

Rose Babies Birth Wishes

Name: _____ Due Date: _____

Physician/Midwife: _____

At Rose Medical Center, we want to know what your birth expectations are so that we can adjust and customize your care as we partner with you for this wondrous experience.

Please consider your preferences, expectations and hopes and highlight them in this Birth Wishes guide. Also, please take some time to discuss those wishes with your physician or midwife prior to your delivery.

This information is not required. It is simply a method to help us get to know you before you deliver at Rose Medical Center. If you do choose to use this form, please bring it with you to the hospital and share it with your nurses.

The labor and delivery process can sometimes be unpredictable. If any of your wishes are not possible during the laboring process, we will work with you to consider other methods to achieve your expectations. We want your birth experience to be the best possible.

If you have any questions on what to expect during your hospital stay, talk with your physician or midwife. Our childbirth educators are also available at 303-320-2864.

We look forward to sharing this amazing moment in your life and helping you welcome your new Rose Baby into the world!

What would you like us to know about you and/or your support person?

What is your greatest hope and/or greatest concern about labor and delivery?

The Labor Experience

My labor support person is: _____

- I would like visitors during labor.
- Visitors may stay in the room during vaginal exams or procedures.
- I would like to walk as much as possible during labor.
- I would like to use the Jacuzzi during labor.
- I am planning on using the following comfort measures during labor (e.g. breathing techniques, birth ball, etc.): _____

- I am planning to have an epidural.
- I am unsure if I will use pain medications during labor. I am open to learning about my options.
- Please do not offer medications to me. I will request them if I feel they are needed.
- I would like to have my baby's sibling(s) present during:
 - Labor
 - Delivery
 - Postpartum

(Hospital policy requires siblings have an adult other than the patient present to care for them at all times.)

The Birth Experience

I am planning to have the following people attend the birth of my baby *(please list name and relationship)*: _____

- I would like a mirror to assist me to see my baby's progress and delivery.
- I would like my baby placed on my tummy immediately after delivery.
- I would like to have my baby cleaned off before I hold him/her.
- I would like _____ to cut the umbilical cord.
- If I should need a Cesarean delivery, I would like _____ to be present.

Baby Care

My Baby's doctor is: _____

- I am planning to breastfeed my baby and would like assistance with this as soon as possible.
- Please do not give my baby any supplemental feedings without discussing them with me first.
- Please do not offer my baby a pacifier without discussing it with me first.
- I am planning to circumcise my baby.

Additional information you would like us to know
