

At Myrtue Medical Birthing Center, we strive to give the birthing experience of your dreams. The most important thing to remember is not everything may go as planned but we are right beside you to deliver the level of care you and your baby need. You have many choices to make for your labor and delivery. Our Birth Plan will help you identify and communicate your wishes to your healthcare team. Fill in this plan, discuss with your medical provider at one of your prenatal appointments and bring a copy with you when you come in to deliver your baby and review with your labor nurse.

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.

### We wish you a wonderful Birth-Day!

#### Preparation for Childbirth:

- I attended a prepared childbirth class (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.

- I would like to have my doula present to help during my labor/birth: \_\_\_\_\_
- The father of my baby is \_\_\_\_\_  Involved  Not involved
- I would like to NOT have visit me \_\_\_\_\_
- 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 an oil diffuser (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.

- 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. | <input type="checkbox"/> I would like to have the nurse offer me pain medication |
| <input type="checkbox"/> I will ask for pain medication if I need it.        |  |

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

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> IV medication | <input type="checkbox"/> An epidural | <input type="checkbox"/> An intrathecal |
|--|--------------------------------------|---|

## Progress of Labor:

Rupture of Membranes (bag of water)

- |   |
|---|
| <input type="checkbox"/> I would prefer to have my membranes rupture naturally, without intervention. |
| <input type="checkbox"/> I think it is fine if my physician ruptures my membrane.                     |

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

- |   |
|---|
| <input type="checkbox"/> Walking with my support person   |
| <input type="checkbox"/> Rocking in the recliner  |
| <input type="checkbox"/> Rupture my bag of waters   |
| <input type="checkbox"/> Begin Pitocin (a medication used to increase contractions)                                   |
| <input type="checkbox"/> Different positions with a birthing ball to facilitate baby's position down the birth canal. |

## Pushing:

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

- |  |  |
|--|--|
| <input type="checkbox"/> Push instinctively in response to my body's cues. | <input type="checkbox"/> Be coached on when to push and for how long |
|--|--|

I would like to use the following positions for pushing:

- |   |   |
|---|---|
| <input type="checkbox"/> Semi-reclining | <input type="checkbox"/> Hands and knees                            |
| <input type="checkbox"/> Side-lying     | <input type="checkbox"/> Positions that are comfortable at the time |
| <input type="checkbox"/> Squatting      |   |

## Vaginal Birth:

I would like to:

- |  |  |
|--|--|
| <input type="checkbox"/> View the birth using a mirror.  | <input type="checkbox"/> Perform an episiotomy if necessary. |
| <input type="checkbox"/> Avoid having an episiotomy (an incision to enlarge the vaginal opening for birth) if possible | <input type="checkbox"/> 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:**

I would like:

- |   |   |
|---|---|
| <input type="checkbox"/> Dr. Sarah Devine (pediatrician)        | <input type="checkbox"/> Dr. R. Adam Bendorf (bilingual in Spanish) |
| <input type="checkbox"/> Dr. Brian Anderson                     | <input type="checkbox"/> Jill Ferry, P.A.                           |
| <input type="checkbox"/> Dr. Scott Markham                      | <input type="checkbox"/> Jennifer Bruck, P.A.                       |
| <input type="checkbox"/> Dr. Tina Flores (bilingual in Spanish) |   |

**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 donor human breast milk while at 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.

**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 \_\_\_\_\_ 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
- 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.

Your Birth Team at Myrtue Medical Center:

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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PATIENT LABEL**