



**Maternal & Child Program  
Tell us About You**

**Please fill this in and bring it with you when you are admitted to the Birthing Unit**

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**Tell Us About You!**

**Introductions**

My name is ..... My due date is .....

My doctor/midwife is ..... My baby's doctor/midwife will be .....

My support person(s) during labour will be .....

These people will be present for the birth .....

.....

*We would like to have our other children visit...*

- during labour
- after I go to the mother-baby unit
- not at all

*We have attended or are planning to attend....*

- prenatal classes
- hospital tour
- exercise classes

I am part of this research study: .....

**Getting to Know You....**

Is there anything you would like us to know about you (i.e. important issues, fears, concerns)?

.....  
.....

*My goal is:*

- to use supportive and comfort measures offered by support person and nurse only
- to use pain medications in addition to supportive and comfort measures
- other, please explain

.....  
.....

**First Stage of Labour...Coping with Contractions**

Women have found the following comfort measures helpful when coping with the discomforts associated with contractions. Please check which of the following comfort measures you would like your nurse to offer you during your labour...

- |  |   |
|--|---|
| <input type="checkbox"/> tub bath/ Jacuzzi/ shower | <input type="checkbox"/> wear my own clothes/night wear                               |
| <input type="checkbox"/> walking                   | <input type="checkbox"/> use many pillows (must bring your own)                       |
| <input type="checkbox"/> hot/ cold compresses      | <input type="checkbox"/> massage  |
| <input type="checkbox"/> listen to my own music    | <input type="checkbox"/> use of Nitronox (self administered combination of two gases) |
| <input type="checkbox"/> use the birthing ball     | <input type="checkbox"/> an epidural  |
| <input type="checkbox"/> use my own "focal point"  | <input type="checkbox"/> other: .....   |



**The Birth of your Baby**

Your nurse will help you to find different, comfortable positions during the pushing stage of your labour. Which of the following would you also like to try:

- use the squatting bar
- give birth on my side
- do *not* want to use stirrups
- other .....

After my baby is born, I would like to:

- have ..... cut the umbilical cord
- have my baby wrapped in a blanket before holding
- have our own bonnet put on the baby
- have ..... diaper my baby for the first time
- have ..... take pictures/video
- other.....

**Unexpected Labour Events**

If you need more information about any of the following topics, ask your doctor or midwife:

- external fetal monitoring
- internal fetal monitoring
- artificial rupture of membranes
- induction of labour: use of cervical foley catheter and syntocinon
- forceps/ vacuum extractor
- episiotomy
- caesarean birth

**After the Birth of your Baby until you go Home**

The obstetrical unit believes in keeping mothers and their babies together 24 hours a day; nursing staff will support and help you care for your baby in your room.

*I am planning to:*

- breastfeed
- formula feed

During my stay on the mother-baby unit, I would like to:

- have my baby with me all the time
- be a part of my baby's examinations (admission and discharge)
- be present during any tests my baby may be having (i.e. newborn screening, infant hearing screening, heel prick blood test)
- have the nurse show me and ..... how to do a baby bath
- give my baby's first bath on my own
- have ..... give the first baby bath
- other