



## Roll with it, baby

Know what you want but try not to become fixated on the details. Moms who are flexible about decisions in labor are more likely to be satisfied with the outcome.

## Birth Preferences document: Choices to consider

You have more options for your labor and birth today than ever before. In writing your preferences, the signed document you create clearly lays out your decisions and wishes, and lets your care providers know how you define a successful birth outcome. Blissborn encourages you to frame this important document as a set of preferences, which implies an understanding that every birth is different and that situations change. Healthcare providers are usually respectful of a family's wishes as long as everything is going well.

It's important to personally provide a copy of your signed Birth Preferences to your care provider. A copy should be provided beforehand to the hospital or birth center, even if you're planning a home birth. Make sure it gets into your chart. Bring extra copies to give to every caregiver on staff while you're in labor, printed on brightly colored paper. Try to keep it to one page. Consider a contingency Birth Preferences document in case of cesarean surgery.

Make informed decisions about your plans for your baby as well by doing your research now. Some procedures are standard, but not required. Find out if they're right for you and your baby. See "After the Baby Comes" for details. If you want non-standard care for your baby, be sure to include it in your Birth Preferences.

Regardless of your choice of birth place, you should also look at creating a healthcare proxy, which is a document designating someone to make healthcare decisions should you become unable. It might need to be notarized, depending on your state laws. Make sure this is added to your medical file before you check in to the hospital or birth center, or before you go into labor if you're having a home birth.

You may also want to request a copy of the hospital admission forms before you arrive at the hospital. Look over the forms together, and remember that it's your option to sign, as well as your option to customize the form by striking through sections and initialing your changes before you sign. Check with the hospital about submitting the forms ahead of time to speed the process when you're in labor.<sup>52</sup>

In this section you'll find a list of common options. There are many more to think about and add to your document if you wish. Use the lists of choices below to start your research and discover your preferences. You'll find the pros and cons of many options right here in your Parent Manual. To get even more information, read some books on the "Recommended reading" list in the Appendix. Look around at the lending library at your local birth network or resource center. Talk to your healthcare provider to find out what's possible and likely in your birth environment.

Work on your Birth Preferences with your partner so you are both on the same page, literally. You can use the Birth Preferences example document as a guide. Educate yourselves as you go. Your time and effort now will pay off in labor and birth, as you make informed decisions and advocate effectively for your family's wishes.

### Choices during labor and birth

- The use of hypnosis (includes dim lights, soft music, quiet, playing Blissborn recordings, refraining from speaking to the mom during contractions)

*"The opposite of courage in our society is not cowardice, it is conformity."*

~Rollo May

- Information about the mom's special needs including physical and/or emotional conditions, and dietary restrictions
- The family's cultural and religious background and wishes<sup>53</sup>
- Use of photography and video
- Who will attend the birth, including the partner, family, friends, and doula
- Obtaining the mom's consent regarding any and all procedures
- Providers obtaining permission before conducting vaginal exams, and receiving minimal vaginal exams
- Avoiding pubic shaving (*this is more and more rare*) and routine IVs
- Access to food and drink
- Intermittent or continuous electronic fetal monitoring, external vs. internal
- Receiving complete, clear information about the risks and benefits as well as the cost of any procedures, tests, interventions, drugs, and treatments
- General wishes about interventions, drugs, tests and treatments
- Providers not promoting analgesic or anesthetic drugs at any time<sup>54</sup>
- Alternative pain-management strategies (hypnosis, relaxation, massage, changing positions, warm water, etc.)
- Freedom of movement during labor
- Allowing the mom's body to progress at its own pace during labor
- Remaining in one room for labor and birth, and immediately postpartum
- Showering and bathing during labor
- Water birth
- Avoiding amniotomy (*breaking the amniotic sac*) unless absolutely necessary
- Freedom to try different pushing positions
- Avoiding episiotomy (*perineum tissue cut to enlarge the vaginal opening*)
- Avoiding vacuum extraction and forceps delivery
- Using counter-pressure on perineum during crowning to minimize tearing
- Avoiding pulling on the baby's head or twisting the neck in order to free the shoulders from the birth canal
- The desire to get a second opinion before making any decisions about cesarean
- Cesarean surgery choices (if necessary) such as transverse (*bikini*) incision, who attends, who stays with the baby, and immediate and prolonged contact with the baby after the birth, "gentle cesarean" processes



### Natural birth

A truly natural birth is one in which the mom and baby are unmedicated and the baby is born vaginally; where labor and birth unfold in their own way, in their own time. So when describing your Birth Preferences, it helps to be specific.

## Choices after the birth

- Avoidance of bulb suction to clear baby's airway, or deep endo-trachial suction if needed (*this is rarely needed*)
- Placing the baby on the mom's chest or stomach immediately
- Uninterrupted contact with the baby from the moment of birth
- Leaving the umbilical cord intact until it stops pulsing
- Partner cutting the umbilical cord
- Special requests for the placenta
- Cord blood harvesting or donation
- Skin-to-skin contact for the first hour
- Rapid initiation of breastfeeding (definitely within 30 minutes of birth, if not immediately)
- Rooming-in with the baby
- Delaying non-essential procedures for at least an hour to bond with the baby
- Delaying or avoiding procedures such as Vitamin K injection and eye ointment application (no silver nitrate), and doing them well after the initial bonding period
- Delaying bathing for at least 24 hours, avoiding scrubbing the vernix from the baby's skin
- Partner accompanying the baby if for any reason the baby must leave the room
- Doing the baby's routine examinations on the mom's chest (*where the baby has a better heart rate and respiratory rate than on the examination table*)<sup>61</sup>
- Co-sleeping with the baby
- Leaving the penis intact vs. circumcision (or insisting on staying with the baby during the procedure if circumcision is elected)
- Breastfeeding exclusively (avoiding formula, sugar water and pacifiers)
- Delaying the first vaccinations, and other preferences regarding vaccinations
- How soon after the birth you would prefer to leave the hospital or birth center