

MY BIRTH PLAN

Hospital

Doctor/Midwife

Doula

Partner

Emergency Phone Number

GETTING READY

What I Want To Do With My Child's Cord Blood? (please select one):

Your child's umbilical cord blood contains lifesaving stem cells that can be collected and stored for future use. If you don't choose to donate or bank your child's stem cells, the hospital will discard them.

Donate it

Privately Bank it

Discard it

I'd like to learn more about cord blood

Things I Will Need At The Hospital (please select all that apply):

My hospital bag

Insurance forms

My cord blood collection Kit

Other

How I Plan To Deliver My Child (please select all that apply):

Vaginal Birth:

This is my first child

I had a prior C-section

I had a prior surgery on my uterus

C-Section:

This is my first child

I had a prior C-section

I had a prior surgery on my uterus

Water Birth:

This is my first child

I had a prior C-section

I had a prior surgery on my uterus

MY IDEAL EXPERIENCE

In preparing for labor and delivery, think about the things you would like to bring with you to relax and enjoy the experience. Since the hospital or birthing center may not have everything you need it's good to start a checklist for your hospital bag.

Things I Need To Be Comfortable (please select all that apply):

Hospital birthing gown

My own birthing gown

My glasses or contact lenses

My own blanket

Clear liquids and ice chips to stay hydrated

Other

How I Would Like To Relax During Labor (please select all that apply):

Dim lighting

Photos from home

Minimal sound

Music played that I provide

Fan

Aromatherapy scents that I provide

Who I Want With Me In The Delivery Room (please select all that apply):

In planning for the delivery of your child, it's important for the medical team to understand who you would like in the room to be sure they can accommodate your loved ones. Some hospitals limit the number of people to two or three, so you may have to prioritize. You'll also want to be sure you have the right people on speed dial when it is time to head to the hospital or birthing center.

Partner

Friend

Parents

Other family member

Doula

No interns, students, residents

DURING LABOR

It's natural to feel anxious about labor and delivery. By understanding some of your choices for the stages of labor, you'll be better prepared and more relaxed.

How I Prefer To Spend The First Stage Of Labor (please select all that apply):

Once your contractions are coming at relatively regular intervals, you're officially in your first stage of labor. Since you may be experiencing contractions for quite some time, it's important to consider ways to relax and soothe your discomfort.

Standing

Lying down

Walking around

In the shower

In the bathtub

How I Prefer To Spend The Second Stage Of Labor (please select all that apply):

There are a wide variety of positions you can use during the second and final stages of your labor and delivery. No one position is superior in terms of outcomes for you and your child, so it's good to research the options to understand what might be best for you both.

Lying on my side

On my hands and knees

Standing

Semi-reclining

Squatting

On the toilet

Whatever works

How I Plan To Manage Discomfort (please select all that apply):

There are various techniques that you can use to reduce labor discomfort. These may not be available at your hospital or birthing center, so ask questions in advance to be sure the facility is prepared and you have what you need.

Birthing ball

Birthing bed

Birthing chair

Birthing tub / pool / shower

Stirrups for support

Squatting bar

Birthing stool

How I Plan To Manage Pain (please select all that apply):

There are several ways to manage labor pains, including pain medications and natural techniques.

Pain medication:

Classic Epidural

Walking Epidural

Spinal block

Narcotics (Morphine, Fentanyl, Demerol)

Sedative to help me relax (e.g. Phenergan)

Natural techniques:

Acupressure

Acupuncture

Breathing techniques

Distraction therapy

Massage

Color therapy

Hypnotherapy

Water/shower/bath

Meditation

Other

My Plans For Fetal Heart Rate Monitoring (please select one):

During labor and delivery, the medical team monitors fetal heart rate to watch for any changes or signs of distress. They can check intermittently using a stethoscope, or continuously with special equipment. The options for continuous monitoring include external, where belts are wrapped around your abdomen to monitor contractions and fetal heart rate, or internal, where an electrode is placed on the part of your child closest to your cervix (usually the scalp).

Intermittent

Continuous:

External

Internal

If in distress

DELIVERY PLANS

My Preferences For The First Moments of Delivery:

For Vaginal Or Water Births (please select all that apply):

Be coached on when to push and for how long

Push spontaneously, without time limits

Use a mirror to see my child crown

Touch my child's head as it crowns

Help catch and pull my child into my abdomen

Have my partner catch our child

Let the doctor catch my child

Have photographs or video take

Have my child hear my voice first

For C-Sections (please select all that apply):

Stay conscious

Have the surgery explained as it happens

Have my partner present

Have the screen lowered so I can watch the procedure

Have a sheer screen to watch, if possible

Have my child shown to me in the delivery room

My hands free so I can touch my child

Procedures For My Child's Umbilical Cord (please select all that apply):

Your child stays attached to your placenta with their umbilical cord. For nine months, your placenta has been delivering everything your child needs through that incredible cord, packed full of stem cells, red and white blood cells, even disease-fighting T-cells. It is important to take time to think about what to do with the blood that is left in your child's umbilical cord to be sure it is put to the best use.

Delay cord clamping

Have my partner cut the umbilical cord

Donate my child's cord blood

Privately bank my child's cord blood

Discard my child's cord blood

How I Prefer To Deliver My Placenta-Vaginal And Water Births (please select all that apply):

After you deliver your child, you'll also need to deliver your placenta, which is about one-fifth the size of your newborn. You have the option of delivering it naturally or with assistance. Your doctor or midwife may suggest a shot of pitocin to facilitate delivering the placenta and to minimize hemorrhaging after your child is born. They can also use controlled traction, pulling on the umbilical cord while contracting the uterus. It is a good idea to discuss your options with your OB-GYN or midwife to understand your options.

Naturally

Assisted:

Use Pitocin

Use controlled traction

What I Would Like To Do With My Placenta (please select all that apply):

Though not nearly as exciting as your newborn child, your placenta is a pretty spectacular thing. It's the organ that provided nourishment and oxygen to your growing child for 40 weeks. Once routinely disposed of by hospitals, these days a growing number of women are consuming their placentas believing it has health benefits, such as boosting energy levels, stabilizing postpartum hormonal ups and downs, and helping with milk production.

Take my placenta home

Encapsulate my placenta

Preserve my placenta

Discard my placenta

GETTING TO KNOW MY CHILD

When I Would Like To First Hold My Child (please select one):

Immediately after delivery (skin-to-skin)

After my child is dried off and weighed

After my child is wiped clean and swaddled

I'd prefer not to hold my child after birth

How I Would Like To Feed My Child (please select all that apply):

Choosing whether to breastfeed or formula feed your child is one of the biggest decisions you will make, and can be an emotional one. While health experts believe breast milk is the best nutritional choice, it may not be possible for all new mothers. For moms who can't breastfeed or who decide not to, infant formula is a healthy alternative. Formula provides babies with the nutrients they need to grow and thrive. The decision to breastfeed or formula feed is based on your comfort level, lifestyle, and specific medical situation.

Only with breast milk

Only with formula

With breast milk & formula

Start as soon as possible

Start when I feel comfortable

Start before my child gets eye drops or ointment

On demand

On a schedule

Consult a lactation specialist

No sugar water

No bottles

My Preference For My Child's First Bath (please select all that apply):

There are a lot of firsts when it comes to your newborn, and one of these is bath time. But this can also be stressful for new parents, and one they would like to watch someone else perform to get the hang of it. In terms of when to first give your newborn a bath, the World Health Organization recommends delaying it by at least 24 hours after birth. By holding off on bath time, the vernix that covers babies in the womb remains with them longer. Originally their protection from amniotic fluid, the vernix contains antioxidant and antibiotic properties and also helps regulate warmth and moisture after delivery.

After we have had time to bond	Delay the first bath at least 24 hours after birth
Given by my partner and / or me	Given in my / my partner's presence

When I Would Like My Child In My Room (please select one):

Another hotly debated topic is how much time to spend with your newborn in the hospital. Some recommend having your newborn always in your room for bonding time and because of the anxiety you can experience when your newborn heads to the nursery. Others acknowledge your need for rest and recovery after childbirth.

All the time	Only for feeding	During the day	During the night	Only when I request	Only when I am available
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NEW BORN PROCEDURES

Preferences For Medical Exams And Procedures (please select all that apply):

The number of newborn screenings your child receives varies, but all 50 states legally require at least one blood draw that screens for at least 21 serious genetic, metabolic, hormonal and functional disorders. Newborn screening tests look for developmental, genetic and metabolic disorders in the newborn baby. This allows steps to be taken before symptoms develop. Most of these illnesses are very rare, but can be treated if caught early.

Performed in my presence	Delayed until after bonding and breastfeeding	To include a test for jaundice
To include a hearing screening test	To include a hepatitis B vaccine	

My Preferences For Antibiotic Eye Medication (please select one):

Newborns are routinely treated with antibiotic eye medication to prevent neonatal conjunctivitis (pink eye) and other infections from contact with common bacteria during delivery, such as e-coli, and STDs (chlamydia and gonorrhea). Neonatal conjunctivitis can cause blindness, yet is easily prevented with antibiotics shortly after birth.

Administer immediately	Delay until I can look into my newborn's eyes	Defer based testing negative for STDs
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My Preferences For Immunizations (please select one):

The American Academy of Pediatrics and the Centers for Disease Control (CDC) recommend that all newborns get the first of three hepatitis B (HepB) shots before leaving the hospital. If you have the hepatitis B virus (HBV), they also recommend newborns get a hepatitis B immune globulin (HBIG) shot within 12 hours of birth.

Administer per normal procedures	Postpone to a later time
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My Preferences For Vitamin K (please select one):

Our bodies need Vitamin K to help with blood clotting. Without enough Vitamin K, babies can have excessive bleeding, which is rare but dangerous. As with many newborn procedures, there is a difference of opinion about Vitamin K shots. It is worth taking the time to talk to your OB-GYN or midwife about your options, particularly if you plan to breastfeed. If you plan to bottle feed, the formula should have adequate Vitamin K, but always check with your doctor to be sure.

Immediately:	Orally	Routine injection;	Delayed:	Orally	Routine injection;	None
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My Preference For Circumcision Of My Son (please select one):

One of the first health decisions parents of newborn boys face is circumcision. This decision can be deeply personal, and consider religious, ethical and health benefits.

To have him circumcised:	With an anesthesia	Without anesthesia	In my presence
To perform circumcision later:	With an anesthesia	Without anesthesia	In my presence
Not to have him circumcised	To have his foreskin retracted		Not to have his foreskin retracted

MEDICAL COMPLICATIONS

While you might not be able to predict when your water will break, you can take comfort in knowing your options for transitioning into labor. There are many ways to induce labor, including natural and medical interventions to consider.

My Preferences For If I Am Past My Due Date:

When I Would Like To Induce Labor (please select one):

Only if my child is in distress	I would like to wait and see	As soon as I'm past my due date
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How I would Like To Induce Labor (please select one):

Natural Techniques:	Walking	Exercise	Breast stimulation	Castor Oil	Enema
	Herbs (e.g. raspberry leaf tea, evening primrose oil)			Foods (e.g. pineapple, spicy foods)	
Professional Assistance:	Acupuncture	Chiropractic	Membrane stripping	Amniotomy	
Medication:	Prostaglandin gel		Pitocin to start contractions (synthetic oxytocin)		

Prior To Any Medical Interventions, My preferences Are (please select all that apply):

Use whatever means my doctor deems necessary	Have procedures discussed with me in advance
Try perineal massage, warm compresses, positioning	Avoid forceps
	Avoid vacuum extraction