

# Birth Partnership Document

---

This document helps you share your preferences for pregnancy and labor with your doctor or midwife. Discuss the items in this document with them during prenatal care visits. You can also use it to talk about your preferences with your family and your care team during childbirth.

## **In this document you will find:**

### **Important things to discuss with your doctor or midwife:**

- When to come to the hospital: the differences between early labor and active labor
- Personal, religious, and cultural needs in the hospital
- Movement during labor
- Medicines and other ways to cope during labor

### **Other things to decide on your own, with your partner, or with your support team:**

- Preferences in the labor and birth room
- Preferences if you need a cesarean birth (c-section)
- About newborn care for your baby after they are born

## **Early labor vs. active labor: knowing when to come to the hospital**

Some decisions about labor can change your risk for surgery or other medical procedures. For example, staying home until you are in active labor decreases the rate of cesarean birth (for uncomplicated labors). **Cesarean birth** (C-section) is a surgical procedure used to deliver a baby through an incision in the abdomen and uterus. For many people staying home in early labor is an excellent choice. Others may have reasons that mean coming to the hospital earlier is helpful. Talking about options with your doctor or midwife can help you make decisions that are best for you and your baby.

The sections below will help you understand the difference between the stages of labor at home so you know what to expect during each stage, and when to call the hospital. This will also inform your decision making about when to come to the hospital.

**Early labor:** When the body is slowly getting ready to give birth, and the cervix (lower part of the uterus) begins to widen.

Signs that your labor is in the early labor stage include:

- ✓ Timing: Some contractions will come close together and others will be far apart.
- ✓ Strength: Some contractions will be mild and some will be painful (like strong menstrual cramps)
- ✓ Backache, especially in your lower back
- ✓ Duration: Early labor can last just a few hours, or up to a day or more

### **What helps?**

A heating pad, moving around, and taking a shower can help in early labor.

### **When should I call the hospital?**

Once early labor has started, call the hospital if you experience any of the following:

- ✓ Vomiting that does not stop after an hour without food or drink.
- ✓ Vaginal bleeding of regular, bright red blood into your underwear or onto a pad. (Mucus mixed with streaks of pink/red/brown blood is normal).
- ✓ Extreme pain or a sudden change in pain.
- ✓ Concern that you cannot feel your baby move.
- ✓ You are leaking watery fluid, or any fluid with a brown or green color.
- ✓ Rectal pressure, such as a strong feeling that you need to have a bowel movement.

Our nurses can help you decide if it is time to come to the hospital, and can also give you suggestions for working through early labor at home. Call triage at (734) 764-8134 if you have questions during early labor.

**Active labor:** When your cervix gets wider to prepare for the baby coming through the birth canal.

Signs that your labor is in the active labor stage include:

- ✓ Contractions occurring every 4 minutes or less from the start of one to the start of the next. Usually this happens in a consistent pattern for at least an hour.
- ✓ Each contraction itself lasts a full minute.
- ✓ The contractions feel much more intense than menstruation and require your focused attention.
- ✓ It is very difficult to do anything else during a contraction, and even between contractions you will probably prefer to focus or rest rather than talk with other people.
- ✓ The contractions you feel now are much more intense than what you felt an hour ago. Contractions are clearly getting stronger.

**When to come to the hospital:** Prepare to be comfortable staying home until the best time by learning the signs it is time to come, the safety of staying home, and ways to work with early labor pains.

With your doctor or midwife, talk about when is the best time to come to the hospital depending on your baby's position, how far away you live, and any other considerations.

## When you arrive at the hospital

The sections below are related to your preferences for labor when you arrive at the hospital.

**Personal, religious, or cultural preferences** You may have specific preferences for your care, or experiences that shape your feelings about this pregnancy. Sharing this information can help hospital staff better meet your needs.

What should your doctor or midwife know to help meet these needs in labor, childbirth, or while you are in the hospital?

---

---

**Movement during labor:** Moving around during labor can help you keep a loose pelvis, cope with pain, make your labor more effective, and reduce your risk of a Cesarean birth.

With your doctor or midwife, talk about your preferences for ways to move during labor.

Things we can help with:

- Reminders and help to move around and loosen your pelvis rather than bracing or clenching
- Help you change position often after epidural placement

Things you can do:

- Use the shower or the bathtub
- Use a birth ball
- Walk in the halls or in your room
- Kneel or sit

**Monitoring during labor:** For most births, we monitor your baby's heart rate every 30 minutes, and do cervical exams to check the progress of your labor.

Monitoring baby's heart rate every 30 minutes is a safe, effective way to watch the well-being of your baby. It allows you to move around more freely, and can reduce your risk of a Cesarean birth. We switch to continuous (constant) monitoring if we have reason for concern, or if you are being given certain medicines.

Cervical change: With your doctor or midwife, talk about your preferences for cervical examinations:

- As few cervical exams as possible
- Regular checks if water is not yet broken

**Using medication to cope during labor:** There are different medications to help you cope with labor pain. The hospital can provide the following options. You can change your preferences during labor.

With your doctor or midwife, discuss what medications you are open to using to cope during labor:

- IV or an injection of pain medication
- Epidural
- Inhaled nitrous oxide (laughing gas)
- Have not decided how to manage pain

**Other ways (non-medication) to cope with pain during labor:** There are many non-medical ways to help you cope with labor pain. The hospital staff can help with some of these things.

With your doctor or midwife, talk about what help you would like:

- |  |   |
|--|---|
| <input type="checkbox"/> Dial-a-Doula or other labor support | <input type="checkbox"/> Use of the tub or shower |
| <input type="checkbox"/> Relaxation techniques               | <input type="checkbox"/> Movement and rhythm      |
| <input type="checkbox"/> Breathing or vocalizing             | <input type="checkbox"/> Position changes         |
|  | <input type="checkbox"/> Massage techniques       |

## **Other things to decide**

In addition to shared decision making with your doctor or midwife, there are many decisions you can make on your own, with your partner, or with your support team.

### **Your preferences in the delivery room**

There are things you can do to make the delivery room environment more comfortable.

What are your preferences in the delivery room?

- Dim the lights during labor
- Use a mirror to watch the birth
- Choose your own music to be played
- Use essential oils or aromatherapy from home (flames and diffusers are not allowed)

### **Your Cesarean birth preferences**

Sometimes a surgery called caesarean birth is necessary for your health or the health of your baby. If you need a Cesarean, also called a C-section, there are some things you can do to be more comfortable.

What are your preferences if a cesarean is needed?

- Choose your own music to be played
- Support person to be with you (name): \_\_\_\_\_
- Observe baby's birth through a clear plastic drape
- Skin to skin contact with the baby in the operating room (you or your support person)

## Your newborn care preferences

After you give birth, there may be specific preferences and support you want that staff should know.

We recommend that every baby have at least an hour of skin to skin contact with you immediately after birth. We routinely delay cutting the cord for at least 2 minutes.

What are your preferences for after baby is born?

- I would like (name): \_\_\_\_\_ to cut baby's umbilical cord
- I would like (name/s): \_\_\_\_\_ to also have skin to skin contact with the baby.
- I would like support/education for feeding
- Other support needed:

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Edited by: Karelyn Munro, BA

Patient Education by [Michigan Medicine](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License](#). Last Revised 12/2020