

MY **UAB***Baby* JOURNEY



Labor & Birth Checklist

ABOUT ME

My Name: _____

Primary OB Doctor: _____

Partner's Name: _____

Primary Clinic: _____

Previous Delivery: ☐ Yes ☐ No Previous Delivery: ☐ Cesarean ☐ Vaginal

Previous breastfeeder: ☐ Yes ☐ No Baby's Sex: ☐ Boy ☐ Girl ☐ Surprise

Baby's Name: _____

Pediatrician: _____ Due Date: _____

Pregnancy Complications: _____

What is most important to you on this journey? _____

VISITATION

During labor I would prefer:

☐ No visitors other than my support person(s) noted below

☐ Having visitors in my labor room

☐ Having a Doula as part of my support

During the delivery of my baby, I would like the following two people to be present: _____

If I have a Cesarean section, I would like the following person to be in the OR with me: _____

I would like to use this "privacy word/phrase": _____

LABOR

☐ I would prefer to go into labor naturally.

☐ I would like my labor to be induced during the ☐ 39th ☐ 40th ☐ 41st week.

Cervical ripening (if labor is induced):

☐ I would like more information on the cervical ripening method right for me and my baby.

Contractions:

☐ I would like to use Pitocin to strengthen or start my contractions.

☐ I would like to walk, use the birth ball and step stools, and/or use nipple stimulation to help strengthen contractions.

Water breaking:

☐ I am open to my provider breaking the bag of water around my baby to help labor progress.

☐ I would like to allow my water to break on its own.

FETAL MONITORING

☐ I plan to listen to my baby's heart rate continuously through labor and birth.

☐ Using wireless monitors is important to me, to allow me to get out of the bed during labor and birth.

☐ I prefer intermittent monitoring as long as my labor is not complicated.

ENVIRONMENT

I would prefer:

☐ Limited noise in my labor room

☐ Music (I will provide)

☐ TV

☐ No TV

☐ No noise preference

☐ Dim lights

☐ Flameless candles (I will provide)

☐ No light preference

☐ Other _____

EQUIPMENT

☐ I am interested in using a birthing ball if my labor is uncomplicated.

☐ I am not interested in positioning equipment during my labor and birth.

☐ I would like to have a mirror in my room during labor.

☐ I would like to have a mirror in my room for my delivery.

☐ I am not interested in using a mirror during my labor and delivery.

PAIN MANAGEMENT PLAN

- ☐ I plan to avoid medicated pain management during labor.
- ☐ I am interested in more information on non-medicated pain management options.
- ☐ I plan on using medications through my IV to manage the pain of labor and delivery.
- ☐ I would like an epidural if my clinical condition allows it.
- ☐ After initially discussing my pain management plan, I do not want pain medicines during labor unless I ask for them.
- ☐ Please assess my pain needs throughout my labor and delivery.

PUSHING

- ☐ I am interested in pushing when the urge to push occurs.
- ☐ I would like my health care team to coach me through pushing.
- ☐ I would like to push in alternative positions.
- ☐ I am interested in delayed pushing.

DELIVERY

- ☐ I would like my support person to cut the umbilical cord, if appropriate.
- ☐ I would like to peruse a vaginal delivery after a cesarean delivery.
- ☐ I plan on taking my placenta home with me.

BREASTFEEDING

- ☐ I would like to breastfeed my baby as soon as possible after delivery.
- ☐ I want to express/pump my breast milk only.
- ☐ I would like assistance with obtaining a breast pump.

PHOTOGRAPHY

- ☐ My support person will be documenting our journey through photography.
- ☐ I plan to include a birth photographer in my support team.
- ☐ The most important photo opportunities to me are: _____

DISCHARGE

- ☐ I am interested in being discharged early if me and my baby’s condition allow it.

PUBLIC CORD BLOOD BANKING

- ☐ I would like more information on the public cord blood banking program.
- ☐ I would like to participate in the public cord blood banking program.

Are there any cultural practices, religious customs, or other things you would like to incorporate into your birth plan? (i.e. female providers if possible, timing of induction of labor, etc.):

NOTES:

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Thank you for allowing UAB Medicine to partner with you on this journey.

