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My Name: _____

Doctor/Midwife: _____

Booking Reference Number: _____

I attended prenatal classes: Yes No

Where: _____

I am in a research study/studies: Yes No

Study name(s): _____

Please contact: _____

What you need to know about me and my family: (Begin with your names and a brief introduction about yourselves. Describe general health, any problems during pregnancy, any special needs or cultural preferences.)

My support person or persons for labour and birth will be:

My translator's name and contact details:

Ways to work with the pain of labour

There are many things you can do to help relax and move your labour forward. Check off the ones that you would like to try throughout your labour. ***Please put a tick mark beside what you would like to have happen:***

I prefer to labour and birth without medication

I want to have the least amount of pain possible

I need more information before I can decide what I prefer. I need to know:

I understand my options. I want to make my decision(s) during labour.

I hope to use the following during labour:

- | | | |
|---|------------------|--------------------------------|
| drink fluids | eat snacks | breathing |
| relaxation | massage | rest |
| encouragement | walking | imagery |
| position change | making noise | hula (movement of hips) |
| lunging | squatting | rocking |
| shower | birth ball | bath/birth pool (if available) |
| music (bring your own) | focal point | ice pack |
| TENS (bring your own) | hot water bottle | sterile water injection |
| listen to my hypnobirthing tracks through earphones | | slow dancing |

Drug methods of pain relief

- nitrous oxide (also called entonox)
- narcotics pethadine
- epidural

Our thoughts about special procedures during labour: Think about your feelings and thoughts about procedures such as:

- Monitoring your baby's heart
- Breaking your waters (rupturing your membranes)
- Assisted birth with vacuum or forceps
- Getting fluids in a small tube in your arm (IV fluids)
- Starting labour by medications or helping a slow labour by getting medications

Our concerns or fears about labour/birth:

What is important about the birth for us. Think about special things you would like to happen for your birth.

- A variety of pushing positions: gravity-positive positions - squatting, supported squatting, kneeling, side-lying, on all fours, semi-sitting, sitting on the toilet or birth-stool.
- Allow time needed for pushing in second-stage if mother and baby are doing well.
- Self-directed pushing unless direction is needed.
- Warm compresses to vaginal area for relaxation and comfort.

- Dimmed lights and quiet surroundings.
- Caring for my baby skin-to-skin to help my baby recover from birth and stay warm.
- Cutting the cord.
- Use of cameras, video recorders (some restrictions may apply).
- Other: (ie. delayed cord clamping; physiological delivery of placenta) _____

What is important to us if unexpected events occur:

- All procedures are described and the issues explained.
- My support person is included in all decisions.
- The need for transfer of mother or baby to special care areas discussed.
- Other: _____

If I need a Caesarean birth, I would like to talk about all parts of it such as:

- Consent for procedure signature/signing.
- Types of medication.
- Types of anesthesia (epidural, spinal, general).
- Types of preparation - IV, catheter, shave.
- Wearing of glasses and/or contacts, removal of jewelry.
- Having my support person with me.
- Contact with baby.
- Music (bring in own battery operated CD player)
- Me or my partner to hold our baby skin-to-skin in the theatre.
- Other: _____

Ways that will help make our baby's first hours and early days special and memorable:

- Partner or Labour Support Person is given the chance to cut cord.
- Skin-to-skin care.
- Photographs or videotaping done (some restrictions may apply).
- Cultural or religious customs respected. (Please describe specific wishes) _____

- Other: _____



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Our concerns or questions about the care of our baby:

If our baby is sick and needs special care we would like:

Our plans for support after we go home:

- Skin-to-skin care of baby as soon as possible
- Help to start expressing/pumping milk within 6 hours of the birth of our baby
- For us to be able to stay overnight in the "Parent's Sleep Room" if possible
- Other: _____

Describe who is available to help with the care of baby and who is available to help with household chores. This is important especially after a Caesarean delivery. Write down any specific needs or concerns that you have for this time.

Other wishes and ideas:

What my doctor or midwife wants my other caregivers to know: _____
