

## Birth Plan Worksheet

A Birth Plan is a tool to share your desires for the birth experience with your care team. This worksheet will help you learn more about our usual birth care and options to consider as you prepare for your special birth day. Let us know what you want for a normal birth but include your needs if medical assistance is required too. You can learn more about birth options by attending our *Family Birth Center Tour* and *Preparing for Your Childbirth* classes.

During your prenatal visits discuss the topics below with your doctor or midwife. Share your desires, needs, and concerns but also ask about practices and guidelines they commonly follow during labor and birth. Write your agreements and desires on the “*Our Birth Plan*” form or format your own birth plan.

### **Your Labor Support Team**

Please tell us who your main support person will be, and include your birth doula. An additional support person is required for siblings.

### **Important Needs and Concerns**

**Goals:** What are your top priorities for this birth? What is most important to you?

**Privacy:** Visitors and family are allowed as you desire or you can specify certain visitors only. Phone calls can be transferred to your room or held at the nurse’s station.

**Communication:** Let us know about any questions or special needs you have in regards to your care. We strive to help you feel comfortable, safe, and respected as an individual. If you have any concerns or fears about any aspect of childbirth or medical procedures, please alert us to them so we may be especially attentive and provide you with the information and support you need.

### **First Stage Labor Preferences:**

*First stage is the time between the start of labor, through dilation of the cervix, and until pushing begins.*

#### **Birth Environment:**

**Your labor support people will have a lot of influence on the atmosphere at your birth.** Let them know what is important to you. Let us know how you would like the lighting, if you would like to wear your own clothes or gowns we provide, and if you are planning to use any aromatherapy or comfort scents. You can bring music of your own or listen to music channels on the television system. Bring any pictures or objects to focus on. Decide if you want camera or video pictures taken, by whom, what and when.

**Nutrition:** There are two nutrition rooms for you where you can get juices, soda, coffee and tea, popsicles, and light foods such as pudding, yogurt, crackers, and jello while you are laboring. You can bring food for your support person or yourself and store it in the refrigerator. Please label the food with your name. If anesthesia, such as an epidural or intrathecal is used, our policy is ice chips only. . IV’s are not used routinely at Sacred Heart.

**Fetal Monitoring:** A 20-30 minute monitor strip will be done on admission to determine your baby’s well being and contraction pattern, and then will be done periodically throughout labor either with the external monitor or a hand-held Doppler. We have telemetry monitoring and waterproof options if you are walking about or are in the shower or tub. Continuous or internal monitoring is for medical reasons only.

**Labor Positions:** We encourage movement and using a variety of positions for better comfort and labor progress. Each room has a shower/tub; rocker and birth balls are also available. Let us know what appeals to you. Positions out of bed are only limited if pain medication is used or other medical reasons come up.

**Pain Management:** There are three general options for pain management:

1. Natural Childbirth- Prefers use of relaxation and breathing techniques, comfort measures, shower or Jacuzzi tub, and massage to manage pain. Medication will not be suggested.
2. Medication by Request- Coping strategies and comfort measures are used and mother asks for pain medication when and if she desires it or is more open to suggestion.
3. Pain Managed by Medication-Mother prefers pain relief as soon as possible (usually once labor is well established, approximately at 4-5 cm).

Options for pain relief are Stadol or Fentanyl (given IV), Intrathecal (spinal narcotics) and Epidural Anesthesia. Discuss the specifics of these with your doctor or midwife. We encourage you to remain flexible with your decision because each labor is unique and your needs may change in the situation.

### **Second Stage and Birth Preferences**

*Second stage begins when the mom starts pushing and ends with the birth of the baby.*

**Positions for Pushing:** Let us know what you would like to try: Sitting upright, kneeling, lying on your side, or squatting with a bar to hold on to. Semi-sitting and side-lying are usual positions when epidural anesthesia is used. Lying flat on your back and stirrups are not frequently used.

### **Pushing Techniques:**

Spontaneous-Mother follows her instincts and works with the body's urge to push. She pushes with a long exhale or with the breath held briefly before releasing it.

Directed- Doctor/Midwife instructs you, usually with the breath held for 5-6 seconds for each push.

### **Medical Interventions:**

If your labor is prolonged or a complication arises, your doctor/midwife may suggest medical interventions such as, IV's, Pitocin, internal monitoring, breaking the bag of water, vacuum extractor, forceps, or episiotomy. What would be helpful to you if these procedures were recommended? What concerns or questions do you have? What options or alternatives would you consider?

**Cesarean Birth:** We strive to make Cesarean Births a family-centered experience. You may have one support person to be with you. Only still photos are allowed in the surgery room. Usually, the baby is shown to you and your support person as soon as the baby is born. The baby is then taken into an adjoining room for evaluation for about 5 minutes. The Father/Support person can go with the baby for this, and then bring the baby back to be with you if you and your baby are doing well. When surgery is complete, you will be together as a family for two hours in the recovery room, where you can feed your baby. Then you will be transferred to the Mother/Baby unit where family/friends can greet you if you like. You will be able to go home in 2-3 days. Are there any questions, needs or concerns you have?

### **Welcoming Our Baby: (the first 2 hours after birth)**

Talk with your partner about what you would like to have happen immediately after the birth. Your baby will be warm and peaceful in skin-to-skin contact with your body for the first hour after birth. You can ask about yourself and/or your partner bringing the baby up to your chest as soon as the baby is born. The cord can be cut by the father/partner after a few minutes have passed. It is a good time to touch and get to know your baby. It is also a perfect time for the first breastfeeding. Voices can be kept quiet with the lights dimmed. .

**Newborn Procedures:** We will be discussing with you the erythromycin eye ointment and vitamin K injection that need to be done by the time your baby is two hours old.

### **After the Birth**

We will check vital signs, bleeding and the firmness of the mother's uterus often during the first 2-hours after birth. You can usually have what you like to eat and drink. Now is the time to rest and recover. .

Talk with your partner about who are the special people you want as visitors during these first two hours after birth. About 2-3 hours after birth you will be transferred to a room on the Mother/Baby unit. Talk with your partner about how many and how often you want to have visitors during your hospital stay. Fathers/Partners and siblings can be in your room anytime. We have wireless Internet access so you can communicate with your family and friends.