Your Birth Preferences

Fill out this form to let us know your preferences.

Please print and present these birth preferences to your delivery team once you're admitted to the hospital. If you have any Labor & Delivery accommodation questions prior to admission, please call the Obstetrics Concierge at 650-691-4897.

Congratulations! You're expecting — and we're honored you've chosen El Camino Health to care for you and your baby/babies while you give birth. We'll do all we can to shape your birth experience according to your preferences, while keeping you and your baby safe and as comfortable as possible. You can help us do that by filling out this form and choosing your options.

We will always do our best to honor your wishes, while keeping your safety and health our top priority.

A birth plan is not a contract — you can change your mind as delivery gets closer. Make sure to talk to your doctor and your baby's pediatrician to answer any questions or concerns.

☐ My doctor or nurse midwife's name is:		
☐ The pediatrician I have chosen is:	.	

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Mother-Baby Health

2500 Grant Road | Mountain View, CA 94040 | 650-940-7000 815 Pollard Road | Los Gatos, CA 95032 | 408-378-6131







Environment

A relaxing, nurturing environment can help you have a positive birth experience. That's why we have relaxation videos on the TV in each labor room, lavender oil for aromatherapy and other amenities to help put you at ease. You can choose who stays with you during delivery. Let us know your preferences:
\square I prefer the lights in the room to be dimmed.
☐ I want to limit the number of guests and phone calls I have while I'm in labor by disconnecting my phone and placing a do not disturb sign on my door.
\square I would like the hospital staff to help me limit visitors during labor.
\square I would like to be offered essential oils.
$\hfill \square$ I prefer wireless monitoring if possible to allow for ease of moving around the labor room.
Coping with Labor
You can choose from many options for coping with labor. We recommend being out of bed as much as possible (walking or rocking, for instance). Let us know your preferences to help with this very special time in your life:
☐ I prefer intermittent fetal monitoring instead of continuous monitoring, if safe for my baby while I am in labor. Fetal monitoring tracks the baby's heart patterns to determine whether we need to intervene in the birthing process.
$\hfill \square$ I plan on an epidural (a local anesthetic to help block pain below the waist) for pain management.
\square I am open to discussion with my care team on pain medication and management.
☐ I prefer not to be offered pain medication. I will ask for it if I need it.
☐ I would like to use a birthing ball, labor stool, peanut (an inflatable ball shaped like a peanut) or other assistance device if available.

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Delivery

El Camino Health supports family bonding by placing babies on the chest for skin-to-skin
contact as soon as possible after delivery. In the second stage of labor we provide a warm
compress to decrease the risk of perineal tearing. It is not standard to cut an episiotomy, but this
is done if there is a specific need to facilitate immediate delivery. A vacuum to avoid cesarean
section is done only if an emergent need arises. We practice delayed cord clamping for 60
seconds whenever possible. We are here to support you through the birthing process, but some
women hire an additional certified birth assistant/Doula to assist in their labor and delivery.
,
\Box I do / do not (circle one) plan to have a certified birth assistant/Doula to assist me during my labor and delivery.
☐ I would like to be present and awake when the nurse shift changes, so I can talk to the nurse
who will be caring for me and my baby/babies.
,
$\hfill \square$ I prefer to choose what position I will be in when I am ready to push such as lying on my back
semi-sitting, squatting, lying on my side, or on my hands and knees if clinically appropriate for
my delivery.
☐ I would like a mirror available so I can see my baby being born.
☐ I would like to touch my baby's head as it crowns.
☐ I would prefer my baby to be lightly dried off before being placed on my chest.
☐ If possible, I would like the cord to be cut by my partner or other adult named:
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Infant Care

Three standard medications recommended by all pediatricians are administered in Labor & Delivery. These are:

- Hepatitis B vaccine To prevent Hepatitis B, which can occur without symptoms and lead to liver damage and liver cancer.
- Vitamin K shot To provide protection against bleeding that could occur because of low levels of vitamin K in infants.
- Antibiotic eye ointment As a preventive measure against potential risk of severe eye
 infection.

☐ I would like my baby to receive all three of these medications.
□ I decline to have my baby receive:
□ I plan to have my baby's cord blood collected at birth and will obtain a cord blood collection kit prior to admission. (El Camino Health does not provide cord blood collection kits.)
After Delivery
Your care team will support your decision when it comes to feeding your baby/babies. Should you decide to breastfeed, all our maternity nurses are trained in lactation support and will help you get started. We also have expert lactation consultants — registered nurses who are International Board Certified Lactation Consultants (IBCLCs) — to provide an extra level of support. To request to see a lactation consultant, just ask your nurse. Let us know your preferences:
☐ I plan to exclusively breastfeed while in the hospital and would like to be involved in the discussion if my nurse or doctor thinks my baby needs formula.
\square I plan to both breastfeed and feed with formula while in the hospital.
\square I plan to exclusively feed with formula while in the hospital.

☐ I would like the hospital staff to help me limit visitors after delivery.

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$\hfill \square$ I would like to be present and awake when the nurse shift changes, so I can talk to the nurse who will be caring for me and my baby.
\square I would like to see a social worker while in the hospital.
☐ If my baby/babies must be taken to receive medical treatment, they should be accompanied by my partner or other adult named:
☐ If I have a boy, I do / do not (circle one) plan on having him circumcised.
Other Preferences
Important Information About My Pregnancy
and/or My Baby's Expected Needs

