



My Birth Plan

Your birth plan is a way for you to let your care team know your wishes for your upcoming labor and delivery. It helps us know what is most important to you during you and your baby's hospital stay. Labor and delivery experiences are unique to each woman and are frequently unpredictable; rest assured we will always do our best to honor your wishes while keeping you and your baby safe.

Please ask your care provider to review your birth plan with you as the highlighted sections are areas that are specific to your care provider. Please have them sign it and bring the signed copy to your Maternity Navigator visit.

My name: _____ My due date: _____

My care provider: _____ My baby's care provider: _____

My care provider's signature: _____

Please check the options in each section below that you choose:

Labor room

- Dim lighting
- Aromatherapy
- Labor tub
- Peanut ball
- Quiet, peaceful environment
- Bring my own music
- Wear my own clothes
- Birth ball
- Shower

Mobility

- Walking in halls and changing positions as medically able
- Prefer staying in my room but up walking as desired
- Anticipate wanting a labor tub
- Anticipate wanting to use shower
- I understand that if I choose epidural anesthesia, I will be in bed and may need a catheter to empty my bladder.

Augmentation

There may be times when labor slows down or stalls. Some options that may be discussed at that point are:

- Walking or changing laboring positions
- Care provider breaking your bag of water
- Medications to increase the strength or frequency of contractions

Monitoring

- I prefer that my baby be monitored as minimally as possible.
- I prefer intermittent monitoring – my nurse touching my abdomen and listening to my baby with an external fetal monitor.
- I prefer continuous external monitoring of contractions and baby's heartbeat.
- I prefer a wireless monitor so that I can be up and moving during labor.

Note: It is important to know that there may be situations when a wireless monitor will not pick up your baby's heartbeat. In that case we will need to use the monitor at your bedside.

Hydration

- Saline lock inserted but no fluids infusing unless medically indicated
- IV in place with fluids continuously infusing
NOTE: Clear liquids to drink (Sprite, Gatorade, popsicles) are also provided if approved by care provider

Comfort Measures and Pain Control Options

Non-medical options:

- Doula support
- Relaxation techniques
- Peanut ball
- Labor tub / shower
- Position changes/ walking
- Breathing exercises / visualization
- Massage
- Birth ball
- Hot / cold packs

Medical options:

- Please do not offer medications to me. I will ask for them if needed.
- Narcotic medications through my IV
- Epidural anesthesia when needed

Pushing and delivery

- I prefer to wait to push until I feel the urge or until my baby descends.
- I prefer that my nurses help me to know when to push.
- I prefer to push when I feel the urge.
- I would like a mirror placed at the foot of my bed.
- I want to avoid forceps or vacuum unless absolutely necessary.
- I prefer to let my perineum tear rather have an episiotomy.
- I prefer having an episiotomy rather than letting my perineum tear.
- I would like to touch my baby's head as it crowns.
- I want my baby skin to skin immediately if my baby is stable.
- I do not want my baby handed to me immediately. Please dry my baby and then hand him to me.

Birth and baby care

Delivery room:

- I want my baby skin to skin for the first hour after birth.
- I prefer minimal interruption of skin to skin time.
- I want to breastfeed as soon as my baby is ready.
- I prefer optimal cord clamping where the cord is cut 30-60 seconds after birth.
- I prefer my partner cut the umbilical cord.
- I prefer my care provider cut the umbilical cord.
- I will be doing Cord Blood Retrieval. The name of the company is: _____
- I prefer the hospital staff dispose of my placenta.
- I plan to keep my placenta for my own private use if my care provider doesn't order further testing.

Note: If you are keeping your placenta, you must bring a cooler to store it in and have someone pick it up as soon as possible after delivery. If testing is ordered on your placenta, it will not be released to you afterwards.

After delivery:

- I plan on doing all routine hospital tests, medications and procedures with my baby.
- I plan to discuss all routine hospital tests, medications and procedures that are performed with my baby with my baby's care provider before refusing any treatments or medications.

Rooming in

We will support you and your baby in your room 24 hours a day. Your baby may be taken to our Newborn Observation Room for a procedure or closer observation if needed.

Routine tests and procedures for your baby include:

- Vitamin K shot at 1 hour of age
- Hepatitis B vaccine at 1 hour of age
- Antibiotic ointment to the eyes at 1 hour of age
- Hearing screening after 24 hours
- Kansas Newborn Screening blood test after 24 hours
- Pulse Oximetry Screening (Critical Heart Disease) after 24 hours

Feeding

We encourage breastfeeding because it provides the optimal nutrition and immunity support for your baby while supporting mom's health as well. We will assist you with feeding shortly after birth and throughout your hospital stay. We provide pacifiers for use during painful procedures only.

- I plan to breastfeed my baby.
- I plan to pump and give my baby expressed breast milk.
- I plan to formula feed my baby.

Circumcision

- If I have a baby boy, I plan on circumcision while we are in the hospital.
- If I have a baby boy, I will not have him circumcised while we are in the hospital.

Bathing

We support delaying your baby's first bath until after 6-12 hours of age unless there are special circumstances. This allows your baby time to stabilize his temperature, spend more time skin to skin, and promotes easier breastfeeding. There are some instances where bathing your baby before 6 hours of age is safer. Your nurses will explain those situations should they arise.

Cesarean Delivery

- I would like _____ to be in the operating room with me.
- I would like a clear drape used so that I can see my baby as he is born.
- I would like my baby skin to skin as soon as possible in the operating room.
- I would like to breastfeed as soon as possible in the recovery room.

Other wishes for your birth experience:

