BIRTH PREFERENCES
PLEASE COMPLETE AND BRING TO BIRTH PLAN VISIT

1. Classes you have attended:
   - Watched “Orientation to the Midwifery Center” Video (on TMC website)
   - Early Discharge Class (recommended for discharge before 12 hours)
   - Centering Pregnancy
   - Breastfeeding/Newborn classes Where?___________________
   - Childbirth classes. Where?___________________

2. Infant Care
   A. Do you plan to breastfeed? □ Formula feed? □
   B. Have you breastfed before? __________ If you breastfed before, for how long? ________________
      Did you have any problems? ________________
   C. Do you have baby name(s) picked out (it’s OK not to)?______________________________
   D. Name of pediatric provider______________________________
   E. For a male baby, do you want him circumcised? __________
   F. Do you consent to the following newborn treatments and screening tests (recommended to prevent disability and death in a newborn)?
      □ Vitamin K
      □ Erythromycin eye ointment
      □ Hepatitis B vaccination
      □ Hearing screen
      □ Genetic test
      □ Congenital heart disease screening

3. Delivery Plans

   Family/Friends you plan to be with you

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<tr>
<th>Name</th>
<th>Relation to you</th>
<th>Age (if child)</th>
<th>Present during birth?</th>
<th>Did he/she attend classes?</th>
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Reminder: We encourage and welcome families to be present during your birth. Please remember that young children need to have a responsible adult (in addition to your birth coach) accompany them during their time at the birth center.
A. How do you envision your labor and birth?

B. What fears or concerns do you have about giving birth?

C. How do you see the Midwife's role in your labor & birth?

D. Please have your partner write their hopes and expectations of the birth experience:

E. Do you have any special requests?

4. After the birth plans:
   A. What support/help do you have for the first weeks after delivery?
   B. Do you plan to return to work? If so, how long after delivery?
   C. What are your plans for contraception?

CNM Notes:

- Orientation to the MWC model
- Early labor/when to call/how to reach us
- Admit/labor course
- Eligibility for MWC & transfer process
- Birth Plan Review
- Short stay: Early discharge & home visit
- Postpartum Follow-up/support
- AMTSL □YES □No

Sign at the conclusion of the birth plan review:
I have reviewed my birth preferences with my midwife and had the opportunity to have my questions answered.

________________________________________  __________________________________________
Patient Signature  CNM Signature