

CUSTOMIZE YOUR BIRTH PLAN

At Myrtue Birthing Center, we strive to give you the best birthing experience possible. It is important to remember that not everything may go exactly as planned, but we will be with you through the entire process to deliver the level of care you and your baby need while also trying to give you the birth you want. There are several choices available to make for your labor and delivery.

Think of the Birth Plan as a way to tell us about your preferences for your birth experience. Please understand that your options may change due to the medical condition of you or your baby. However, we will work to honor your choices and provide the best care to you and your newborn. Fill in this birth plan sheet, discuss with your maternity provider at one of your prenatal appointments, and bring a copy with you when you come in to deliver your baby to review with your labor nurse.

We wish you a wonderful Birth-Day!

Preparation for Childbirth: We offer a class every other month.

- I attended a prepared childbirth class (highly encouraged to learn about and manage labor stages).
- I did not attend any prenatal classes.

Baby's Gender:

- My baby is a boy. His name is _____
- My baby is a girl. Her name is _____
- I do not know my baby's gender.
- I am not telling family/friends the sex of my baby.

My Labor Support:

My primary support person will be _____

In addition, _____ will be providing support during labor.

- The father of my baby is _____ Involved Not involved
- I would like to NOT have visit me _____.
- I would like to have my doula present to help during my labor/birth: _____
- I would like my other children to be included in baby's cares by being allowed to _____

Environment in Labor Room:

- I will bring my own music.
- I would like to keep the room as quiet as possible.
- I would like to have the lights dimmed
- I would like to use a diffuser (essential oils available upon request)

Hydration/Oral Fluids:

A saline lock (an IV catheter capped with a small plug) is the minimum standard of care based on ACOG guidelines is required.

- I would like to have fluids during my labor (for example: water, ice chips, Gatorade®, juices, popsicles, Italian ice).
- I would prefer to have fluids through an IV.

IV fluids will be necessary with an epidural. Please discuss this with your healthcare provider.

Comfort Measures/Pain Relief/Non-Pharmacologic Interventions

You will receive ongoing support and encouragement by your labor nurse(s).

I would like to try the following coping strategies:

- | | |
|--|---|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Focal points |
| <input type="checkbox"/> Position changes | <input type="checkbox"/> Elequil Aromatabs / Diffuser with essential oils |
| <input type="checkbox"/> Recliner chair | <input type="checkbox"/> Stress Ball |
| <input type="checkbox"/> Birthing ball / Peanut ball / CUB | <input type="checkbox"/> Affirmation Cards |
| <input type="checkbox"/> Bath / Shower / Whirlpool tub | <input type="checkbox"/> Comb for palm of hand |
| <input type="checkbox"/> Breathing and relaxation techniques | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Back Massager | |

Pain Medication (during labor/delivery)

- | | |
|---|--|
| <input type="checkbox"/> I plan to labor without the use of pain medication. (childbirth prep class highly encouraged) I will ask for pain medication if I need it. | <input type="checkbox"/> I would like to have the nurse offer me pain medication |
|---|--|

If I ask for pain medication, I would like to consider using:

- | | | |
|--|---|---|
| <input type="checkbox"/> IV Medication | <input type="checkbox"/> Nitrous Oxide (Laughing Gas) | <input type="checkbox"/> An Epidural |
| | | <input type="checkbox"/> An Intrathecal |

Progress of Labor:

Rupture of Membranes (bag of water)

- I would prefer to have my membranes rupture naturally, without intervention.
- I think it is fine if my physician ruptures my membrane.

If labor is not progressing, I would like to try the following:

- Walking with my support person
- Rocking in the recliner
- Rupture my bag of waters
- Begin Pitocin (a medication used to increase contractions)
- Different positions with a birthing ball to facilitate baby's position down the birth canal (Spinning Babies techniques)

Pushing:

When it is time to push, I would like to:

- Push instinctively in response to my body's cues.

- Be instructed when to push by my doctor

I would like to use the following positions for pushing:

- Semi-reclining
- Side-lying
- Squatting
- Hands and knees
- Positions that are comfortable at the time

Vaginal Birth:

I would like to:

- View the birth using a mirror.
- Avoid having an episiotomy (an incision to enlarge the vaginal opening for birth) if possible
- Perform an episiotomy if necessary.
- Touch my baby's head as it crowns.

Cutting the umbilical cord:

- I would like to have _____ cut the umbilical cord.
- My labor partner does not want to cut the umbilical cord.
- If I have to have a cesarean delivery, I would like the umbilical cord left longer so my significant other can trim the cord.
- I want the cord clamped and cut after it is done pulsating.

Greeting My Baby:

I would like to:

- Have the baby placed skin-to-skin on my chest immediately after birth.
- Have my baby wrapped before being placed skin-to-skin.
- Respect the golden hour - hold my baby as soon as possible, putting off procedures that are not urgent for the immediate period after birth.
- Breastfeed as soon as possible.

For My Baby's Doctor During Our Stay: *Dr Kelly Anderson is an OB/GYN and does not provide baby's care-only mother's care.*

I would like:

- Dr. Brian Anderson
- Dr. R. Adam Bendorf (English + Spanish)
- Jennifer Bruck, ARNP
- Dr. Sarah Devine (Pediatrician)
- Dr. Scott Markham
- Dr Tina Flores (English + Spanish)
- Jill Ferry, PA-C

Infant Feeding:

During my stay in the hospital:

- I plan to breastfeed only (mother's milk at breast or pumped colostrum).
- I plan to breastfeed and use pasteurized human donor breast milk while in the hospital if needed.
- I plan to bring my own expressed colostrum to supplement my baby until my milk comes in.
- I plan to breastfeed and supplement with formula
- I plan to formula feed only.

- I would like the lactation consultant to follow-up with me during my hospital stay

Immunizations/Injections:

- I would like my baby to receive the Hepatitis B birth dose immunization (as recommended by the AAP).
- I would like to wait until later or decline the Hepatitis B birth dose immunization for my baby.

Circumcision:

If my baby is a boy:

- I would like to have him circumcised at the hospital before we go home.
- I will have him circumcised later due to beliefs or refusing birth dose Vitamin K.
- I do not want to have him circumcised.

Cesarean Birth:

If I have a cesarean birth (surgical delivery of my baby through an abdominal incision), I would like to have:

- My labor support person present.
- Clear surgical drape so I can watch the birth of my baby
- Skin to skin in the operating room as soon as possible
- The umbilical cord left long so my labor support person can cut it shorter after surgery
- The baby given to my labor support person as soon as possible.

Other: _____

Please help us understand any additional preferences you have for your birth experience. You may have special routines, traditions, or expectations that are part of your beliefs about birth or family/faith heritage. The more information you can share with us, the better we are able to meet your needs during your stay at Myrtue Medical Center.

Patient Signature: _____ Date: _____

PATIENT LABEL: