Birth Communication Tool

Present this document to your nurse or doula upon admission.

Mom’s Name: ____________________________________________ Labor Partner’s Name: ____________________________________________

Mom’s Doctor/Midwife: ____________________________________________ Doula’s Name: ____________________________________________

Baby’s Name: ____________________________________________ Due Date: ____________________________________________

When it comes to your birth experience, you have many choices available at Mercy. We want your child’s birth to be very special. The options listed below are available to healthy moms and babies. Please check the issues that are important to you. This is plan “A”; remember there are times when we must recommend a change in your plan due to the health of mom or baby.

Some of my greatest concerns and fears are:
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

When I am in labor, I would like to:

☐ have a volunteer birth doula present for labor support and comfort
☐ have my privately contracted doula support me
☐ have my partner and ____________________________ with me
☐ have help from my doula and/or nurse regarding position changes as needed
☐ use the squat bar for pushing
☐ have a mirror available to watch my baby’s birth

I would like to have the following comfort measures:

☐ use upright gravity positions ☐ walk ☐ massage
☐ birthing ball/peanut ball ☐ hydrotherapy ☐ hot/cold therapy
☐ use aromatherapy for stress/nausea ☐ music ☐ movement
☐ intravenous medicine for pain ☐ epidural medication for pain
☐ intermittently monitor or use telemetry if there are no concerns with my baby’s condition
☐ have nourishment as requested (ice chips, broth, jello, popsicle, and/or other clear liquids)
☐ ___________________________________

If my baby’s condition warrants, I would like:

☐ to have my partner cut the umbilical cord ☐ to cut the umbilical cord myself ☐ delayed cord clamping
☐ to have lactation support as soon as possible
☐ to have the baby’s footprints put in my personal baby book/certificate
☐ to participate in the “Golden Hour,” including restricted visitation until the hour’s end
☐ to participate in the breast-feeding crawl
☐ to have skin-to-skin contact with baby and ☐ mom ☐ labor partner

If I have a cesarean birth, I would like to:

☐ see, touch and hold the baby as soon as possible; including skin-to-skin
☐ take pictures and videos during the birth ☐ to have lactation support as soon as possible
☐ ask for the screen to be lowered ☐ have ____________________________ present with me
☐ ___________________________________