



empowher

BIRTH GOALS

My Name: _____

My Partner/Support Person: _____

My Baby's Gender: _____

My Baby's Name: _____

Every labor and birth is different. I am hoping to give you the best birth possible according to your individual hopes and goals. This plan will allow us to discuss your preferences- as well as create a dialogue about my usual practices, the hospital's practices and our overall goals. Ultimately, my plan is always the same- healthy mom and baby. This is not a contract. If I see that something will help in your birth process, I will suggest and offer despite this document. However, it is nice to have an idea of what is available and your preferences ahead of time.

Labor Preparations

I have completed the following:

- Hospital Registration
- Birthing classes
- Breastfeeding Classes
- Selected a Pediatrician: _____

If I have a vaginal birth, I want

- To view the birth using a mirror
- To feel the head as it crowns
- To have my partner cut the umbilical cord
- To have the hospital staff help me with the best pushing techniques
- To be on a mobile monitor to be allowed to walk around the unit freely (as long as mom and baby are not in distress)
- To be sitting in a chair or ball during labor (as long as mom and baby are not in distress)
- I would like to wear my own gown
- Other: _____

Delivery Room Environment Preferences

- Dim Lighting
- Birthing Ball
- Minimal Sound
- Music that I will provide
- Aromatherapy that I will provide
- I would like to take the placenta home (this requires a hospital consent)
- Who I want Present: _____
- Other: _____

Help for managing my labor

- Natural techniques (shower, breathing techniques, massage, etc..)
- Epidural as soon as safely allowed
- Intravenous pain management
- Local injection of lidocaine for laceration repair or pudendal block for vaginal pain during delivery (if no epidural)
- Heating pad for back
- Please don't offer me pain medication or epidural, I'll request one if needed.
- Other: _____

Planning for a C-Section

Almost all cesareans are done under spinal anesthesia (or epidural) for pain control. This allows you to stay awake. It also allows a long acting pain medication to be inserted along with anesthesia for excellent pain management during the first 24 hours after your surgery. This minimizes narcotic usage, allows early walking and eating, and early urinary catheter removal. If there is an emergent situation, or for some reason the spinal/epidural does not work well, you may be out under general anesthesia, but this is a last resort. All women who have cesarean will need a urinary catheter, but this is usually placed after the "spinal block" so it is not uncomfortable. A neonatologist or neonatal nurse practitioner will be present to do the initial exam on your newborn in the OR. As long as everything is normal the baby will remain in the OR with you and then in the recovery room with you and your support person. As long as you are able to use spinal/epidural with your C-section, one person will be allowed with you in the OR. If general anesthesia is needed, your support person will wait in the recovery room or labor room for you and your baby.

- I want my support person or a hospital staff member to take photos (must bring own camera/phone); there will be no photos of the actual surgery
- I want to do an hour of skin to skin in the recovery room before we allow visitors

If I need a C-Section and it is not an emergency

- I'd like to have _____ in the OR with me
- I'd like to have music playing
- I'd like the process explained to me as it is happening
- I would like a clear drape

If my C-Section is an emergency

If it is an emergency, we will move very quickly and will have very little time for explanation in detail. This is very rare, but we will explain everything as time allows.

Routine procedures for natural uncomplicated labor:

- Starting an IV to gain access to veins (for antibiotics if needed, for fluids with calories to help with exhaustion and dehydration, and most importantly to have access in the event of a life threatening emergency for mom or baby.)
- Obtaining lab work (certain labs are required by the state)
- Fetal Monitoring- either in bed or using Bluetooth mobile monitoring
- Clear liquid diet including Gatorade, clear juice, or popsicles provided by the nursing staff.
- Augmentation with Pitocin or amniotomy (rupture of membranes) if necessary due to labor not progressing with expectant management after discussion with you
- Allowing natural tearing instead of cutting an episiotomy

Both Cesarean and Vaginal birth

- Delayed cord clamping for one minute (research shows this timing is the best for the baby)
- Immediate skin to skin with breastfeeding within the first hour (coaching and lactation support available if needed)
- Delayed visitors until after the first hour (exception of birth coaches/support person)
- Neonatal exam and bath in room
- The baby will room with you (we don't have a routine term nursery)
- Bath is delayed after at least 6 hours to allow newborns to regulate their own temperature prior to bathing

Plan for the unexpected

The idea of something not going as planned is probably not something you really want to think about. Fortunately, talking about this early can alleviate some apprehension and help you plan for the unexpected and help understand the decision that may have to be made.

If an induction is recommended or desired

- Cervical ripening options:
 - Misoprostol (cytotec) or dinoprostone (cervidil)
 - Foley balloon or Cooks Catheter
 - Aminotomy (breaking of water)
- To obtain adequate contractions:
 - Aminotomy (breaking of water)
 - Pitocin (slowly titrated up to mimic normal labor pattern)
 - Walking
 - Membrane Stripping

After delivery preferences

- I want _____ to cut the cord
- Delayed cord clamping is standard one minute

My baby is a Boy

- I want my baby to be circumcised prior to leaving the hospital (the pediatrician will do this the morning after delivery after discussing with you)
- I do not want my baby to be circumcised prior to leaving the hospital

I want my baby fed with

- Breast Milk (we have lactation consultants on hand, and if your baby is in the NICU a breast pump is available)
- Formula
- Both
- I prefer my baby does not receive a bottle without prior discussion with me

Pacifier

- Yes
- No
- Maybe

Newborn medications given after delivery

If you choose to decline any vaccines, this will need to be discussed with your pediatrician (preferably prior to delivery).

- Vitamin K (helps with blood clotting to prevent stroke)
- Erythromycin Eye Ointment (to prevent blindness from bacteria that live around the rectum and cervical canal)
- Hepatitis B (1st injection in series of standard vaccines for baby)

Please bring this back to review with us in your third trimester. We will scan a copy for our records and give you back the original to take to L&D on your delivery day.