

# MOTHER'S CHOICE BIRTH PLAN

The purpose of this plan is to assist with education on a variety of birthing options and to provide your care team with the necessary information to help make your birth experience exceptional.

Options will depend on how your labor is progressing, your baby's toleration of labor, and if you have received an epidural.

Your team will make every effort to follow your birth plan. In some cases, your team may not be able to meet all requests.

This form is optional to use. It is offered as a resource to enhance your birth experience. You may make changes to your birth plan at any time.

**Birth Plan For:** \_\_\_\_\_

**Partner's Name:** \_\_\_\_\_

**Baby's Name:** \_\_\_\_\_

*Check all preferred options. Specify other unlisted options.*

## LABOR

### Environment During Labor:

- Please review the visitation policy with me, especially during the flu season.
- I wish to keep visitors to a minimum during my labor.
- If applicable, I prefer my other children to be present for labor.
- I will state my wishes regarding the involvement of nursing students, and if applicable medical residents.

### Pain Relief Preferences:

- PLEASE DO NOT offer me an epidural, or other types of medications for pain relief.
- I prefer phrases such as "comfort level" and not the word "pain".
- I will let you know if I desire an epidural or IV medications.
- If my pain appears to be unbearable, please discuss with me options for pain relief.
- Please offer me an epidural or IV medications as soon as possible.

### Relaxation, Comfort Measures, Distractions:

*Mother's are encouraged to choose a soothing environment with lighting and temperature control preferences, and to bring their own relaxation music. Electronic devices are allowed (cell phone, ipod, ipad, laptop, CD player, etc.).*

I would like to use:

- Breathing techniques
- Tub or shower
- Counter pressure/massage by partner
- Self-hypnosis or Hypnobirthing class techniques
- Cold packs

- Essential oils. Please review guidelines with me regarding accepted scents and application (*due to allergies or the potential allergies of others, diffusers are not allowed in the hospital*).

### Positions/Movement:

*With an unmedicated labor, moms are encouraged to walk, rock, change positions, and use the restroom as needed. With an epidural, turning side to side hourly in bed when awake is important in that it may help labor to progress better, help with the proper positioning of the baby for pushing, and keep the epidural anesthesia evenly distributed.*

If unmedicated, I would like to use:

- Chair at bedside
- Birth ball
- Squat bar

### Hydration In Labor:

- I would like ice chips, popsicles, and slushies if available.
- I would like clear liquids.
- Instead of IV fluids, I would like a saline lock.
- I prefer IV fluids as needed.

### Monitoring:

- I desire "intermittent" monitoring (*this is not an option if medications are being used, or a mother and/or baby needs to be continuously monitored for medical reasons*).
- If available, I would like cordless monitoring for walking.
- I desire my labor and baby to be "continuously" monitored.

### Stimulation of Labor:

- Unless medically necessary, I would prefer not to have the amniotic membrane artificially ruptured (*breaking of water*).
- If labor is not progressing, or to increase progression of labor, I would prefer to have the amniotic membrane ruptured before Pitocin is used to augment labor.
- Please assist my labor with Pitocin if needed.
- I prefer not to have Pitocin unless absolutely necessary.

## BIRTH

### Environment During Birth:

- I wish to take pictures and/or record the birth (*recording is not permitted in the operating room*).
- I wish to keep visitors to a minimum during my birth.
- If applicable, I prefer my other children to be present for birth.

## Pushing:

Your nurse will review when to push, positions for pushing, and how to breathe during pushing.

An option to decrease prolonged "active" pushing time for a mom having her first baby is called "rest-and-descend". Mom rests, while the labor itself brings the baby down the birth canal.

Our physicians/midwives do not routinely perform episiotomies (a cut in the vaginal opening to assist with the delivery of the baby's shoulders and head).

- Besides a semi-sit position, I prefer to use a variety of pushing positions, such as side-lying, hands and knees, or squatting (*a mom with an epidural is limited to semi-sit and side-lying positions*).
- Once fully dilated, I prefer to wait until I feel the urge to push.
- I prefer "rest-and-descend" as much as possible.
- I prefer phrases such as "breathe the baby down", rather than the word "pushing".
- I would like my partner to assist in supporting my body and/or legs during the pushing stage.
- I would like to have a mirror available so that I can see my baby's head when it crowns.
- I would like a chance to touch my baby's head when it crowns.
- I prefer an alternative birth position to the semi-sit position.

## Cord Clamping and Cutting:

*Unless contraindicated, your doctor or midwife will give your significant other the opportunity to cut the cord.*

- I prefer delayed cord clamping until pulsations stop (< 3 minutes).
- I would like my doctor/midwife to cut the cord.
- I would like \_\_\_\_\_ to cut the cord.

## Placenta:

- I would like the opportunity to see the placenta.

- Please discuss my options for taking my placenta home.

## SKIN-TO-SKIN:

*During the first hour of birth, parents are encouraged to delay the visit of family and friends in order to have uninterrupted "skin-to-skin" time with their baby.*

*With "skin-to-skin", the potential discomfort of newborn procedures may be decreased due to the release of a baby's own hormones (endorphins).*

- I would prefer immediate "skin-to-skin" time with my baby (*newborn medications can be delayed for up to 3 hours after birth*).
- I would like newborn medications, vaccines, minor lab draws such as for blood sugar levels, to be done when I am "skin-to-skin" with my baby (*the Newborn Metabolic Screening Test is required to be done in the nursery*).
- I prefer after birth, that newborn procedures are done at the infant warmer rather than being done when skin-to-skin.
- If a cesarean birth is necessary, please review guidelines with me for being able to do "skin-to-skin" with my newborn in the operating room and the recovery room.
- I would prefer to delay "skin-to-skin" until after my baby has been bathed (*if breast feeding, baths are done after a minimum of two successful feeds*).

## POSTPARTUM CARE

### Length of Stay:

- I would like my hospital stay to be as short as possible.
- I would prefer a routine length of stay.

### Environment During Postpartum:

*We encourage moms to have their newborn room in with them day and night and to continue frequent "skin-to-skin" time. A mom's partner is welcome to stay the night(s) during the mother's hospital stay.*

- I wish to keep visitors to a minimum during my postpartum stay.
- Please review the visitation policy for the Mom/Baby Unit, especially during flu season.
- Please discuss options for my baby to go to the nursery.

### Pain Relief Preferences During Postpartum:

*For comfort measures after birth, it is routine to apply ice packs to the perineum for 12 to 24 hours, and provide topical medications.*

- I prefer to have no pain medication during my postpartum stay.
- I prefer only non-narcotic medications (*Ibuprofen and Tylenol*).
- As needed, I would like to use narcotic and Ibuprofen pain medication as prescribed by my doctor/midwife.

## BABY CARE

### Feeding My Baby:

*Moms choosing to breast feed, are encouraged to feed their newborn within the first hour of birth. Formula and pacifiers are not given to babies without the permission of parents.*

*All Women's Services nurses are trained to assist moms with breast feeding.*

- I plan on exclusively breast feeding my baby, unless it is medically necessary for my baby to receive formula or Medolac (*pasteurized human milk*).
- If available, I would like to meet with a Lactation Consultant.
- Please provide me with information regarding the pumping and storage of my milk.
- I plan to formula feed my baby.
- I plan on both breast feeding and formula feeding my baby.

### Newborn Procedures:

- When possible, I prefer that newborn procedures take place in my presence.
- If I am unable to be present for newborn procedures, I prefer my partner is present for any procedures.
- I would prefer that my baby is not bathed while in the hospital.

### Circumcision:

- I prefer the circumcision to be done in the hospital.
- I prefer the circumcision to be done in my baby's doctor office.
- I do not want a circumcision to be done.