

Birth Plan - Susan & Wesley

Practitioners: Nurse-Midwives of...., Dr. XXX, Pediatrician

EDD: October 15, 2002

Hospital: Anytown General

Our primary goal is a healthy mother and healthy baby.

We believe in birth as a normal physiological event and an inherently safe process. We therefore desire a non-medicated labor and delivery, limiting the use of medical interventions to that necessary for the health of the mother and/or baby and/or for treatment of an abnormality or complication. We understand that complications can arise unexpectedly, and are grateful for the expertise of our midwives and the nursing staff, and the technology available to assist us in that event. However, assuming no complication, **we need your help** to fulfill our desire for a natural birth. **We thank the staff at our hospital and our midwives for respecting our wishes and sharing in our special day!**

- ❖ We believe strongly in birth as a **family event** and would like for our older children to participate in the birth if progressing normally. We will have a doula (Liz XXX, DONA) whose primary task will be to assist with the children. The children have been prepared for the birth process through a sibling preparation class, and will have attended the Sibling tour at the hospital.
- ❖ Assuming no over-riding complication, we prefer to **allow labor to progress naturally**, without the assistance of labor stimulants or pain medications. As long as maternal and fetal vital signs remain in a healthy range, we ask that **no time limits** be placed on first or second stage labor.
- ❖ Please allow the membranes to rupture naturally (i.e., no **stripping of the membranes** during vaginal exam, or **artificial rupture** before or after labor begins). If the medical team feels either of these procedures is necessary, please be willing to discuss the medical indications beforehand.
- ❖ Please no **IV fluids** during labor unless necessary for treatment of an abnormality. We plan to stay hydrated through oral fluids, and ice chips.
- ❖ Please limit **vaginal exams** as much as possible - for hospital admission/triage and for specific medical indications only.
- ❖ Although we understand that some time on the **Electronic/External Fetal Monitor** may be unavoidable for liability reasons, please limit its use as much as possible in order to facilitate freedom of movement and maternal comfort. We ask that the baby be monitored by intermittent hand auscultation with doptone and/or fetoscope, (as per ACOG guidelines) rather than continual monitoring, as long as no abnormality or complication is detected. We know this requires more effort from the nursing staff and we truly appreciate their willingness to assist us in this point.
- ❖ As we know that **water** can be a useful comfort and relaxation tool, we would like to have liberal access to tub (preferred) or shower during labor. Also we ask for the freedom to labor (1st and 2nd stage) in whatever **positions** provide comfort and encourage progress.
- ❖ Assuming no overriding complication, please do not perform a routine **episiotomy**.
- ❖ If possible, we would like for Wesley to 'catch' the baby.
- ❖ Unless our baby is in crisis, we wish for him/her to be delivered directly onto the mother's abdomen and remain there for bonding and immediate breastfeeding. We wish to **delay any routine newborn procedures** (bathing, eye drops, routine exam, etc) for at least 1-hour post-delivery, and preferably for 2 hours.
- ❖ Please **delay cord-clamping** and cutting until the cord has stopped pulsating and/or the placenta is delivered. We would like a family member to cut the cord, either Wesley or our oldest child, Katie if she desires. Unless there is excessive bleeding we would prefer not to have routine pitocin after delivery and plan to breastfeed and use uterine massage to promote involution.
- ❖ We would like the option of **early discharge** for mother and baby - assuming there are no over-riding health concerns, of course. We would like to avoid an over-night stay if possible, and would prefer to limit our hospital stay to 12 hours post-partum.

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GOAL: Our goal is to achieve a healthy bonding experience with our new baby with the help and support of our medical team.

- ❖ Assuming the health of the mother and baby, we wish to **delay standard newborn procedures** for at least one hour or more for bonding, breastfeeding and getting to know our new family member. (ie: weighing, measuring, eye drops, bath, vit K, newborn exam, etc.)
- ❖ Our baby will be **breastfed** on demand. We ask that, to help us establish successful breastfeeding, no rubber nipples, sugar water, pacifiers, etc be given.
- ❖ Unless there is a serious medical condition requiring advanced care, **we desire continual 'rooming-in'** with our baby and no mandatory time in the nursery to promote breastfeeding and bonding. If exams, etc, must be done in the nursery, at least one parent will accompany the baby to the nursery and remain there during the exam/procedure.
- ❖ We do not wish for the baby to be **bathed** in the hospital. We prefer to wipe the baby down with warm towels or blankets immediately after birth to dry him or her.
- ❖ We would like **early discharge** for mother and baby - assuming there are no over-riding health concerns, of course. We would like to avoid an over-night stay if possible, and would prefer to limit our hospital stay to 12 hours post-partum.
- ❖ As we are planning on early discharge, we prefer **routine immunizations and tests** (primarily PKU and HepB) be completed at our pediatrician's office per their advice and schedule rather than at the hospital.
- ❖ We **will not circumcise** the child.

We appreciate your understanding and cooperation in our wishes as we get to know our new family member.