

# Birth Preference Guide

**This guide is for those who would like to share their birth preferences.**

Birth preference guides are a supportive communication tool to help support you with labour and birth options. Communicating your labour and birth preferences is an opportunity to share with your care team what is important to you. This also gives you an ability to share any cultural, ceremonial, and traditional practices you may want to include in your labour and birth. Use this guide early and often and discuss with your care team and your partner or supports.

Everyone's labour and birth experiences are unique. Sometimes, what was expected and what happens, are not the same. To help you prepare for the unexpected, here are some things to consider; communication, trusting your instincts, flexibility, circles of support, and learning about emergency procedures. If you choose to write down your birth preferences, we recommend doing so by the third trimester and sharing a copy with your care team.

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Partner/support person name(s) if applicable: \_\_\_\_\_

Baby's estimated due date: \_\_\_\_\_

Care provider (Doctor/Midwife): \_\_\_\_\_

Doula or Birth Support Worker: \_\_\_\_\_



## Getting to know you

**What would you like us to know about you?** (For example, communication preferences, concerns, fears, triggers, hopes, privacy, etc). Please share as much as you would like so we can support you.

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**How have you prepared for your labour in a specific way?** (For example, prenatal classes, newborn classes, breastfeeding or chestfeeding classes, hypnotherapy, apps, researching on your own, ceremony, other cultural ways of preparing with aunties or Elders, etc). Please share as much as you would like so we can support you.

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## Birth place

**Where would you prefer to give birth?**

☐ I am planning to have my baby at the hospital

☐ My local community hospital

☐ I am relocating to give birth in the hospital

Location: \_\_\_\_\_

☐ I am planning to have my baby in the community

☐ Home

☐ Birth house or birth centre location:

\_\_\_\_\_

☐ Other: \_\_\_\_\_





## Labour and delivery preferences (Baby's Best Chance page 40–48):

### Who would you like to have with you during labour and birth?

- |   |  |
|---|--|
| <input type="checkbox"/> Partner: _____                       | <input type="checkbox"/> Support person: _____ |
| <input type="checkbox"/> Family members: _____                | <input type="checkbox"/> Friends: _____        |
| <input type="checkbox"/> Doula or Birth Support Worker: _____ | <input type="checkbox"/> Children: _____       |
| <input type="checkbox"/> Elders or Knowledge Keepers: _____   | <input type="checkbox"/> Other: _____          |

### The following person(s) should **NOT** be allowed at my labour and birth:

\_\_\_\_\_

### Do you have any cultural or religious practices you'd like to incorporate?

- ☐ For my labour and birth: \_\_\_\_\_
- ☐ For me after birth: \_\_\_\_\_
- ☐ For my baby: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

### Are you planning to have a water birth? ☐ Yes ☐ No



## Health care learners

It is very important for you to feel safe and respected throughout your birth experience. Those involved and providing care can impact your experience. During your pregnancy, labour and birth, you may be asked permission for a student midwife, student nurse, or medical resident to observe or participate in your care. Training future generations of perinatal and newborn care providers is important and requires your permission. We encourage you to discuss your level of comfort with your care provider should this arise for you.

- ☐ I give my permission for any supervised learners to participate in my labour and delivery.
- ☐ I do not give my permission for any learners to participate in my labour and delivery.
- ☐ I choose to wait until my birth to decide. Please ask me before including learners in my care.



## Coping and comfort (Baby's Best Chance page 42–50):

- ☐ Natural (or non-medical options) coping and comfort methods (breathing, movement, relaxation).
- ☐ I do not want to be offered pain medication. I will request them if I need them.  
My codeword for when I am serious about considering medical pain relief is: \_\_\_\_\_
- ☐ Medication for pain relief:
- ☐ Nitrous oxide      ☐ Morphine or fentanyl
- ☐ Epidural
- ☐ Other: \_\_\_\_\_ ☐ I don't know yet and will decide with my care team

### Comfort measures I would like to try:

Your care team will suggest comfort and coping ideas and will work with you to see what feels best for you at different stages of labour. The choice is very individual but here are some suggested comfort measures to consider:

- |                               |                                      |  |   |
|-------------------------------|--------------------------------------|--|---|
| ▪ Shower/Tub                  | ▪ Wearing your own clothes/nightgown | ▪ Using focal point                        | ▪ Rhythm and ritual                                 |
| ▪ Walking                     | ▪ Pillows                            | ▪ Breathing techniques                     | ▪ Meditation, prayer                                |
| ▪ Hot/cold compress           | ▪ Gravity encouraging positions      | ▪ Changing positions                       | ▪ TENS machine                                      |
| ▪ Listening to your own music | ▪ Massage and counter pressure       | ▪ Relaxation techniques                    | ▪ Hearing traditional language, singing or drumming |
| ▪ Using a birth ball          |                                      | ▪ Dim lights                               |   |
| ▪ Sitting on a chair          |                                      | ▪ Toning (use of voice to release tension) | ▪ Keeping the room calm and quiet                   |

- ☐ Are there any of these or others that are really important to you that we can support you with:

\_\_\_\_\_



## Planning for the unplanned (Baby's Best Chance page 49–50):

### If I have a Caesarean birth:

- ☐ Who I would like in the operating room (doula, partner or support): \_\_\_\_\_
- ☐ Lower drape to view baby's birth (if possible)
- ☐ I would like skin-to-skin contact as soon as possible in the operating room
- ☐ My partner or support person will do skin-to-skin contact
- ☐ I would like to start breastfeeding or chestfeeding as soon as possible
- ☐ Who I would like to cut the cord: \_\_\_\_\_
- ☐ I would like to have my support take photos or videos in the operating room (if possible)
- ☐ Cultural ceremony: \_\_\_\_\_



## After my baby is born I would like (Baby's Best Chance page 48):

- ☐ Bring baby up onto my chest, skin-to-skin, right away
- ☐ Have my partner or support involved in skin-to-skin
- ☐ Delayed cord clamping. Have \_\_\_\_\_ cut the umbilical cord (if it is safe to do so)
- ☐ Cultural ceremony \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ I'm not sure yet, please ask me at the time

### Birth of placenta (page 48):

- ☐ I would like to see my placenta
- ☐ I would like to keep my placenta
- ☐ I would not like to have oxytocin to help me birth my placenta (physiological approach to the 3<sup>rd</sup> stage of labour)
- ☐ I would like to have oxytocin to help me birth my placenta (active management of the 3<sup>rd</sup> stage of labour)

### Feeding my baby (page 101–122):

- ☐ Breastfeeding or chestfeeding as soon as possible — see **Deciding How to Feed Your Baby** for more information [www.perinatalervicesbc.ca/Documents/Health-info/PSBC\\_deciding\\_how\\_to\\_feed\\_your\\_baby\\_Fillable.pdf](http://www.perinatalervicesbc.ca/Documents/Health-info/PSBC_deciding_how_to_feed_your_baby_Fillable.pdf)
  - ☐ A partner/parent is inducing lactation
  - ☐ Our family is co-lactating
- ☐ I do not want my baby to be offered formula without consulting me
  - ☐ I have expressed colostrum. It is located here: \_\_\_\_\_
- ☐ I am not planning to breastfeed or chestfeed

### Baby care (page 86):

For more information on newborn tests and procedures, visit:

[www.bcwomens.ca/our-services/labour-birth-post-birth-care/after-the-birth/newborn-tests-and-procedures](http://www.bcwomens.ca/our-services/labour-birth-post-birth-care/after-the-birth/newborn-tests-and-procedures)

[www.perinatalervicesbc.ca/our-services/screening-programs/newborn-screening-bc](http://www.perinatalervicesbc.ca/our-services/screening-programs/newborn-screening-bc)

- ☐ Erythromycin eye ointment (antibiotic)
- ☐ Vitamin K for blood clotting
- ☐ Blood test for newborn screening (metabolic disorders) & bilirubin (jaundice)
- ☐ Critical congenital heart disease screening
- ☐ Hearing screening



## Following discharge from the hospital or once your midwife leaves your home

There are community resources that are available to support me (Public Health, community health nurses, doulas, birth support workers, lactation support, peer and community groups). It may be helpful to write down your local supports. You can use our Pregnancy Passports to keep track of this information. Please also see our Postpartum Support Guide for further planning if you would like.

**Pregnancy Passports:**

[www.perinataleservicesbc.ca/health-info/pregnancy](http://www.perinataleservicesbc.ca/health-info/pregnancy)

**Postpartum Support Guide:**

[www.perinataleservicesbc.ca/Documents/Health-info/PSBC\\_Postpartum\\_Support\\_Guide.pdf](http://www.perinataleservicesbc.ca/Documents/Health-info/PSBC_Postpartum_Support_Guide.pdf)

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You will need a car seat for your baby and have it safely installed in your vehicle or know how to install it in a taxi or support person’s vehicle. Discuss with your care team community supports related to care seats and safety.

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These are the people I will reach out to when I need support:

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**More ways we can support you:**

Labour and birth can be a very emotional time. If you have experienced trauma and you do not want to discuss this in front of your care team, partner or your support people, please share as much as you would like so we can support you and create a safe space (example, about vaginal exams, breast or chest exams, words to use, etc). Please also let us know if you have a support person who you trust and would like to have present when we provide your care.

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**Is there anything else that you would like to share with your care team?**

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