like to see the baby as soon as possible after delivery.

- I would like my support person to follow the baby to the NICU.
