The health care providers at Mount Sinai Hospital including obstetricians, family doctors, midwives and nurses believe that birth is a normal physiologic event, which can be life changing. We believe that participating in this event with you is important to us throughout your whole hospital stay. We want to learn more about you and have a way for you to communicate your hopes and wishes to us regarding your labour, birth and care throughout. Planning your birth experience is really about determining your wishes. Circumstances during your labour and birth can sometimes change the plan you made in your pregnancy. This form is intended to begin your thinking about your wishes for this experience, and it is intended to guide your discussion with your care providers. We hope that you will take the time to fill out and talk it over with your health care provider in pregnancy. Then please bring it with you when you are in labour so it can be discussed with your care providers during your hospital stay and become part of your chart.

Getting to Know Me:

My due date is: ___________________________
I am expecting ☐ multiples ☐ twins ☐ boy ☐ girl ☐ a surprise?
Baby's(ies) name(s) is/are already decided ______________________
The doctor who cared for me in my pregnancy ________________________________________________________________
The following people will be with me:

During labour:

Partner: ________________________ (name) Partner: ________________________ (name)
Doula: ________________________ (name) Doula: ________________________ (name)
Friend/Other: ________________________ (name/relationship) Friend/Other: ________________________ (name/relationship)

They will support me by: ___________________________________ ________________________________________________
If I have a Cesarean Birth ________________________ (name) will accompany me into the Operating room.

Pain Management preferences:
☐ I want a medication-free birth
☐ I want a medication-free birth if my labour goes well, but will consider pain medications if things do not go as expected
☐ I want medication but I would like to go as long as possible without it
☐ I want medication as soon as possible

Options I hope to use in labour include:
☐ tub bath/shower
☐ hot/cold compresses
☐ birthing ball/ labour stool
☐ different positions, eg. Side lying
☐ use of the squatting bar
☐ walking
☐ pillows (may bring own)
☐ listen to my own music
☐ epidural
☐ NitroNox (laughing gas)
☐ Breathing and relaxation
☐ other options ________________________

Other things I would like you to know about me/us (important issues, fears, concerns, previous experiences):

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

After the baby(s) is born, I would like to:
☐ have skin to skin care for a least one hour after birth
☐ have ________________________ (name) hold my baby(ies) to skin if I am not able to do this myself
☐ have ________________________ (name) cut the cord
☐ have ________________________ (name) take pictures/video
☐ have ________________________ (name) put on the first diaper
☐ have delayed cord clamping if possible

If my baby(ies) needed special care, I would like to have ________________________ (name) be offered the opportunity to go with my baby(ies) as soon as it is possible.
☐ I have arranged for stem cell collection and I will bring my collection kit and the completed paperwork

Other things that are important to me in the care of my baby(ies) ________________________________

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

The physician who will care for my baby is _____________________________________________________________

My plan for feeding my baby is:
☐ breastfeeding
☐ formula feeding
☐ pumping and feeding pumped breastmilk by bottle
☐ I had problems with breastfeeding a previous baby and would appreciate extra help this time

During my stay in the mother/baby unit, I would like to:
☐ have ________________________ stay with me in my room, for support
☐ be present for any tests or examinations of my baby, eg. Newborn screening
☐ give the baby’s first bath with help

The following people will be helping me at home: ____________________________________________________

Other things that are important to me in the care of my baby(ies) ________________________________

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Date (YYYY MM DD) Time (HH:MM) Mother’s Print Name Mother’s Signature

Date (YYYY MM DD) Time (HH:MM) Support Person Print Name Support Person Signature

This plan has been reviewed with the patient and family at transfer from intrapartum to postpartum

Date (YYYY MM DD) Time (HH:MM) Print Name of Intrapartum Nurse Signatures

Date (YYYY MM DD) Time (HH:MM) Print Name of Post Partum Nurse

Copy Distribution: White Original → Patient Chart Yellow Copy → Patient