



Regency Center for Women and Infants Preference List

Name: _____ Partner's name: _____

Daytime phone: _____ Baby is due: _____ Doctor: _____

We wish to use the following preference list as a communication tool to express our wishes for our childbirth experience at the Winter Haven Hospital Regency Center for Women and Infants. We understand that it is our responsibility to share this with our OB physician before admission. We also understand that medical situations may arise that make it necessary to change our plan.

During Labor: If possible, my preferences are... Key: [X] = Standard Practice [] = Choices

- Ice chips
- Saline lock or IV (for Group B Strep antibiotics, pitocin, or fluids as necessary).
- Continuous fetal monitoring except when walking or in the shower.
- Have 2 labor support persons present.
- Be out of bed most of the time.
- Drink clear fluids.
- Use the birth ball ___rocking chair___, and/or shower.
- Try other labor support measures before using pain medication.
- Please don't offer me pain medication. I'll ask for it if I need it.
- Have medications and/or an epidural as soon as allowed.
- Have more than 2 labor support persons present (indicate who: _____).
- Not have anyone other than my main support person present.
- Bring music and my own tape/CD player.
- Warm or cold packs on my back.
- Dim lights ___ Room door closed ___ TV on ___ TV off ___

Other:

During and at Birth: If possible, my preferences are...

- Use of delivery bed for birth.
- Use alternate positioning for pushing (side-lying, squatting, _____)
- Use self-directed pushing during urge.
- Use squat bar on the bed (until time of birth).
- Prefer no episiotomy.
- Watch myself give birth in a mirror.
- Hold my baby right away, putting off any procedures that aren't urgent.
- Have my partner cut the cord.

Other:

(Continued on back)

After Birth: If possible, my preferences are...

- Baby to mother's arms for skin to skin care unless otherwise indicated.
- Routine newborn care (weight, measurements, bath) in mother's room.
- Spend time skin to skin with my baby.
- Breastfeed during the first hour.
- If I am not able to provide skin to skin care I designate _____.
- Have other family members visit during the first hour.
- Delay visitors until after the first hour.

Other:

Cesarean Birth: In the event of a planned or unplanned cesarean birth, my preferences are...

- Prep for surgery will usually include Foley catheter, pubic hair clipped, and anesthesiologist visit.
- Baby will room-in during the first 24 hours only with family member present.
- Hold my baby as soon as possible in the recovery room.
- Have regional anesthesia and my partner present in the operating room.
- Breastfeed in the recovery room.

Other:

Baby Care Choices: If possible, my preferences are...

- Bandholder to Nursery with baby.
- Breastfeeding only.
- No pacifier.
- Circumcision-(Elective Procedure-Payment agreement necessary before procedure if not covered by insurance.)
- No circumcision.

Other:

Reviewed by _____ **Obstetrician**

Reviewed by _____ **Labor and Delivery Nurse**

Submitted to Regency Center for Women and Infants _____

After review and signing by your obstetrician, bring, fax or mail this form to:

Regency Center for Women and Infants

101 Avenue O S.E.

Winter Haven, FL 33880

Fax: 863-294-7041

(If mailing in the form, keep a copy and bring it with you to the hospital.)