

Birth Experience Questionnaire

Name: _____

Partner's

Name: _____

Baby's

Name: _____

Other Childrens'

Names/Ages: _____

1. For this labor experience, what are you most excited about?

2. For this labor experience, what are you most fearful of?

3. In your previous birth experience (if applicable):

What went well?

What could have been better?

4. Is there anything else you want your providers to know about your previous health history, previous history of sexual assault, birth trauma (if applicable), and/or breastfeeding experience?

5. What kind of mood do you prefer during your labor experience?

A. Quiet and Calm

B. Exciting and Loud

C. Whatever the Team Brings

D. Other: _____

6. What kind of communication do you prefer during your labor experience?

A. "I want to know everything that is happening."

B. "I want to know what's happening only when it is relevant to my safety."

C. "I don't want to know what's going on down there, just get the baby out."

D. "Something else." _____



A Collaborative Birth Plan

Your Name: _____

Baby's Name: _____

Partner's Name: _____

OBGYN/Midwife: _____

Pediatrician: _____

Your Due Date: _____

Group B Strep (circle one):

Allergies: _____

Positive Negative

Last Cervix Exam: _____

The priority for my labor experience is to have the safest delivery possible for me and my baby. I understand that unexpected situations can occur.

I am flexible to changes as needed.

Listed below are my birth preferences in the ideal situation.

Support People/Visitors

1. I would like the following people (names/roles) with me during labor:
2. I would like the following people (names/roles) with me during the delivery:
3. If I need to have a cesarean, I would like the following person to be present with me:
4. When I am postpartum (Check all that apply):
 - Anyone can visit.
 - Only approved persons can visit:
Names: _____
 - It's ok for students (such as medical and nursing students) to be in the room.
 - I prefer to not have any students in the room.

Labor

Mobility

(choose as many as you wish):

Remaining active is important to me and I would appreciate telemetry monitoring if possible.

I would like to try different positions in labor to help the baby come down in the pelvis.

Fluids

(choose as many as you wish):

I would like to drink fluids during labor.

I would like to have a Heplocked IV.

I am okay with an IV and receiving fluids as needed for my care.

Coping Strategies

(choose as many as you wish):

I would like to take a shower or bath during labor.

I would like to try a birthing ball, squat bar, bean bag, yoga mat if available.

Other: _____

Labor Management

(choose one):

I am hoping for minimal interventions as long as I am making progress and the baby is okay.

I am okay with medications and methods (breaking water, pitocin) to help me labor especially if I am not making any progress.

Pain Management

I do not want anesthesia offered to me during labor unless I request it

I would like anesthesia.

I would like an epidural

I would like IV pain medicine

I would like nitrous oxide

I am not sure if I want anesthesia. Please discuss options with me.

Pushing

(choose as many as you wish):

I would like:

The lights to be dimmed during pushing.

A mirror during pushing.

A warm compress on my perineum while pushing.

Other: _____

Choose one:

I would like to push with assistance (counting, holding legs, etc).

I would like to push without assistance if I am making progress.



Vaginal Delivery

(choose as many as you wish)

- I would like delayed cord clamping for 30-60 seconds after birth.
- I would like my partner to cut the umbilical cord
- I would like to have skin-to-skin with the baby immediately after delivery as long as the baby does not need any additional assistance.
- I would like to breastfeed as soon as possible.
- Other: _____

Cesarean Delivery

In the event of a Cesarean
(choose as many as you wish):

- If available, I would like a clear drape to see the birth of my baby.
- My partner would like to trim my baby's umbilical cord later when it is appropriate.
- I would like to do skin-to-skin as soon as possible after my baby's assessment.
- I would like to see my baby before my baby is given eye drops.
- I would like to breastfeed as soon as possible.

Postpartum Care

Feeding

I would like to (choose one):

- Breastfeed exclusively
- Bottle-feed/Formula
- Both breastfeed and bottle-feed

Circumcision

If my baby is a boy,

- I would like him to be circumcised.
- I would not like him to be circumcised.

Rooming-in

If available, I would like the baby to stay (choose one):

- In my room at all times.
- In the nursery when I am asleep.
- I am not sure yet.
- Other:

