

分娩方式预选表

Birth Preferences Form (Chinese-Simplified)

我们希望通过此表格来了解您对分娩与生产方式的选择意向。请与您的家庭医生一起商量，并将此表格带来产房与口士及医护团队沟通。请谨记没人能预测您的分娩过程将会如何，所以您需要有足够的灵活性来改变决定。如需要更多资料，请参考分娩方式预选表的用户指南了解更多。

姓名 Name: _____ 出生日期 Date of birth: _____

伴侣姓名，如果相关 Partner name, if applicable: _____

关于我或我们 About me/us :

分娩陪产团队 Labor support team (姓名和关系 names and relationships):

对这次分娩的期望 Hopes for this birth:

对这次分娩的顾虑 Concerns about this birth:

疼痛的处理 Pain management

我计划硬脊膜外麻醉 我渴望无药生产 我愿意接受: 硬脊膜外麻醉 静脉注射止痛药
I plan an epidural I desire an unmedicated birth I am open to: an epidural IV pain medication

我想使用以下舒缓疼痛的技巧 I would like to use the following comfort techniques:

分娩球 Birth ball 音乐/安静 Music/Quiet 不同的姿势 Different positions 视觉感官 Visualization
 按摩 Massage 芳香疗法 Aromatherapy 浴缸/淋浴 Tub/Shower 呼吸技巧 Breathing techniques

If applicable 如果适用的话:

Penny Simkin 疼痛管理选择 # _____ 或用数字来代替用药的要求: _____
Penny Simkin pain management preference # or code word to request medication: _____

分娩与生产 Labor and birth

我宝宝的监测: 如果适合我的话，间歇性监测 连续性监测 移动性监测

Monitoring of my baby: Intermittent, if appropriate for my situation Continuous Mobile

通过静脉留置针输药 (肝素帽)，除非有必要，否则不要连接输液线

Medication access point (Hep-Lock) rather than being connected to the IV, unless necessary

我想试用各种姿势出力 I would like to try different positions for pushing: _____

我想用一面镜子看着宝宝的头 I would like a mirror to see my baby's head

我想在宝宝出生时摸着宝宝的头 I would like to touch the baby's head as it emerges

如果需要剖腹产，我想让 If a cesarean birth is necessary, I would like _____ 在手术室陪我。to accompany me in the operating room.

如果宝宝必须去新生儿重症监护病房，我想让 If the baby has to go to the NICU, I would like _____ 陪着宝宝 to accompany the baby.

您的宝宝出生后 After your baby is born

我希望母乳喂养 I plan to breastfeed.。关于喂养的担忧? Concerns about feeding? _____

有关常规的问题 Questions about routine: 维生素 K / Vitamin K 眼药膏 Eye ointment

B 型肝炎预防针 Hepatitis B vaccine 产后催产素 Postpartum pitocin

如果我的宝宝是个男孩，我计划让他接受包皮切除术。If my baby is a boy, I plan to have him circumcised.

我的伴侣或我喜欢给宝宝洗澡。My partner or I would like to bathe the baby. 是的 Yes 不是 No

脐带血 Cord blood

延迟脐带上夹 Delay cord clamping 捐赠 Donation 库存让 Banking _____ 剪脐带 cuts the cord

我宝宝的儿科医生是 My baby's pediatric provider is:

姓名 Name: _____ 诊所 Clinic: _____ 电话 Phone: _____

该分娩方式预选表已由以下医生或助产士核实: _____ 日期: _____
Birth preferences reviewed by doctor or midwife Date:

We do not discriminate on the basis of race, color, national origin, sex, age or disability in their health programs and activities.

我们不会因种族，肤色，国籍，性别，年龄或残疾人的健康计划和活动而歧视。

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711)