

Admission Discussion Guide

Discuss the best next steps with your support, your nurse, and your provider based on how you are doing, how your baby is doing, and how your labor is progressing.

If you are in
Early labor*



You may benefit from

Comfort

Control of your environment



Home

or



You may benefit from

Being active

Staying close to hospital



Near the Hospital

If you are in
Active labor*



You may benefit from

Monitoring

Clinical care



Labor & Delivery

DISCUSS WITH YOUR TEAM

How am **I** doing?

How is my **baby** doing?

How is my **labor** progressing?

DISCUSS WITH YOUR TEAM

What are the **benefits and risks** of each option?

DISCUSS WITH YOUR TEAM

What can I do to be **more comfortable**?

Where can I go **nearby**?

What are my options for **labor & delivery**?

* The American College of Obstetricians and Gynecologists (ACOG) defines labor as contractions that result in cervical change. Active labor typically begins at 4-6cm with accelerated cervical dilation

TEAMBIRTH



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ROOM _____

EARLY LABOR

ACTIVE LABOR

PUSHING →

MY CARE TEAM

PATIENT:

PARTNER & FAMILY:

PROVIDER:

PEDIATRICIAN:

NURSE:

CHARGE NURSE:

OTHER:

LABOR PLAN

MOM

BABY

PROGRESS





MY PREFERENCES

NEXT ASSESSMENT

NOTES






Labor Support Guide

Use this guide to identify, discuss, and select options for labor support with your team.

	What are your care goals?	What options can you try yourself?	What options can you try with your team?
MOM	Support labor 	<ul style="list-style-type: none"><input type="checkbox"/> Movement: Change positions, walk, or move<input type="checkbox"/> Breathing: Take deep breaths or use relaxation methods<input type="checkbox"/> Touch: Massage, stroking, or cuddling<input type="checkbox"/> Temperature: Apply heat or cold with water or packs<input type="checkbox"/> Environment: Use light, smells, or sounds to create a comfortable space<input type="checkbox"/> Drink: Have ice chips or a glass of water<input type="checkbox"/> Other: _____	<ul style="list-style-type: none"><input type="checkbox"/> Medication: Start or change medications for your pain<input type="checkbox"/> Deliver: Assist vaginal delivery or perform C-section
	Treat medical condition 	<ul style="list-style-type: none"><input type="checkbox"/> Other: _____	<ul style="list-style-type: none"><input type="checkbox"/> Medications: Start or change medications for your condition
BABY	Manage wellbeing 	<ul style="list-style-type: none"><input type="checkbox"/> Reposition: Change your position<input type="checkbox"/> Other: _____	<ul style="list-style-type: none"><input type="checkbox"/> Monitoring: Change monitoring method<input type="checkbox"/> Refresh: Use IV or oxygen for you<input type="checkbox"/> Medications: Change or stop medications for your contractions<input type="checkbox"/> Deliver: Deliver: Assist vaginal delivery or perform C-section
	Promote progress 	<ul style="list-style-type: none"><input type="checkbox"/> Movement: Change positions, walk, or move<input type="checkbox"/> Breathing: Take deep breaths or use relaxation methods<input type="checkbox"/> Tools: Use labor support tools, like a birth ball<input type="checkbox"/> Other: _____	<ul style="list-style-type: none"><input type="checkbox"/> Break Water: Use tools to break your water<input type="checkbox"/> Medication: Start or change medications for your contractions<input type="checkbox"/> Deliver: Assist vaginal delivery or perform C-section

Assisted Delivery Discussion Aid

Use this aid in team discussions about assisted vaginal delivery or C-section. Assisting delivery may be appropriate if your condition meets these criteria, but **discuss with your team what is best for you and your baby** (see *Labor Support Guide for options*).

What are your reasons for considering assisted delivery?		What are the MINIMUM conditions for assisted delivery?
MOM	Request 	<input type="checkbox"/> You believe that delivery is the best option for you
BABY	Concerns about wellbeing 	<input type="checkbox"/> On-going slow heart rate OR <input type="checkbox"/> Far away from delivery with either: <input type="checkbox"/> Repeated slow downs in heart rate that do not improve with support <input type="checkbox"/> High heart rate that does not improve with support
	Slow induction 	Either: <input type="checkbox"/> Early labor (4 cm or less) for 24 hours or more <input type="checkbox"/> Medications to support contractions and waters broken for 15 hours or more
PROGRESS	Slow progress 	No cervical change with waters broken and 6 cm or more dilated with either: <input type="checkbox"/> Good contractions for 4 hours or more <input type="checkbox"/> Medications to support contractions for 6 hours or more
	Prolonged pushing 	Either: <input type="checkbox"/> Pushing for at least 3 hours if this is your first labor <input type="checkbox"/> Pushing for at least 2 hours if you have labored before