

## CHAPTER 8: PLANNING FOR BIRTH AND POST PARTUM

# Work Sheet for Preparing Your Birth Plan

You might find this work sheet helpful as you prepare your birth plan. Place a plus sign (+) by the items that you clearly want, and a minus sign (-) by items you want to avoid unless medically necessary. Put a question mark by items you are unsure about, and plan to learn more about those options.

Once you have completed this work sheet, write a short description of the roles you envision for yourself, your partner, your doula or other helpers, and your caregivers (the approach you prefer). Then prepare a draft of your birth plan that consolidates and generalizes your preferences for discussion with your caregiver.

Options for Normal Labor and Birth	
<b>First Stage</b>	
<i>Presence of partner/others</i> <input type="checkbox"/> Partner <input type="checkbox"/> Doula (page 20) <input type="checkbox"/> Friends or relatives <input type="checkbox"/> Children (page 438)	<i>Positions for labor (pages 238–240)</i> <input type="checkbox"/> Freedom to change positions, stand, and/or walk around <input type="checkbox"/> Postural aids (birth ball, bathtub, beanbag chair, or other)
<i>Vaginal exams (page 181)</i> <input type="checkbox"/> At mother's request or if needed for clinical decision <input type="checkbox"/> As few different examiners as possible <input type="checkbox"/> At caregiver's discretion	<i>Monitoring fetal heart rate (pages 182–183)</i> <input type="checkbox"/> Auscultation with stethoscope or ultrasound stethoscope <input type="checkbox"/> Intermittent external electronic fetal monitoring (EFM) <input type="checkbox"/> Continuous EFM with telemetry <input type="checkbox"/> Continuous electronic monitoring (internal or external)
<i>Food/fluids (pages 228–229)</i> <input type="checkbox"/> Eat and drink as desired <input type="checkbox"/> Water, juice, Popsicles, ice chips <input type="checkbox"/> Saline (or Heparin) lock <input type="checkbox"/> Intravenous (IV) fluids	<i>Pain relief (chapters 12 and 13)</i> <input type="checkbox"/> Emotional support and self-help measures <input type="checkbox"/> Relaxation, breathing, positions, comfort measures <input type="checkbox"/> Bathtub, whirlpool, or shower <input type="checkbox"/> Medications (narcotics) and/or anesthesia (epidural or other)
<b>Second Stage (pushing and birth of baby)</b>	
<i>Position for pushing and for birth (pages 190 and 240)</i> <input type="checkbox"/> Mother's choice of positions <input type="checkbox"/> Gravity-enhancing positions <input type="checkbox"/> Caregiver's choice of positions	<i>Care of perineum at birth (pages 193 and 292)</i> <input type="checkbox"/> Warm compresses, controlled pushing, positions <input type="checkbox"/> No episiotomy (willing to risk having a tear) <input type="checkbox"/> Decision left to caregiver <input type="checkbox"/> Episiotomy <input type="checkbox"/> Forceps or vacuum extraction
<i>Expulsion techniques (pages 189–190)</i> <input type="checkbox"/> Spontaneous bearing down <input type="checkbox"/> Delayed pushing (if epidural used) <input type="checkbox"/> Directed pushing <input type="checkbox"/> Prolonged breath holding and straining	<i>Bed/equipment for pushing and for birth</i> <input type="checkbox"/> Birth stool, squat bar, bathtub, floor <input type="checkbox"/> Birthing bed <input type="checkbox"/> Delivery table with or without stirrups
<b>Third Stage and First Hours after Birth</b>	
<i>Immediate care of baby (pages 195–198)</i> <input type="checkbox"/> Delay clamping and cutting the cord <input type="checkbox"/> Partner cuts cord <input type="checkbox"/> In parent's arms for observation and exam <input type="checkbox"/> Near parents in bassinet or isolette <input type="checkbox"/> In nursery for observation, weighing, and first bath	<i>Warmth of baby (page 195)</i> <input type="checkbox"/> Baby skin-to-skin with mother <input type="checkbox"/> Wrapped in warm blanket, held by parent <input type="checkbox"/> In heated bassinet in mother's room <input type="checkbox"/> In special heated unit in nursery
<i>Clearing baby's airway (page 195)</i> <input type="checkbox"/> Suction only if necessary <input type="checkbox"/> Suction with bulb syringe almost immediately	<i>Cord blood collection (page 198)</i> <input type="checkbox"/> Not planned <input type="checkbox"/> Public cord blood bank donation <input type="checkbox"/> Private or family cord blood collection and storage
<b>Third stage and first hours after birth</b>	
<i>Eye care and vitamin K (pages 363–364)</i> <input type="checkbox"/> At end of first hour after birth <input type="checkbox"/> Use of nonirritating antibiotic agent (for eye care)	

<b>Options for Unexpected Labor Events</b>	
<b>General</b>	
<i>Induction (pages 277–283)</i> <input type="checkbox"/> Avoid induction unless medically necessary <input type="checkbox"/> At mother's or caregiver's convenience <input type="checkbox"/> Self-induction methods <input type="checkbox"/> Stripping membranes <input type="checkbox"/> Cervical dilators <input type="checkbox"/> Artificial rupture of membranes <input type="checkbox"/> Cervical ripening agents (prostaglandins) <input type="checkbox"/> Induction agents (Pitocin, oxytocin)	<i>Maternal exhaustion (pages 175–176, 284–287)</i> <input type="checkbox"/> Rest, relaxation skills <input type="checkbox"/> Bathtub, dim lights, privacy <input type="checkbox"/> Narcotics or sedatives for sleep <input type="checkbox"/> Epidural anesthesia
<i>Prolonged active labor (pages 284–287)</i> <input type="checkbox"/> Walk, change positions, take a bath <input type="checkbox"/> Nipple stimulation <input type="checkbox"/> Artificial rupture of membranes <input type="checkbox"/> Medication (Pitocin, oxytocin)	<i>Prolonged second stage (pages 290–292)</i> <input type="checkbox"/> Rest from pushing <input type="checkbox"/> Change positions <input type="checkbox"/> Directed pushing <input type="checkbox"/> Pitocin <input type="checkbox"/> Vacuum extraction, forceps, and/or episiotomy
<i>Suspected fetal distress (pages 288–289 and 305)</i> <input type="checkbox"/> Mother changes position, uses oxygen <input type="checkbox"/> Fetal scalp stimulation to evaluate fetal well-being <input type="checkbox"/> Amnioinfusion <input type="checkbox"/> Continuous electronic fetal monitoring, internal scalp electrode <input type="checkbox"/> Cesarean delivery	<i>Prolonged third stage (pages 293)</i> <input type="checkbox"/> Placental separation encouraged by breast stimulation <input type="checkbox"/> Baby suckling on the breast <input type="checkbox"/> Upright position <input type="checkbox"/> Hastened with fundal massage <input type="checkbox"/> Hastened with medication or manual extraction of placenta
<b>Cesarean Birth</b>	
<i>Timing of cesarean (pages 302–303)</i> <input type="checkbox"/> Planned before labor begins <input type="checkbox"/> Planned after labor begins <input type="checkbox"/> Unplanned during labor, only done if medically indicated	<i>Participation by mother</i> <input type="checkbox"/> Mother watches delivery of baby (window in screen or screen lowered) <input type="checkbox"/> Doctor explains events during surgery <input type="checkbox"/> No description of events during surgery
<i>Anesthesia (chapter 10)</i> <input type="checkbox"/> Regional anesthesia (spinal or epidural) <input type="checkbox"/> Regional anesthesia with or without sedation or tranquilizer <input type="checkbox"/> General anesthesia	<i>Postoperative medications for trembling or nausea (page 309)</i> <input type="checkbox"/> Only at mother's request <input type="checkbox"/> Medications with least effect on consciousness and memory <input type="checkbox"/> Medications at doctor's discretion
<i>Presence of partner/others (page 310)</i> <input type="checkbox"/> More than one supportive person present <input type="checkbox"/> Father or partner only <input type="checkbox"/> Partner sits or stands to watch or photograph surgery <input type="checkbox"/> Partner not present	<i>Contact between baby and mother/parents (page 308)</i> <input type="checkbox"/> Held by partner after birth, for mother to touch and see <input type="checkbox"/> Baby taken to nursery for well-baby observation <input type="checkbox"/> If baby goes to nursery, partner goes with baby <input type="checkbox"/> Partner remains with mother <input type="checkbox"/> If two support people, one goes with baby while other stays with mother
<b>Postpartum Hospital Options for New Mother</b>	
<i>Infant feeding (chapter 18)</i> <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Formula feeding	<i>Controlling pain (page 311)</i> <input type="checkbox"/> Use of self-help techniques to avoid medications <input type="checkbox"/> Medications (patient-controlled IV or oral)
<i>Visits by family and friends</i> <input type="checkbox"/> Unlimited visitation desired <input type="checkbox"/> Limit who will visit <input type="checkbox"/> Limit when visitors can come into room <input type="checkbox"/> Hours or amount of time limited by hospital	<i>Dietary preferences</i> <input type="checkbox"/> General diet <input type="checkbox"/> Vegetarian/vegan <input type="checkbox"/> Kosher <input type="checkbox"/> Food allergies and sensitivities <input type="checkbox"/> Early solid foods after cesarean <input type="checkbox"/> Other
<i>Educational needs</i> <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Infant feeding <input type="checkbox"/> Baby care <input type="checkbox"/> Postpartum care for new mother <input type="checkbox"/> Other	<i>Plans for follow-up from staff after discharge</i> <input type="checkbox"/> Availability for clinic or home visit with mother-baby nurse <input type="checkbox"/> Availability of lactation help and support <input type="checkbox"/> Availability of phone call to/from hospital nurse <input type="checkbox"/> Amount of follow-up care desired by parents

Options for Unexpected Labor Events	
<b>Options for Healthy Baby Care for First Days</b>	
<i>First feedings (pages 400)</i> <input type="checkbox"/> Breastfeeding within first hour <input type="checkbox"/> Breastfeeding, but could be delayed <input type="checkbox"/> Infant formula <input type="checkbox"/> Feeding on cues from baby <input type="checkbox"/> Feedings scheduled by hospital staff <input type="checkbox"/> Supplemental feedings to breastfed baby	<i>Circumcision (pages 365–366)</i> <input type="checkbox"/> None <input type="checkbox"/> Immediately (within two days of age) <input type="checkbox"/> Delayed (within two weeks of age) <input type="checkbox"/> With one or both parents present to comfort baby <input type="checkbox"/> With local anesthesia <input type="checkbox"/> No anesthesia <input type="checkbox"/> At religious ceremony
<i>Contact between baby and parents</i> <input type="checkbox"/> 24-hour rooming-in <input type="checkbox"/> Daytime rooming-in <input type="checkbox"/> For feedings only, in nursery at other times	<i>Newborn exam (pages 363–364)</i> <input type="checkbox"/> Performed by baby's caregiver <input type="checkbox"/> Performed by hospital caregiver <input type="checkbox"/> Performed in presence of parents <input type="checkbox"/> Performed in nursery away from parents
<b>Options for Unexpected Events for Newborn Baby</b>	
<b>Premature or Sick Baby</b>	
<i>Contact between baby and parents</i> <input type="checkbox"/> Parents visit baby in nursery (as desired) <input type="checkbox"/> Kangaroo care for premature baby <input type="checkbox"/> Parents feed and care for baby as much as possible <input type="checkbox"/> If baby is in different hospital than mother, partner goes with baby	<i>Feeding when baby is able to swallow milk (pages 427–428)</i> <input type="checkbox"/> Mother breastfeeds baby, if possible <input type="checkbox"/> Mother pumps breast milk and feeds baby by tube or bottle <input type="checkbox"/> Formula feeding by parents <input type="checkbox"/> Feeding expressed breast milk or formula by nurse
<i>Contact with support group</i> <input type="checkbox"/> Initiated by parents, nurses, or support group <input type="checkbox"/> No contact desired	<i>Medications and procedures</i> <input type="checkbox"/> Parent involvement in decision-making and procedures <input type="checkbox"/> Staff availability for updates to parents
<b>Stillbirth or Death of Baby (pages 294–297) These choices are highly personal and may not be desirable for all parents.</b>	
<i>Medication for mother before, during, or after childbirth</i> <input type="checkbox"/> None <input type="checkbox"/> At mother's request <input type="checkbox"/> At caregiver's suggestion	<i>Mother's participation</i> <input type="checkbox"/> Use of labor coping techniques (with or without pain medication) <input type="checkbox"/> Involved in decision making <input type="checkbox"/> Labor management left to hospital staff
<i>Mother's recovery and support</i> <input type="checkbox"/> Recovery on maternity unit <input type="checkbox"/> Recovery in room separate from maternity unit <input type="checkbox"/> Spiritual and grief counseling <input type="checkbox"/> Later contact with support group	<i>Memories of baby</i> <input type="checkbox"/> Obtain mementos (photographs, locks of hair, footprint and handprint, silhouettes, baby's blanket) <input type="checkbox"/> No mementos <input type="checkbox"/> Name baby
<i>Contact with baby after death</i> <input type="checkbox"/> See and hold baby after death <input type="checkbox"/> No contact with stillborn baby	<i>Care of baby after death</i> <input type="checkbox"/> Spiritual or religious services <input type="checkbox"/> Autopsy <input type="checkbox"/> Burial or cremation

# Sample Birth Plans

We offer here several different examples of birth plans. While individual plans cover many of the same topics, each is written in a style that reflects the personality and preferred options of the writer.

*Note:* These are included only as examples of what a birth plan might look like. They are not intended as endorsements or recommendations of any of the specific details of these personalized plans.

Format/ characteristics	Pain coping	Preferences for labor and birth	Preferences for newborn care and postpartum	Special issues
<b>Plans for hospital births (in approximate order from lower intervention to higher intervention)</b>				
Paragraphs and bullet-pointed list. Mom, husband, doula.	Natural, -7 on PMPS, will be disappointed if takes pain meds. Has a code word.	Avoid routine interventions. Want to use self-help measures. Pushing: Upright, avoid tearing/episiotomy. Cesarean preferences.	Skin-to-skin, delayed cord clamp, delay procedures 1 hour, no hepatitis B, no circumcision, no supplements.	Years of infertility, IVF. Very modest.
Bullet pointed. Mom and dad.	Please do not offer pain meds. Plan to use music, movement, noise, support.	Lamaze 6 care practices: let labor begin on its own, avoid routine interventions, upright / water birth.	Skin-to-skin, breastfeeding. Newborn procedures as per midwives' suggestions. Family members visiting.	Issues with blood draws.
Short letter. Mother, father, doula.	Prefer natural. If ask for epidural, use low-dose CSE.	Own clothes, music, food, freedom of movement, bath. Minimize: interruptions, interventions, vaginal exams. Intermittent monitor.	Gentlest possible transition. Father will announce gender. On mom's chest, delay cord clamping, early breastfeeding.	None.
Wants / Don't Wants. Mom, sister.	Comfort techniques: move, sway, dance, shower, bath, heating pads.	Prefer no induction, IV, continuous monitoring. Has a Plan B in the hospital bag if interventions become necessary or she chooses pain medications.	Lots of snuggling and nursing. Early Skype to Daddy. Wants to learn newborn care skills. May want nurses to take baby overnight.	Boyfriend stationed overseas.
Bullet point, headings for each stage. Mom, husband, doula, maybe a friend.	Coping techniques, then probably pain medications in active labor.	Minimize or delay interventions. Second stage: labor down, variety of positions, if possible. Want to avoid episiotomy, forceps, vacuum.	Skin-to-skin, no suction, delayed clamping, no hepatitis B. Immediate breastfeeding. Request lactation consultant, education. Visitor preferences.	Anxiety with vaginal exam, bladder catheter, etc. Inverted nipples.
Grid. Mom, boyfriend and 2 friends.	Epidural in active labor. (Will use movement and self-help measures in early labor.)	Fine with the interventions that come with an epidural, but want to avoid cesarean birth, if possible.	Hold baby. Not sure about skin-to-skin—may want baby toweled off first.	
<b>Plans for out-of-hospital births and transfers from out-of-hospital births</b>				
Short letter. Mom and Dad.	Prefer natural. May choose pain medications if needs painful interventions.	Preferences: peace, quiet music, dim lights. Minimal interventions. Realizes a necessary hospital transfer means interventions are likely.	Hold and breastfeed immediately. Room-in, procedures in arms. Minimal separation.	Unplanned baby. But looking forward to starting family (even if earlier than planned).
<b>Hospital transfer / VBAC</b>				
Letter with some bullet points. Mom, husband. 2 older children.	Prefer natural, unless epidural would benefit labor progress.	Understands continuous monitoring and other interventions may be required. No prostaglandins. Ideally, spontaneous pushing for VBAC. Family-centered cesarean if needed.	Skin-to-skin; delay procedures, do in arms, no supplements.	Prior cesarean. Prior VBAC. Planning VBAC.
<b>Plans for VBAC</b>				
Table/spreadsheet. Mom, wife/mama. Grandma-to-be.	Plan to use coping techniques. Don't offer medications.	Don't offer interventions unless needed. Squat bar, spontaneous pushing in a variety of positions, mirror.	Delayed cord clamping, donate cord blood, delayed bath, delayed immunization, no circumcision.	Drug allergies. VBAC.
<b>Cesarean birth plan</b>				
Short letter. Single mom by choice. Sister, male friend who is nurse.	Will have pain medications.	Planned cesarean for breech baby. Requests (and defines) family centered cesarean.	Delayed cord clamping, skin-to-skin and breastfeeding in OR. Procedures delayed until baby has nursed.	

# Birth Plan for Jane Smith

**Due Date:** April 12

**Support People:** Joe, my husband; Mary Jones, doula (or her backup, Carla Davis)

**Our Baby's Caregiver:** Dr. Jim Adams, Seattle Pediatric Services

**Introducing Ourselves:** We've selected the midwives at Metro Hospital because we're interested in a safe and natural birth.

We've struggled for years with infertility issues and are very excited to, at long last, welcome our first child to our family through the help of in vitro fertilization.

**Issues, Fears, Concerns:** I'm a private person and am sensitive about my modesty. Please knock before coming into my room, and come in only if it's essential. I want to be kept covered, including while in the tub.

**Preferences for Managing Pain:** On the Pain Medications Preference Scale, we're at -7, which means we prefer a natural birth to avoid side effects of medications to me, my labor, or my baby. I'll be disappointed if I use pain medication. Please don't suggest it. If I get discouraged, suggest comfort measures and encourage me. My code word is *pumpnickel*. If I say that word (and only if I say it), stop encouraging me to go without pain medication, and help me get an epidural or other effective pain medication.

## Preferences for Normal Labor and Birth:

### *First stage of labor*

- Prefer to avoid routine interventions and wish to discuss any being considered.
- Desire freedom of movement.
- Prefer intermittent monitoring of my baby.
- Plan to use breathing, shower, bath, and other comfort measures.
- Want to drink clear juices, Popsicles, and eat light snacks.

### *Second stage of labor*

- Use upright positions or positions suggested by my midwife.
- No episiotomy—please take steps to avoid tearing (warm compresses, controlled pushing, and support of my perineum).
- Let my baby's cord stop pulsating before being cut. (Joe to cut the cord.)
- After my baby's birth, immediate skin-to-skin contact and breastfeeding.

### *Third stage of labor and the first hours after the birth*

- Delay all routine procedures until an hour after the birth or the first feeding.
- Decline hepatitis B shot; decline circumcision.
- Keep my baby in my room at all times unless otherwise requested or required.
- Breastfeeding only; no supplements unless needed.

## Preferences for Unexpected Labor Events:

### *Prolonged labor and induction*

- If induction is necessary, I'll try self-help measures and acupuncture first.
- If pain is too intense, I desire input from staff for relaxation, pushing techniques, and other ideas to help me avoid taking medication. Please explain the reasons for any suggested procedure.

### *Cesarean surgery*

- Prefer regional anesthesia
- Please explain everything during surgery.
- Joe and Mary (doula) to be present.
- Prefer to have the screen lowered at the time of the birth.
- Prefer for immediate contact between my baby and Joe.
- If my baby must go to nursery, Joe goes with her; Mary stays with me.

# Birth Plan for Jason and Xiaoling

We are committed to a natural, unmedicated labor and birth. However, we realize things don't always go as we might hope, so most of the following plan assumes everything is going well. We'll accept alternate interventions if the midwives or hospital medical staff, in conjunction with us, the parents, deem them to be medically necessary to preserve the safety of mother and/or baby. Our core goal is a healthy and happy mommy and baby!

## **Our basic plan is based on the Lamaze Six Healthy Birth Practices:**

- Let Labor Begin on Its Own
- Walk, Move Around, and Change Positions Throughout Labor = I want to be able to move as feels best.
- Have Continuous Support = Jason will be the primary support. Our doula, Jill, has great experience and is a solid, soothing presence. Her suggestions, advice, and assistance will be of great help. I would like privacy and a minimum of interruptions.
- Coping Tools = I expect I will make noise during labor. Music is very important and a great tool for my relaxation and focus. Several mood- and tempo-based playlists have been created and loaded into Jason's iPhone.
- Avoid Interventions That Are Not Medically Necessary = Unless prohibited by strong medical concerns, I want:
  - small amounts of food and drink to keep my strength up and to prevent upset stomach
  - a minimum of vaginal exams (female practitioners strongly preferred)
  - a minimum of monitoring equipment
  - please do not offer pain medication
- Avoid Giving Birth on Your Back, and Follow Your Body's Urges to Push = I may want to give birth in the water, as long as the midwives deem it to be safe. (We specifically chose this hospital, as it is the only one in the area where water birth is allowed.) Jason would like to catch the baby, if possible.
- Keep Mother and Baby Together = Baby skin-to-skin on mommy's chest right after birth, straight to breastfeeding. Immediate baby care, as per midwives' suggestions, to include vitamin K shot and eye care after the first breastfeeding

## **Other notes:**

- Our parents live nearby and may come to the hospital during labor. If things are going well, Xiaoling may invite them into the birthing room. If she gets overwhelmed, we ask that they respect her wishes to swiftly return to the waiting room. After the baby is born, we will invite them to come in and meet him, but only after completing his first breastfeeding.
- I tend to go vaso-vagal at blood draws, so, please keep needles to a minimum and help me to lay down with feet up for blood draws.

# Birth Plan for Melissa and John

## *Our Hopes for our Baby's Birth*

*Natural - Relaxed - No Drugs - No Rush*

Hello! Thank you for taking the time to read a few of our hopes and beliefs around the birth of our first baby. We trust that your top priority is similar to ours: a healthy baby and mama, and a safe and satisfying birth. Melissa comes to birth with great confidence and enthusiasm for the power of her body and of her baby to make this happen, and John supports her goals of a vaginal birth with minimal interventions. We thank you for supporting us in this process!

**Our Doula:** Carrie Sullivan

**Throughout Labor/Delivery:** Overall, we would like to have as little chaos and as few clinical/hospital staff interruptions as possible, keeping the space as calm for Melissa as she needs it to be. Melissa would prefer to wear her own clothes, control brightness/temp of room, and have her own music playing. We will be using a variety of our own relaxation and coping techniques, which will include being able to drink/snack, use the bathroom, walk, change positions, and use the shower/tub.

Melissa would like to minimize vaginal exams (performed by one person per shift for consistency) and would prefer intermittent monitoring with a Doppler. Please do not offer her pain medication—she will ask for it if/when she wants it. If we do request an epidural, please use low-dose CSE.

**When Baby Arrives:** We would like to help our baby have the gentlest possible transition into this world. We do not yet know the gender of our baby and would like John to announce the gender at birth. We'd like the lights to be as dim as possible and for baby to come to mom and dad right away. Breastfeeding immediately and continuously is a priority for us.

Baby should be placed directly on mom's belly/chest. Please delay cord clamping until it stops pulsating, and James would like to be asked if he wants to cut the cord. We'd prefer to avoid suctioning baby, decline administering eye prophylactics, and would like to delay any nonurgent care procedures that take baby from mom.

**In Case of Surgery/Emergency:** In case of cesarean section, we strongly request that both John and our doula be permitted to stay by Melissa and the baby's side. If there is an emergency that requires separation from baby, we strongly request that John and Melissa's mom, Ann, go with baby and our doula, Carrie, remain with Melissa.

*Thank you for keeping us safe and healthy . . .  
and being a part of our birth team!*

# Felicia's Preferences for Labor and Birth

Thanks for your support with the birth of Franklin James Johnson Jr.

His daddy is stationed in the Middle East right now and isn't able to be home, so my sister will be supporting me.

The preferences I list here are what I think I will want and not want if labor is going well.

If problems come up, or I choose pain meds, I have in my hospital bag my Plan B, C, D . . . checklists and notes about how I would want to handle each situation.

## **What I Think I'll Want:**

- To start labor on my own. To stay home as long as possible
- To move, sway, dance, use birth ball, take a shower or bath
- Heating pads (no ice!)
- To eat and drink as desired
- I like massage on my body: back, hands, feet, etc.
- Being able to choose my position for pushing, being coached on how to push well
- After birth, baby in my arms—as soon as possible, Skype with Daddy so he can see his baby boy!
- Lots of snuggling, and nursing
- Please teach me how to swaddle and bathe

## **What I Don't Want:**

- Induction, unless medically required
- To feel trapped, thus I prefer to avoid IV, continuous monitoring, and other limits on movement
- Please don't touch my hair or my face
- A pushing stage that goes on and on, please give me tips or interventions to speed it up if it goes on for more than 90 minutes (sister pushed for 4 hours with her first)
- Overnight, I may ask nurses to take the baby so I can rest, since my sister has to go home to her family, and when I go home I'm on my own



# Birth Plan for Pat Rosen

My primary caregiver is Dr. Sally Doe, and my due date is July 5.

My support people will be my husband, Ken; a doula; and perhaps a friend.

## Who We Are

- Ken and I are both originally from the South, so we feel it's a little exotic to have a kid born on the West Coast! This is our first baby, and we don't know if it's a boy or girl. We figured, why spoil one of life's big surprises?

## Issues, Fears, Concerns

- As a child, I had minor surgery involving my urethra, and I remember it as painful and quite frightening. So I have lingering anxiety around vaginal exams and interventions (for example, needing a catheter). Not very convenient when giving birth, I know, and I've tried to get around the anxiety, but it does crop up.

## Preferences for the First Stage of Labor

- Controlling pain: I'd like to use natural coping techniques (breathing, focused relaxation, the bath, the ball, comfort positions) to a point, but expect I'll want pain meds in active labor.
- Medical interventions: I'd like to avoid interventions; delay them until I get the epidural or if a problem comes up.

## Preferences for the Second Stage of Labor

- Positioning: I hope the epidural will be light enough that I can try different positions in the bed to help the birth.
- Pushing efforts: I'd like to labor down and have help knowing when and how long to push.
- Medical or surgical interventions: I'd like to avoid an episiotomy, forceps, and a vacuum extraction.

## Preferences for Unexpected Labor Events

- We'd like to make informed decisions, so please keep us informed if you have concerns about our baby's well-being or mine.
- Cesarean surgery: I'd like to have at least two of my people with me.

## Preferences for My Postpartum Care

- I plan to breastfeed and would like a visit from a lactation consultant. I have inverted nipples and anticipate needing extra help.

## Newborn Care Plan

- Immediately after the birth: Bonding time is very important to us. We'd like to have our baby placed naked on my chest as soon as possible after the birth unless there's a medical reason not to do so.
- Newborn procedures—please honor these requests:
  - Don't suction my baby's nose and mouth if the baby is breathing okay.
  - Delay clamping my baby's cord until it stops pulsating.
  - Delay other newborn procedures until after the first hour.
- Feeding: We plan to breastfeed exclusively and on cue. We'd like advice from the lactation consultant, as this is all new to us!
- Vaccinations: Please don't give our baby a hepatitis shot. We'll have the pediatricians give vaccinations when recommended.
- If our baby is sick: We absolutely want our baby to have help if needed, and ask that you include us in the decision-making process so we can do all we can for our baby. We wish to stay with our baby so we can hold and feed him or her as much as possible.
- Visitors: We'd like our baby's grandparents brought in to see us and meet their grandchild as soon as possible after the birth; other friends can come as well, provided we have the energy to visit with them.
- Our educational needs: Because this is our first baby, we need all the advice and help we can get about baby care and feeding!
- Discharge: We hope to stay in the hospital for as long as our insurance policy allows.

## Plan for the Birth of Emilio Lopez

Here's the quick summary. Ask us if you would like more details!

**Environment:** I know lots of women like dim lights, quiet, and closed doors . . . but that would make me feel trapped in a cave! I like the lights on, music on, and the door open (curtain pulled across for privacy.) My boyfriend and two friends will be with me.

**Birth Preferences:** I know lots of monitoring and interventions come with the epidural, and I'm fine with that. However, I really want to avoid a cesarean, so if any decisions need to be made, please take that into account when making recommendations.

**Pain Management:** Although my boyfriend and I have practiced comfort techniques, just in case, we are planning on an epidural as soon as I reach active labor. In early labor, we'll use movement and self-help measures to get baby into a good position and get labor going well before the epidural.

**Newborn Care Preferences:** I want to hold Emilio as soon as possible after the birth. We learned that skin-to-skin is best. I've got a little "ick factor" about holding a baby covered in birth goo—maybe that won't matter to me in the moment, but I may ask the nurse's support with toweling him off a little bit or cleaning me up afterward.

## Hospital Transfer Plan for Tina and Marcus

We had planned to have our baby at Metro Birth Center. But, we have prepared this birth plan in case a transfer becomes necessary. We appreciate the medical expertise you bring to our birth, which apparently isn't going quite as we had expected, which is par for the course for us!

This baby came as a surprise to us. We are both still in college and weren't planning on a baby or, honestly, a long-term relationship. But we both come from big families and wanted kids someday, so we're just starting on that life a little earlier than planned. We took childbirth classes, and I took prenatal yoga. The coping techniques I think will most likely be helpful to me are peace, quiet music, dim lights, side-lying, deep breathing, massage, and visualization. My plan is an unmedicated labor, but if needed medical interventions increase my pain levels, I may change my mind. Obviously, we planned a birth center birth because we hoped for minimal interventions. Clearly, more is needed, but we ask that you remember our original intentions when making recommendations for treatments—we will do what is needed to preserve mom's and baby's health and well-being, but still want this to feel like our birth process, not a series of medical procedures.

As soon as the baby is born, we hope to hold her and breastfeed her. We'd like her to remain in the room with us, and in our arms, with as little separation as possible. Please ask us before doing any interventions or medical procedures.

# Birth Plan, in Case of Hospital Transfer

Hello, my name is Lynn, and my husband is Paul. Our son, Martin, was born by cesarean seven years ago, and Ivy was born VBAC three years ago. With this birth, we had planned a home birth with no pain medication and few interventions. However, the fact that we are now at the hospital indicates that I need additional monitoring and/or medical procedures, and we are grateful for your assistance in providing this needed care to usher our third child into the world.

This birth plan expresses some of my preferences so they can be taken into account and balanced with medical necessity. The ones I feel most strongly about are related to how our baby is cared for in the first hour of life.

## *Preferences:*

- **Coping Techniques:** As much as possible, we would like to continue to cope with the labor as we would have at home: with minimal interruptions, freedom to move around and continue whatever coping rituals we have developed. If there are decisions that need to be made, please talk with Paul about them first. It will be helpful to me to stay in my “birth zone”—an instinctive, emotional space; if I am asked a lot of questions, I will slip into my academic brain, which tends to block my pain coping skills and labor progress.

## **Routine Interventions**

- **Monitoring:** I understand that continuous fetal monitoring is standard with VBAC. I would prefer external to internal monitoring.
- **Food and water:** At minimum, I would like to consume clear liquids in labor, as per guidelines from the American Society of Anesthesiologists.
- **IV:** I have often been told my veins are small and tend to roll, so are difficult to insert an IV into. If an IV is needed, please pick a staff member who is particularly skilled at insertion.

## **Augmentation**

- **Pitocin:** fine. No prostaglandins or misoprostol, due to increased risk of rupture.
- **Amniotomy:** I would prefer to delay until baby is well positioned (OA).
- **Epidural:** If pain-related tension is delaying progress, this may be a reasonable tool.

## **Pain Medication**

- **IV narcotics:** They are not effective for me; I feel mentally out of control, and don't gain sufficient pain relief.
- **Epidural:** If I request it, I would like to start with a low-level dose of medication to enable as much mobility as possible; if PCEA is available, this would be ideal.

## **Second Stage**

- I would like to be able to use positions other than semi-sitting (side lying, or hands and knees). If I have epidural anesthesia, I may need support getting into and maintaining a position.
- If possible, I would like to use spontaneous pushing, following my own instincts. If I do not have an urge to push, I would prefer to labor down (passive descent), unless time is of the essence.

**Cesarean.** I understand that an emergent situation, such as a uterine rupture, could lead to the need for cesarean under general anesthesia. However, if this is not the case, here are my preferences for the procedure:

- Paul will accompany me in the OR.
- If possible, I would prefer a “family centered” style of cesarean, as described here: <http://tinyurl.com/family-centered-cesarean>. This would include lowering the screen during delivery so I can see the baby, immediate skin-to-skin contact, and breastfeeding in the OR. Should I become shaky or nauseated, I do not want to be given any medication that will make me fall asleep or cause any amnesia effects during that first hour with my baby.

## **Care of the Baby in the First Hour** (Highest priority for me)

- I would like as much of baby's first hour as possible spent skin-to-skin on my chest. If baby cannot be skin-to-skin with me, then he should be skin-to-skin with Paul.
- Breastfeeding to be initiated in the first hour after birth, ideally by allowing baby the time to self-attach.
- Newborn procedures should be conducted with baby in parents' arms. Bath, weighing, and measuring can be delayed till after initial breastfeeding.
- Routine procedures: Eye ointment should be given as late as possible (one to two hours, as per state requirements) after vaginal birth, but as early as possible after cesarean.

## **Care of the Baby Until Discharge**

- As long as baby is well, baby is to remain in-room with parents at all times, with family providing care, and minimal disruption.
- If baby needs special care, then a parent or family member will accompany the baby at all times, holding the baby skin-to-skin as much as possible.
- No formula or other supplements to be given without express written approval from a parent, and supplementation to be given by spoon, cup, or SNS, not bottle.

Thank you for your time and attention to my preferences, and thank you for the care you are providing to our family.

Lynn and Paul

# My VBAC Birth Plan—Caitlin Jones

	First Stage Labor	Transition	Second Stage Labor	Instructions for Baby	Special Instructions for Mom
Who will be there?	My wife, Sonia and my mom, Kris. (And baby Lucas.)			<ul style="list-style-type: none"> <li>• Allow umbilical cord to stop pulsing</li> <li>• Cord blood donated</li> <li>• Baby to breast-feed immediately</li> <li>• Do not clean vernix off skin</li> <li>• Eye ointment 2hrs later</li> <li>• No circumcision</li> <li>• No blood work (it will be done at 2-week appointment)</li> <li>• Sonia bathes baby before discharge from hospital</li> </ul>	Drug Allergies: <ul style="list-style-type: none"> <li>• Morphine</li> <li>• Dlaudid (Hydro morphine)</li> <li>• Percocet</li> <li>• Demerol</li> </ul> Not Allergic To: <ul style="list-style-type: none"> <li>• Torderol</li> </ul> Previous Births: 1st Birth 2010 <ul style="list-style-type: none"> <li>• Vaginal and natural, 8hrs, very little pushing.</li> <li>• Baby weighed: 8 lbs. 11 oz.</li> <li>• Arrived 1 week late</li> </ul> 2nd Birth 2013 <ul style="list-style-type: none"> <li>• Cesarean (Placenta Previa)</li> <li>• Baby weighed: 7 lbs. 9 oz.</li> <li>• Scheduled, 2 weeks early</li> </ul>
Who else can come in?	Grandma-to-be, Harriet				
What will I need? (Supplies, Environment, Support)	<ul style="list-style-type: none"> <li>• Water</li> <li>• Smart water or Recharge</li> <li>• Frozen fruit</li> <li>• Relaxing music</li> <li>• Tennis ball / back rub tool</li> <li>• Rice sock</li> <li>• Phone / camera</li> <li>• Dim lighting</li> <li>• Have the environment quiet for optimum levels of relaxation and play music softly</li> <li>• Minimal interruptions</li> <li>• Massage</li> <li>• Positive words</li> <li>• Deep breathing and relaxation techniques coached by Partner</li> <li>• To not be rushed or pressed for time to perform, but let nature take its course.</li> <li>• Have only natural tools, techniques and remedies tried/administered before any alternatives are suggested.</li> </ul>	<ul style="list-style-type: none"> <li>• Comfort tools, as before</li> <li>• Bed position to be elevated</li> <li>• Dim lighting</li> <li>• Quiet environment with soft music</li> <li>• Rely on my Support team to coach and encourage me and do what I need</li> <li>• Rely on my instincts to labor the way I need to</li> <li>• Have help with the possible intensities of transition</li> <li>• Focus on positive aspects of my progress</li> <li>• Have my support / birth team be strong and continue with my labor/birth wishes and plans even if I doubt my choices or myself at the time</li> </ul>	<ul style="list-style-type: none"> <li>• Squatting bar</li> <li>• Have support team get me going, encouraging me, helping me in whatever way is necessary (e.g., massage, affirmations, etc.)</li> <li>• Spontaneous pushing in a variety of positions</li> <li>• Focus on my positive aspects of my progress</li> <li>• With my first birth, I found it helpful to use a mirror so I could see the progress I was making</li> </ul>		

# Cesarean Birth Plan

## *Birth Preferences for Grace Miller*

I am a single mother by choice. My sister Alex and my friend Jacob (who is an experienced surgical nurse) will be providing support for me during my birth.

Although I had hoped for an unmedicated vaginal birth, my baby is in the breech position and has resisted turning, despite my having tried acupuncture and a variety of self-help methods to turn her. Thus, I will be having a cesarean delivery as soon as my labor has begun on its own. I still hope to maintain as much closeness and intimacy with the birth process and my new baby as possible under these circumstances.

I have consulted with my OB and with hospital anesthesiology staff in advance and was told that the procedures I make below are typically possible, assuming all is well with me and baby.

### MY PREFERENCES

- I would like my sister and friend to accompany me into the OR. I realize that it is not standard policy to have two support people; however, due to my extreme anxiety around a C-section, I believe it would help me to have one person to go with the baby if need arises and one person to stay with me and keep me calm. We understand that in the event of an emergency, one or both of my support people could be asked to leave, and we trust the OR staff's judgment in this matter.
- I would like the IV, blood pressure cuff and pulse oximeter to be positioned on my left side so my right hand (my dominant hand) is free to hold my baby, and the electrocardiogram (ECG) leads placed on my back so my baby can be placed for skin to skin after delivery.
- I would like my baby to be delivered through the incision slowly, as described in "The Natural Cesarean: A Woman-Centred Technique" by J. Smith (<http://tinyurl.com/la83t2>). The head is lifted out, but the trunk remains in utero for a few minutes, while baby begins to breathe on her own.
- I would like the cord clamping and cutting to be delayed as long as possible, preferably until it has stopped pulsing. If delayed cord clamping is not possible, I request milking of the cord (gentle pressure applied to the umbilical cord from placenta to baby) to push the cord blood into the baby before the cord is clamped and cut. This should be done three times in ten seconds for best results.
- I request that my internal organs be left inside my body for the duration of the surgery (i.e., please do internal repair).
- I would like the baby to be brought immediately to my chest for skin-to-skin contact and nursing while my surgery is repaired. My sister and/or friend can help secure the baby on my chest if necessary. I would like us to both be covered in warm towels to maintain temperature rather than a trip to the warming table and swaddling. In the event that this is not possible, we request that the baby be brought immediately to my sister's chest for skin-to-skin contact.
- Apgar, labeling, and drying may be done on my chest. I would like to delay any routine medications or tests (vitamin K, eye drops, blood tests) one to two hours and until nursing is initiated.
- I request my incisions be repaired with double layer sutures and my medical records document this type of repair.
- Once we are ready to move to recovery, I request that the baby ride on my chest to the recovery room. If that is not possible, I wish my sister to go with the baby and to reestablish skin-to-skin contact as soon as possible.