ميديكلينيك
MEDICLINIC

MEDICLINIC baby
BIRTH WISHES

Date: _____

Full name: _____ Partner's name: _____

Doctor's name: _____ Estimated Date of Delivery: _____

During labour I prefer:

- ☐ To wear my own clothes
- ☐ Music to be played (connect your personal device)
- ☐ To eat and drink as approved by my doctor
- ☐ To adopt upright positions, use the birth ball
- ☐ Induction/Augmentation (as deemed appropriate by my doctor)
- ☐ The lights to be dimmed (where possible)
- ☐ I would like to use the provided scents (where possible)
- ☐ If doula is accompanying: Name: _____
- ☐ My nominated birth companions are
- ☐ 1) Name (person also present during the delivery): _____
  2) Name: _____
  Comments: _____

I prefer baby monitoring to be (as deemed appropriate at the time):

- ☐ Wired continuous monitoring (where possible)
- ☐ Wireless monitoring (where possible)
- ☐ Intermittent monitoring (unless medically indicated)
- ☐ Comments: _____

Comfort measures:

- ☐ Nothing – as natural as possible
- ☐ Epidural
- ☐ Pethidine Injection
- ☐ Entonox gas
- ☐ Relaxation techniques
- ☐ Massage (performed by birth companion)
- ☐ Birth ball
- ☐ Comments: _____
- ☐ Mobilising
- ☐ IV or IM
- ☐ Waterbirth (where applicable) or shower
- ☐ TENS Machine (where available)
- ☐ Only what I request at the time
- ☐ Hypnobirthing (if course was completed; where possible)

During birth I would prefer to:

- ☐ Try different positions in order to be more comfortable (unless medically indicated)
- ☐ Push as directed
- ☐ Push spontaneously
- ☐ Touch the head as it crowns (unless medically indicated)
- ☐ I consent to the use of assistance for my birth with Kiwi cup or forceps (as deemed appropriate by my doctor)
  Comments: _____

Episiotomy:

- ☐ Performed as clinically indicated, with consent
- ☐ Comments: _____

Immediately after giving birth, I would like:

- ☐ My partner to cut the umbilical cord (where possible)
- ☐ To do STEM CELL collection as pre-arranged by us
- ☐ I agree to have medical support, including medication if needed, to help deliver the placenta safely and efficiently after my baby is born
- ☐ To keep the placenta
- ☐ I want my partner to do skin to skin contact as well
- ☐ If my baby cannot be examined in my presence, I want my birth partner to be present
- ☐ Perform delayed cord clamping (unless medically indicated
- ☐ I want to do skin-to-skin contact immediately (unless medically indicated)
- ☐ Comments: _____

If a c-section is necessary, I would like*:

- ☐ My partner to remain with me (when possible, as discussed with my doctor)
- ☐ Initiate breastfeeding (unless medically indicated)
- ☐ I want my partner to do skin to skin contact as well
- ☐ Comments: _____
- ☐ My partner to hold the baby if I am unable (when possible)
- ☐ I want to do skin-to-skin contact (unless medically indicated)

*I understand that these may not be possible in certain emergency situations

In event of baby admitted to NICU:

- ☐ I want my birth partner to accompany our baby to the unit
- ☐ Comments: _____
- ☐ I want to initiate breastfeeding/expressing as soon as possible

I would like:

- ☐ To breastfeed exclusively
- ☐ Baby's first bath given in my presence
- ☐ Baby's medical exams and procedures given in my presence
- ☐ A circumcision if I have a boy (if available during the inpatient phase)
- ☐ I would like to perform religious/cultural practices whenever possible
- ☐ To formula feed exclusively
- ☐ To do mixed feeding
- ☐ My baby to receive Vit K injection: ☐ Yes ☐ No
- ☐ My baby to receive Hep B and BCG vaccines: ☐ Yes ☐ No
- ☐ My baby to have the newborn blood screening test: ☐ Yes ☐ No
- ☐ Comments: _____