



Thank you for choosing Presbyterian doulas for your labor and birth!

We are enclosing some information that we hope will be helpful to you as your baby's birth nears. Please review this information before your prenatal doula appointment. List the questions and concerns you have and bring them to your appointment so your needs can be addressed. We will meet with you and your coach to discuss your birth plan and learn more about your family. If it is more convenient for you, this appointment can be completed by phone. Payments can be made by cash, check, or credit card prior to or during your prenatal intake appointment.

We'd also like to encourage you to attend a "Doula Tea." This will provide you an opportunity to meet several of our doulas and learn about the many services available at Presbyterian.

If your labor is being induced or you have a scheduled cesarean section, please notify our office at **(505) 563-6501**. If you think you might be in labor, call your healthcare provider first, then call the **Doula Answering Service at (505) 857-3750**. Even if you are not ready to come to the hospital, this call will reassure you that your doula is ready for you. The doula can also give you tips for coping with early labor while you are at home.

When your provider instructs you to go to the hospital, call the Doula Answering Service and they will connect you with the doula on call. Remember, in many cases, our doulas are not at the hospital and it may take them up to 90 minutes to meet you there.

If you have any other questions, you can contact us at (505) 563-6501. We look forward to hearing from you soon and wish you a "Happy Birth Day!"

— The Doulas at Presbyterian

HOSPITAL:	___ PH
	___ RMC

Birth Plan

The birth team at Presbyterian believes that your childbirth experience is an important personal and family event. While the safety and well-being of mother and baby are our primary responsibility, we also value each woman's personal vision of birth and will support her towards achieving her goal. Remember to share your plan with your healthcare provider (they may also want a copy to put with your prenatal medical record).

I. General Information

Name _____ Due Date _____

Phone Numbers: Home _____ Cell _____ Other _____

Birth Partner(s):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Do you want us to restrict visitors? _____ Restrict phone calls? _____

At Presbyterian, in-room visitors are limited to four during labor. In order to better care for you and your baby, there may be times when visitors will be asked to leave. There are waiting rooms for other visitors who may wish to take turns visiting with you in your room. During delivery, we suggest that up to two support people of your choice are present. If you are using the support of a Presbyterian doula, they are considered part of your birth team, not one of your support people. If you have children you wish to be present for your birth, one of your support people must be designated to care for them. During your labor and delivery, all calls to your room are routed through the nursing station. This helps create a more peaceful labor and birth environment. If you wish, staff can take messages and have all calls held for you.

Doctor/Midwife _____

What is most important to you about this birth? _____

Have you attended childbirth classes? yes _____ no _____ with previous pregnancy _____

Where? _____ Name of Instructor _____

Suggested books for pregnancy, birth and parenting information:

"Planning Your Pregnancy," American College of Obstetricians and Gynecologists; "Pregnancy, Childbirth and the Newborn" and "The Birth Partner," Penny Simkin; "Your Baby and Child, Birth to age 5," The American Academy of Pediatrics; "The Baby Book," Sears and Sears; "The Nursing Mother's Companion," Kathleen Huggins

II. Preferences Regarding Handling the Pain of Labor and Birth

___ **I would like to avoid using medical options for pain control and would like support from my birth team in this effort.**

Please hang a sign on the door to my labor room to this effect:

"Do not offer me pain medication or an epidural, unless medically indicated. If I ask for medical pain control options, offer non-medical suggestions for pain control first."

___ **I would like to manage my birth with non-medical options/techniques but may use IV pain medication or an epidural if labor is more difficult than I anticipated.**

The intravenous pain medications Demerol, Fentanyl, or Nubain are commonly prescribed at Presbyterian.

Be sure your birth team is aware of any medication allergies you have. It can be difficult to time pain medicine perfectly, as every woman's labor progresses differently. Generally, it is best to not give IV pain medication right before delivery.

- _____ **If I need help with pain control, I would prefer IV pain medication and would prefer to avoid an epidural.**
- _____ **I know I want an epidural when in labor as soon as it is appropriate and would prefer not to have IV pain medication.**
- _____ **If I request pain medication or an epidural, I would like to have my labor progress assessed by a vaginal examination before pain control is administered. This will help me decide how to proceed with managing my discomfort.**

Please note: For safety purposes during labor, we recommend that you limit your intake to clear liquids only. Clear liquids are any fluid you can see through, such as apple juice, jello or 7-up. If you know you want an epidural, you may be allowed ice chips only. Before an epidural is done, an IV line will be started and lab work will be drawn. At Presbyterian, there is an anesthesia provider dedicated to patients in the Family Birthing Center, 24 hours a day, seven days a week. When you are ready to have an epidural, your anesthesiologist will provide it as soon as they are able. Occasionally, your anesthesiologist may be busy with another patient or in surgery and your epidural procedure may be delayed.

III. Non-Medical Techniques for Pain Control

I plan on using the following non-medical options/techniques for pain control:

_____ **Relaxation**

Ways my birth team/support persons can help: keep noise to a minimum, lighting low, monitors turned down; respect my privacy and knock before entering; help us keep our birthing room clean, neat and free of unnecessary traffic; play soothing music. (I understand I may bring a CD player and CDs with me to the Family Birthing Center for use during labor.)

_____ **Breathing Techniques**

Ways my birth team/support persons can help: do not interrupt me during contractions; if I lose focus, breathe with me, praise me, hold my hand, or suggest trying a new breathing technique.

_____ **Visualization, Imagery, Distraction**

Ways my birth team/support persons can help me: use verbal cues such as, "you're riding a wave, you're floating on a cloud, and your body is working below you; you're climbing a mountain, you're on the peak now and will walk down the other side." Remind me to take the contractions one at a time and rest between. Help me find a focal point (unless I have brought my own).

_____ **Heat/Cold**

Ways my birth team/support person can help me: provide a K-pad and ice packs or cool cloths on my forehead/neck.

_____ **Positioning and Movement**

Ways my birth team/support persons can help me: make suggestions as to various position changes, slow dance with me during contractions, let me lean on you when up walking. Encourage me to move around in bed if my medical condition requires bedrest.

_____ **Birth Ball**

Allows the pelvic diameter to widen and gravity allows baby to descend into pelvis. Also aids in perineum support.

_____ **Glider Chair**

Rhythmic motion aids in relaxation and focus.

_____ **Monitoring**

If continuous fetal monitoring is indicated and I am able to move about freely, I would prefer that ambulatory monitoring be used. Occasionally, for medical reasons during labor, women must be confined to bed. In this case, ambulatory monitoring would not be an option.

_____ **Soaking Tub**

I would like to use the soaking tubs. There are some instances in which the soaking tubs may be contraindicated in labor. When available, laboring in a tub of warm water can be a very helpful tool for managing the pain of labor.

_____ **Touch and Massage**

Ways my birth team/support persons can help me: back rubs, massage my feet/neck/forehead or scalp, hold my hand, counter pressure on my back.

_____ **IV**

I would prefer to have a Heparin lock instead of continuous intravenous drip unless medically indicated.

_____ **Aromatherapy**

I would like to use Aromatherapy (lavender, peppermint, and citrus) during my labor.

Is there anything you want your birth team to include or avoid?

IV. Birth and Beyond

_____ **If possible, I would like to avoid an episiotomy.**

I understand that in some instances, an episiotomy may be indicated to expedite the birth of my baby. If an episiotomy is needed, when possible, I would like to be informed before the procedure is done.

_____ **My birth companion would like to cut the cord.**

_____ **I understand the benefits of skin-to-skin** (see handout).

_____ **I would like my baby given to me as soon as possible at birth.**

I understand that if my baby requires interventions at birth beyond drying and stimulation, my baby will be placed in the infant warmer until stable. If my baby is transitioning well, I prefer that the baby is placed with me skin-to-skin.

_____ **I would like to be given the opportunity to breastfeed my baby as soon as possible after birth.**

The American Academy of Pediatrics recommends that all healthy newborns are with their mothers immediately following birth and until the first breastfeeding experience occurs. I understand that the staff will need to check my baby's temperature, heart rate, and breathing frequently at birth. This will be done while the baby is with me.

Questions for my healthcare provider:

V. Postpartum

_____ **I would like my birth companion to stay the night with me if I have a private room.**

In some cases, we can provide a sleep bed for an adult support person. They will need to supply their own pajamas and meals. Also, bathrooms in the patient rooms are for new mothers only. On rare occasions during times of high volume, you may be asked to share a room with another new mother. When rooming with another new mother, you will be unable to have overnight visitors. Please be respectful of the need for sleep and privacy by keeping your visitors to a minimum, observing visiting hours (8 a.m. to 9 p.m.).

_____ **I would like my other children to visit.**

We encourage healthy children to visit their mothers and new brothers/sisters on the Mother Baby Care Unit.

_____ **I understand that rooming-in is practiced at Presbyterian.**

Studies have shown that early and constant contact with your baby while still in the hospital increases breastfeeding success and helps moms get better sleep when in the hospital. Rooming-in also provides an opportunity for you to get to know your baby before going home and helps baby maintain a day/night sleep pattern. The nursing staff is available to answer your questions and teach you how to take care of your new baby.

Presbyterian has an infant security system; however, when rooming in, never leave your baby unattended in your room. At birth, identification bracelets are placed on you and another person that you identify. These bracelets match the bracelets that are also put on your baby. Only persons with an identification bracelet that match your baby's bracelet will be allowed access to your baby. The postpartum nursing staff will read the number on the baby's ID bracelet and compare it to yours if it is necessary to take baby out of your room. These identification bracelets should not be taken off until you take your baby home.

_____ **I understand that new mothers are taught to recognize their baby's feeding cues; this means babies are fed on-demand.**

After an initial alert time at birth, your baby may enter a sleepy/recovery period. They need this time to recuperate from birth. Don't be alarmed if baby is not very interested in nursing during this recovery period, which may last up to 24 hours. Talk with your nurse if you have breastfeeding concerns. Lactation consultants on staff can be notified to help you if necessary.

_____ **I plan on bottle feeding my baby in the hospital.**

Wearing a tight bra may help prevent engorgement. Please bring one with you to the hospital. Often a bra you wore before becoming pregnant works well for this. Do not apply heat to your breasts, such as a warm shower, as heat can increase engorgement and your discomfort.

_____ **If I have a boy, I do _____ do not _____ want my baby circumcised.**

If you wish to have your baby circumcised, your pediatrician will discuss the procedure with you and have you sign a consent form. Local anesthetics are used when doing a circumcision. The nursery staff may give your baby a pacifier for comfort during the procedure.

Newborn tests and procedures, including baby's bath and exams, will be done in your room. The following are some of the tests/evaluations that may be done before your baby goes home:

- Newborn metabolic screening. Part one of this test is done before your baby goes home by collecting blood from a heelstick onto special paper and sending the sample to a lab in Portland, Oregon. Part two will be done when your baby is 8 to 15 days old. You will need to take your baby to any TriCore laboratory to have this done. You do not need an appointment. It is very important that you have the follow-up test done. This series of tests checks for rare diseases that have serious health effects if not detected and treated early in life. The lab only notifies parents of abnormal results.
- You will be offered the option of getting your baby his or her first Hepatitis B immunization in the hospital. This can also be done in the pediatrician's office. Hepatitis B immunization is a requirement before your child enters school.
- Hearing screening test.
- Additional blood tests, as needed.
- Glucose testing. In some instances, your baby may need to have a blood sugar check. In newborns, low blood sugar can be an indication of stress or illness. The staff will consult with you prior to doing any blood sugar testing.
- Your baby will be weighed every 24 hours. It is normal for your baby to lose weight after birth.

Pain control after birth

Whether you have a vaginal or cesarean birth, you may have a need for pain control. It is important to stay on top of your pain and not wait until it is unbearable before getting medication. Your healthcare provider will prescribe medication for you to use. You will need to ask your nurse for pain medication when you need it. The medications used for pain management at Presbyterian do not pass through the breast milk in amounts large enough to sedate your baby. If you have a cesarean birth, pain is more manageable and recovery quicker if you are up and moving about as soon as you are able. Your nurse will teach you how to move around to minimize discomfort. The small metal clips sometimes used to repair your cesarean incision are removed before you go home. You can ask for pain medication before this is done, although it is a simple procedure that is generally not very uncomfortable.

Options for relieving discomfort from episiotomy/stitches that I would like to use:

_____ Ice packs _____ Sitz baths

Discuss management of discomfort from stitches with your nurse. She may have other suggestions, such as Kegel exercises.

If your baby is admitted to the Newborn Intensive Care Unit (NICU)

In some instances, such as prematurity or difficulty transitioning to a new world, your baby may need special care and attention in the NICU. In this case, here are some helpful suggestions:

- If your baby is not able to nurse at birth, please ask your nurse to provide you with a breast pump so that you can start stimulating milk production. This early milk is very important to your baby's recovery. Your nurse will help you learn how to use the breast pump.
- The hospital photographer can take pictures of your baby in the NICU if you'd like.

HOSPITAL:	___ PH
	___ RMC

Letter of Agreement for Presbyterian Healthcare Services Doula Support in Labor

The Presbyterian Doula Program agrees to provide labor support services for the undersigned while she is a patient in labor at Presbyterian Hospital.

The Presbyterian Doula Program is a hospital-based doula practice. As such, our doulas rotate taking call in order to provide around-the-clock coverage for our clients during their labors and births at Presbyterian. Therefore, we cannot guarantee that a specific doula will be available for your labor and birth. When you are leaving for the hospital, you will page the doula on call at **(505) 857-3750 and leave a contact number where you can be reached.** She will call you back and make every effort to meet you at the hospital within 90 minutes of your call. Efforts will be made to provide you with the same doula for your entire labor and birth; however, on occasion, circumstances will arise when more than one doula is there with you.

The doula will provide physical and emotional support for you during your labor and birth. She can also help you communicate with other members of your birth team. The doula will not perform any medical tasks, such as blood pressure checks or vaginal exams. The doula does not make decisions for you or speak on your behalf to other members of the birth team. The doula will stay with you after your birth for up to two hours.

We will make every effort to provide to you the services described here during labor and birth. However, this is not always possible, due to unavoidable circumstances such as rapid labor or a doula emergency. If the failure to provide service is due to our error, we will fully refund your payment in full. If it is due to circumstances such as rapid labor or your failure to call, we will keep half of the fee and refund the remainder to you.

The fee for Presbyterian doula services is \$_____. You can make arrangements to pay it in installments, with the balance due four weeks prior to your due date.

When you contract with Presbyterian Doula Services, we will send you a schedule of our "Doula Teas." Please call (505) 563-6501 if you wish to attend one. We also will send you a Birth Plan to fill out. We suggest that you fill this out in consultation with your birth partner and healthcare provider. Please make a copy and send it to us to help us support your wishes during labor, birth, and the early postpartum period. Keep the original and bring it with you to the hospital when you are in labor.

Mother's Signature _____ Date _____

Estimated Due Date _____ Date of Birth _____ Provider _____ Insurance _____

Phone Number(s) _____

Mailing Address _____

City/State/Zip _____

PAYMENT FOR DOULA SERVICES

Name: _____

Method of Payment Check VISA Mastercard Discover American Express

Amount Enclosed \$ _____

Card Number _____ Exp. Date _____ Card Code _____

Name as it appears on card (please print)

Signature (necessary to process credit card)

Use enclosed envelope or mail payment to:

Presbyterian Healthcare Services
Attn: Doula Program
201 Cedar SE, Suite 5620
Albuquerque, NM 87106

Payment Info	
Paid in Full	<input type="checkbox"/>
Balance Due	<input type="checkbox"/>
Amount \$	_____

HOSPITAL:	___ PH
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Client Confidentiality Release Form

I, _____, give my permission for the Presbyterian doula program to take notes about me, including personal information I choose to disclose and information regarding the labor and birth of my child. I realize that this information will be available to the doulas who are taking calls for the Presbyterian Doula Program. I also understand that this information may anonymously be used for data collection for statistical purposes.

Signature _____ Date: _____