

Foomka Kala Doorashada Dhalmada Birth Preferences Form (Somali)

We use this sheet to understand your preferences for labor and delivery. Review it with your provider and bring it to your birth to share with your nurse and care team. Remember that no one knows how your labor will unfold, so we encourage you to give yourself flexibility to change your mind. Please see the Birth Preference User's Guide for more information.

Waxaanu u isticmaalnaa xaashidan si aanu u fahano qaabkii aad doorbinayso ee foosha iyo dhalista. Waxaad isla eegtaan daryeel-bixiyahaaga oo soo qaad marka aad dhalayso si aad ula wadaagto kaaliyaha caafimaadkaaga iyo kooxdaada daryeelka. Xasuusnow inaan qofna garanaynin sida ay fooshaadu noqon doonto, markaa waxaan kugu dhiirigelinaynaa inaad markaa samaysato qorshe aad baddali karto. Fadlan eeg Tilmaamaha Isticmaalaha Kala Doorashada Dhalmada wixii macluumaad dheeraad ah.

Name/ Magaca: _____ Date of birth/ Taariikhda dhalashada: _____

Partner name, if applicable/ Magaca lammaanahaaga, haddii ay ku munaasab tahay: _____

About me/us/ Macluumaadkayga/kaagaya: _____

Labor support team (names and relationships)/ Kooxda taageerada dhalmada (magacyada iyo xidhiidhka): _____

Hopes for this birth/ Rajooyinka dhalmadan: _____

Concerns about this birth/ Waxyaabaha dhalmadan ku saabsan ee laga walaacsan yahay: _____

Pain management/ Maaraynta xanuunka

- I plan an epidural I desire an unmedicated birth I am open to: an epidural IV pain medication
 Waxaan qorshaynayaa suuxdin Waxaan doonayaa dhalis aan wax dawo ah loo isticmaalin
Dhib uma arko: suuxdin Dawooyinka kaar jabiyaha sayloonka

I would like to use the following comfort techniques/ Waxaan doonayaa inaan isticmaalo farsamooyinka soo socda ee u raaxaynta:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Birth ball
Kubbadda ummusha | <input type="checkbox"/> Music/Quiet
Muusig/Degganaan | <input type="checkbox"/> Different positions
Qaabab kala duwan | <input type="checkbox"/> Visualization
Muuqaal |
| <input type="checkbox"/> Massage
Duugis | <input type="checkbox"/> Aromatherapy
Udug | <input type="checkbox"/> Tub/Shower
Barkad/Maydhis Jidh | <input type="checkbox"/> Breathing techniques
Farsamooyinka neefsiga |

If applicable/ Haddii ay munaasab tahay:

Penny Simkin pain management preference # _____ or code word to request medication: _____

Kaar jabiyaha Penny Simkin kaas oo aan doorbidayo lambar _____ ama kalmadda baadisooca ah ee lagu dalbado dawada: _____

Labor and birth/ Dhalmada iyo foosha

Monitoring of my baby: Intermittent, if appropriate for my situation Continuous Mobile
La socodka ilmahayga: Googo' leh, haddii ay ku munaasab tahay xaaladdayda Joogto ah Socdo socda

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

Meesha laga qaadanayo dawada (Hep-Lock) halka lagaga xidhi lahaa sayloonka, iyada oo daruuri noqota moojee

I would like to try different positions for pushing: _____

Waxaan doonayaa inaan isku dayo qaabab kala duwan oo aan kasoo dican karo: _____

I would like a mirror to see my baby's head

I waxaan doonayaa muraayad aan ku arki karo madaxa ilmahayga

I would like to touch the baby's head as it emerges

Waxaan doonayaa inaan taabto madaxa ilmahayga marka uu soo baxo

If a cesarean birth is necessary, I would like _____ to accompany me in the operating room.

Haddii uu qalliin qasab noqdo, waxaan doonayaa _____ inuu ila galo qolka qalliinka.

If the baby has to go to the NICU, I would like _____ to accompany the baby.

Haddii ilmaha ay tahay in la geeyo NICU, waxaan doonayaa in _____ ilmaha uu la joogo.

After your baby is born/ Kadib marka ilmuhu dhasho

I plan to breastfeed. Concerns about feeding/ Waxaan qorshaynayaa inaan naaska nuujiyo. Walaac kusaabsan quudinta ma jiraa? _____

Questions about routine: Vitamin K Eye ointment Hepatitis B vaccine Postpartum Pitocin

Su'aalaha hawl maalmeedka: Fiitaamiin K Dawada indhaha Tallaalka Jooniska B Pitocin-ka Dhalmada Kadib

If my baby is a boy, I plan to have him circumcised/ Haddii ilmaha aan dhalay uu yahay wiil, waxaan doonayaa in la gudo.

My partner or I would like to bathe the baby.

Yes No

Aniga iyo lamaanahaygu waxaan doonaynaa inaan u maydho ilmaha. Haa Maya

Cord blood/ Dhiigga xuddunta

Delay cord clamping Donation Banking _____ cuts the cord

Dib u dhiga Jaridda xudunta Ku deeqid Kaydin _____ jara xudunta

My baby's pediatric provider is/ Dhakhtarka carruurta ee ilmahaygu waa:

Name: _____ Clinic: _____ Phone: _____

Magaca: _____ Xarunta Caafimaadka: _____ Taleefanka: _____

Birth preferences reviewed by doctor or midwife: _____ Date: _____

Kala doorashada dhalmada waxaa qiimeeyay dhakhtarka ama ummulisada: _____ Taariikhda: _____

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

Dadka kuma samayno takoor ku salaysan isir, midab, dalka laga soo jeedo, jinsi, da' ama naafonimo barnaamijyada iyo hawlaha caafimaadkooda.

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)