

Feeding Your Baby

Exclusive breastfeeding is recommended by many world, national, and regional health organizations. Our lactation consultants and nurses are here 7 days a week to support you in reaching your feeding goals, no matter what they are. Please tell us how you'd like to feed your baby by marking your preferences below:

- I would like to exclusively breastfeed my baby.
- I would like to pump and feed my baby pumped breast milk.
- I would like to feed my baby formula.
- I would like to feed my baby a combination of breastmilk and formula.
- I would **not** like my baby to be given pacifiers, bottles or formula.
- Specific requests or concerns: _____

Other Preferences

Please use this space to share with us other preferences that will be important to you throughout your experience at the Family Birth Center.

Our Childbirth and Parenting Education classes are here for you to learn more about labor, birth, feeding and caring for a new baby, and more.

Call (207) 662-6132 or visit www.mmc.org/childbirth-parenting-education for more information.

Family Birth Center at Maine Medical Center

Your Birth Preferences



Congratulations! We look forward to welcoming your new baby! Please take a few moments to tell us how we at the Family Birth Center (FBC) can help support your birth preferences.

Use this as a tool to share your preferences with your support team, providers, and nurses, so we can work together to make a positive birth experience for you and your family. We encourage you to ask questions throughout your care and be involved in the decision-making process.

Keep in mind that you might not be able to follow every wish depending on how your labor and birth unfolds and you certainly have the right to change your options as labor progresses.

Your name _____ **Estimated Due Date** _____

Partner's/Support Person's name _____

Names of others who will be at the birth _____

Your OB provider _____ **Preferred Language** _____

Tell us what we should know about your culture, spirituality, or religion _____

Tell us how you like to get information (You may choose more than one):

- Visually (booklets, handouts)
- Verbally (explanations/discussions)
- Electronically (videos, websites, etc.)
- All of the above

Environment

Think about the kind of environment you would like in your labor room. Consider things like room noise and lighting, LED candles, music, wearing your own clothing, extra privacy, having personal belongings from home such as blanket or pillow, etc. We want you to be as comfortable as possible. **Make some notes for yourself and let us know how we can help.**

Labor Comfort Measures

Our **Comfort Measures in Labor** handout reviews the variety of non-medication options available to you in the Family Birth Center. In the section below you will see many of those options outlined. Please mark the ones you feel will be most helpful for you.

- Freedom to move around and change positions
- Massage
- Focused breathing
- Birth ball
- Birth stool
- Tub/shower
- Hot packs
- Cold packs
- Walking
- Upright labor positions
- Rocking Chair
- Other: _____



Pain Medicine Preferences (you may choose more than one)

To learn more about pain relief options, see the **Your Care at the Family Birth Center** booklet or the **Labor Pain Options at MMC** handout.

- Please do not offer me pain medicine. I plan to use natural pain relief techniques.
- I will decide whether to use pain medicine as my labor progresses and will ask if/when I'm ready.
- I would like the staff to discuss options with me throughout the labor.
- I would like an epidural.
- I would like to use nitrous oxide.
- Specific requests or concerns: _____

Pushing Preferences (you may choose more than one)

Note that some options may depend on medicine used, how labor is progressing and the health of you and your baby. To learn more about pushing, see page in the **Your Care at the Family Birth Center** booklet.

- I would like to learn about and use a variety of positions for pushing.
- I would like a mirror placed at the foot of the bed so I can watch my baby's birth.
- I would like to touch my baby's head as it crowns.
- I would like _____ (e.g. name of birth partner) to announce the sex of my baby (if not known).
- Specific requests or concerns: _____

In Case of a Cesarean Birth (you may choose more than one)

To learn more about Cesarean Birth, see the **Your Care at the Family Birth Center** booklet.

- At the time of birth I would like to use the clear drape so I can see my baby's birth.
- I would like my support person to be able to take photos/video of the baby.
- I would like be able to listen to music, if possible.
- I would like my birth partner to be able to shorten the cord soon after birth.
- I would like to hold my baby skin-to-skin in the operating room.
- I would like to breastfeed as soon as possible.
- Specific requests or concerns: _____

Newborn Care

The American Academy of Pediatrics states that healthy infants should be placed in direct skin-to-skin contact with their mothers immediately after birth and stay there until the first feeding is finished. Skin-to-skin throughout your stay and once you're home is recommended, too. You can expect skin-to-skin care to be offered and supported throughout your stay. To learn more about newborn care, see the **Your Care at the Family Birth Center** booklet.

Please check which of these options you would prefer:

- I would like my birth partner to cut the umbilical cord.
- I prefer my provider cuts the cord.
- I would like all newborn procedures (ie. newborn exam, vitamin K, eye ointment, etc.) to be done while I hold my baby (if possible).
- If my baby is a boy I would like to have him circumcised in the hospital before we go home.
- Specific requests or concerns: _____