

Planning for the birth of your baby is an exciting time. You have many choices to make for your labor, delivery and postpartum stay with us. The Birth Plan will help you identify and communicate your wishes to your healthcare team. Please take some time to talk with your labor support person about the options you have available to you. Then fill in this plan and give your copy to the staff at the hospital (bring a copy in your labor bag) and discuss your wishes with your nurses and doctor.

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 include you in any additional decision making related to your care.

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. At the time of birth, I would like to have _____ announce the 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 have the lights dimmed.
- I would like to keep the room as quiet as possible.
- I would like to use an oil diffuser.

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

You will receive ongoing support and encouragement throughout labor.

I would like to try the following coping strategies:

- Walking
- Position changes
- Recliner chair
- Birthing ball / Peanut ball / CUB

- Bath / Shower / Whirlpool tub
- Breathing and relaxation techniques
- Massage
- Focal points
- Affirmation Cards
- Elequil Aromatabs / Diffuser
- Other: _____
- _____
- _____

Pain Medication (during labor/delivery)

- I plan to labor without the use of pain medication.
- I will ask for pain medication if I need it.
- I would like to have the nurse offer me pain medication.

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

- IV medication
- An epidural
- An intrathecal

Progress of Labor:

Rupture of Membranes

- I would prefer to have my membranes rupture naturally, without intervention.
- I think it is fine if my healthcare provider 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 stimulate contractions)

Pushing:

When it is time to push, I'd like to:

- Push instinctively in response to my body's cues.
- Be coached on when to push and for how long

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

Other: _____

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.

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.
- Hold my baby as soon as possible, putting off procedures that are not urgent.
- Breastfeed as soon as possible.

For My Baby's Doctor:

I would like:

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

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 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.
- I will have him circumcised later.
- I will have him circumcised later and do not want vitamin K injection.
- 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.

Patient Signature: _____ Date: _____

PATIENT LABEL