

My Preferred Birth Plan

NAME:

OB PHYSICIAN / PROVIDER:

PEDIATRICIAN:

DUE DATE:

In an effort to meet the expectations of our patients at Shannon Labor and Delivery and to provide you with the best possible care, we have developed this sample birth plan that you may use to communicate your wishes to our staff. If you do decide to use this birth plan, please share it with your Obstetric Provider during one of your prenatal visits, so that they may discuss it with you and scan it into your records. You may also want to bring a copy with you to Labor and Delivery when you have your baby, so that your nurse may review it as well. In the event that unexpected circumstances occur, we will take the necessary medical actions to ensure the health and safety of you and your child. Therefore, we may not be able to honor your requests laid out in the birth plan.

OVERALL MOST IMPORTANT GOAL DURING YOUR LABOR AND DELIVERY STAY:
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ATTENDANTS

I would like the following people to be present during labor

- Partner:
- Friend/s:
- Relative/s:
- Doula/s:
- Children:

I would like the following people to be present during the actual birth (your body will be “exposed”)

- Partner:
- Friend/s:
- Relative/s:
- Doula/s:
- Children:

ENVIRONMENT

I would like to:

- Bring music and music player or iPod
- Dim lights
- Quiet room
- Wear my own clothing
- Wear my contact lenses/glasses

- Take pictures and/or video during labor and after the birth of the baby
- I would prefer to not have medical/nursing/or EMT students
- No preference

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MOBILITY

As long as the baby and I are doing fine, I would like to:

- Be able to get out of bed, sit on a rocking chair/ birthing ball
- Be able to get up to the bathroom (if epidural not in place)
- Mobility is not important to me
- Follow normal procedures

RELAXATION AND PAIN MANAGEMENT DURING LABOR

I would like to try the following techniques:

- Shower
- Breathing techniques
- Hot/cold therapy
- Partner Massage
- Self-hypnosis
- IV systemic medication
- Epidural/regional anesthesia
- Please do not offer me pain medication. I will request it if I need it.
- Offer pain relief if I appear uncomfortable.
- Offer pain relief as soon as possible.
- Other:

PUSHING

When it's time to push, I would like to:

- Do so instinctively
- Be coached on when to push and for how long
- Be allowed to progress free of time limits as long as my baby and I are doing fine
- Follow normal procedures
- I would like to try the following positions for pushing:
- Semi-reclining
- Side-lying
- Squatting (if patient has sufficient motor control and strength)
- Hand and knees
- Whatever feels right at the time
- Follow normal procedures

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VAGINAL BIRTH

During delivery, I would like to:

- View the birth using a birthing mirror
- Touch my baby's head as it crowns
- Have the room as quiet as possible
- Avoid routine episiotomy
- Follow normal procedures

Immediately after birth, I would like to:

- I would like to cut the cord
- I would like my partner to cut the cord
- Birth-partner does not want to cut the cord
- I would like the baby placed on my chest immediately after birth (if baby is stable)
- I would prefer the baby be dried first and then given to me (if baby is stable)
- I would like the baby placed skin to skin for warmth and bonding
- I would like to breastfeed as soon after delivery as possible
- I would like the baby to be examined in my presence
- If the baby cannot be examined in my presence, I would like my birth-partner to remain with the baby at all times
- Follow normal procedures

C-SECTION

If I have a C-section, I would like to:

- Have my partner present during the operation
- Have the baby be given to my partner to hold as soon as the baby is stable
- See the baby in the OR suite
- Breastfeed my baby in the recovery room
- Follow normal procedures

CORD BLOOD BANKING

I am planning to:

- Donate cord blood to a public cord blood bank (patient must make prior arrangements)
- Privately bank cord blood (patient must make prior arrangements)
- Neither

POSTPARTUM

After delivery, I would like:

- 24-hour rooming-in with my baby
- My baby to room-in with me only when I am awake
- My baby to be brought to me for feedings only
- Welcome all visitors
- Limit visitors
- Follow normal procedures

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LENGTH OF STAY

I would like to:

- Stay as short a time as possible in the hospital (if medically stable). Babies must stay a minimum of 24 hours before discharge.
- Stay as long a time as possible in the hospital. Typical vaginal deliveries stay 24 - 48 hours. C-sections stay minimum of 48 hours (if medically stable).
- Follow normal procedures

BABY FEEDING

My preference is to:

- Breastfeed exclusively
 - Breastfeed, but formula supplementation is acceptable
 - Formula feed exclusively
 - I would like to meet with a lactation consultant. The lactation specialist is also available for consultation prior to delivery. Call (325) 481-6325 for information.
 - In the event that the baby requires special care due to illness, I would like to pump breastmilk
- My preference is to not offer:
- Formula
 - Sugar water
 - A pacifier

CIRCUMCISION

If my baby is a boy:

- I want him to be circumcised at the hospital
- I will have him circumcised later
- I don't want him circumcised

HEPATITIS B VACCINE

- I do not want my baby to be vaccinated with Hepatitis B vaccine before discharge as recommended by the American Academy of Pediatrics and Shannon Pediatrics

ANY OTHER SPECIAL DIETARY REQUIREMENTS FOR THE NEW MOM:

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ANY OTHER SPECIAL NEEDS OR BIRTH-PARTNER (LANGUAGE, RELIGION, DISABILITY, ETC.):

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