

*Childbirth preferences of*

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# Environment

**Where** would you like to give birth?

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What kind of **atmosphere** do you prefer in this room? How do you want to accomplish this?

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Are **practical matters** taken care of? (e.g. childcare, transport?)

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What do you want **pictures** taken of? Who can take these pictures?

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# Preparation

Did you take a **pregnancy course?** If so which one?

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Indicate how you feel about giving birth:



What makes you feel that way?

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What do you think you **need** to give birth?

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In case we have to **transfer** care to the hospital, what do you value most?

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What do you **look forward** to when you think about childbirth?

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# Support

What do you expect from your **partner?**

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Are there **others** who will accompany you during childbirth? What are your expectations of them?

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What are your expectations of the **midwife** (or gynecologist)?

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How do you feel about the **internal examination?**

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What are your expectations of **maternity care** (kraamzorg)?

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# Communication

What kind of **information** do you want to get during childbirth? Do you want to participate in **decision making** or not? What suits you best?

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# Dealing with pain

How sensitive are you to pain and **how do you** usually respond to it?

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What can **help** you deal with the pain?

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How do you feel about **pain relief?**

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# Childbirth

After the head is born, sometimes it is possible to **assist in delivering** the shoulders and body with your own hands. Do you or your partner want to do this?

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What **position** do you think you prefer during childbirth?

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Are there **any other things** that are important to you during childbirth?

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# After birth

Who will cut the **umbilical cord?**

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What do you want to do with the **placenta?**

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What do you think is important in the **first hour** after childbirth?

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What is important to you during your **child's first feeding moment?** What kind of help do you want with this?

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Are there **any other things** that are important to you **after** childbirth?

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*For your information: how we generally operate:*

## General

**Natural childbirth**: We assume that your body can give birth and strive for a natural childbirth. As long as you and the baby are fine, there's no need to rush.

**Quiet environment**: We help you to create a quiet environment, whether you are giving birth at home, in the birthhouse or in the hospital. We have our phone with us, of course, but will leave the room whenever possible when the phone rings.

**Positive approach**: We use positive terms and take your preferences into account.

**Consultation**: We will always consult with you if we want to do an examination or find a reason to go to the hospital. If you prefer, we will leave you alone to make a choice. In case of an emergency situation, we will inform you but we will also have to act quickly.

## Interventions

**Internal examination**: We will only perform an internal examination with your consent (of course, we will explain the reason why). In order to monitor the progress of childbirth, we may propose an internal examination regularly during the cervical dilatation. It depends on the circumstances how often this is needed. **Membranes**: We only break your water with your explicit permission and after explaining why we would like to do so. We can also wait for the membranes to break by themselves.

**Equipment:** We use the doptone to monitor the baby's heartbeat. During the cervical dilatation, we do this with every time we visit and during the expulsion stage we may do this after every contraction.

**Pain relief:** We seldomly propose this ourselves but we will inform you well and listen to you if you request pain relief.

**Contractions**: We can help you adopt different positions during the different stages of childbirth. If we think it helps to progress, we will propose a change of position. You always get to choose the position that you prefer.

**Perineum:** We rarely perform an episiotomy (also known as perineotomy). Usually, this is only necessary when the baby appears to be in distress or when there are other indications to aid delivery.

## After childbirth

**Baby:** If one of you wants to take the baby first, we will assist. Afterwards we put the baby on the mother's chest. This is a pleasant place for the baby to recover, no matter what kind of food you want to give the baby.

We dry the baby a little, but we don't remove the vernix (the waxy white substance). We always offer vitamin K, orally, after childbirth, but you may decide otherwise.

**Time:** After childbirth, we always leave you alone to settle. We respect the ‘golden hour’ after childbirth in which you get to know each other; we will leave you alone as much as possible. We will weigh and examine the baby only after that.

**Breastfeeding:** If you want to breastfeed, we will help you get started after giving birth. We will give the baby ample time to search.

**Umbilical cord:**  We wait until the umbilical cord ceases to pulsate. You choose by whom and when the umbilical cord is cut.

**Placenta:** We do not give any oxytocin prick by default. If there are reasons to do so, we will always consult with you.

Sometimes something happens during childbirth that makes us worry about you or the baby. Then we may have to deviate from what we have described above. We will always clearly explain the reasons why and we will never do anything without your consent.