Hmong Birth Preferences

Your Full Name: ______________________________
Name you would like to be used: _____________________________
Partner’s Name: ______________________________   Due Date: ______________________
Other support people to be present at birth: ________________________________________
Primary caregiver: ___________________________
Prenatal education classes: _____________________________

As providers of obstetric care we understand and accept that the patient and her family are central to the birthing experience. We value the open discussions you have had with your primary caregiver before your birth to develop your birth preferences. As caregivers we:

1. Understand that birth is a natural process and value each patients’ ability to be fully present and participate in the planning of their delivery.
2. Respect your knowledge and choices and strive to honor them while we provide compassionate and sound care.
3. Value your knowledge and expertise with regard to your body and life decisions and acknowledge this by fully having you participate in your care.
4. Strive for honest and direct discussion should you or your baby’s health status change.

As care providers we focus on providing you with a supportive and respectful birth experience that promotes the health of your new family.

BIRTH PREFERENCES (check all that apply)

For labor I prefer:

- Positioning:   ___walking   ___up in chair   ___ lying in bed   ___up in shower   ___using soaking tub

- Lighting:   ___dim lighting   ___no preference

- Music:   ___will provide my own   ___no preference

- Clothing:   ___will wear my own   ___yes-hospital gown

- Use of birthing ball:   ___yes   ___no

- Fetal monitoring:   ___prefer auscultation with doppler   ___yes-external fetal monitoring if necessary

- Artificial rupture of membranes:   ___yes this is ok   ___no do not want

- IV fluids:   ___ok if needed

- Eating:   ___no   ___yes-type of food desired:

- Drinking:   ___yes-type of fluids desired:

- People in the room:   ___yes -names:

- Limited cervical exams
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For pain management I anticipate:
- Acceptable options for pain control: ___yes IV pain medication ___no IV pain medication
  ___yes Epidural ___no Epidural
- List unacceptable options for pain control____________________________________________________
- How should medications be offered: __________________
  ___Do not offer medication

During the vaginal delivery I would like to:
- Position for comfort
- Touch my baby as it is born
- _____________will cut the umbilical cord

After the birth of my baby I would like:
- The baby placed skin to skin
- The baby dried off before placing skin to skin
- The baby wrapped in a blanket
- To see the placenta ___yes ___no
- Eye drops for the baby ___yes ___no ___delayed
- Breastfeed ___yes___ begin right after delivery ___no breastfeeding
- Baby’s first bath ___given by nurses ___given by family-names of participants____________________________
- Pain medication ___no ___yes: ___tylenol ___ibuprofen ___oral pain pills ___IV pain medicine

If I am delivered by cesarean section I would like to:
- Decide what 1 person will be in the operating room-name: _____________________________________________
- Have a quiet cesarean birth
- Decide who will bring me the baby-name_____________________________

Overall considerations for inpatient hospital stay
- Person/s who will make medical decisions for me-name/s______________________________________________
- Interpreter ___will use hospital interpreter / language line ___have own certified medical interpreter
- After delivery meals: ___will have my own food brought to hospital
  ___will order from hospital menu ___both

Notes:________________________________________________________________________________________
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