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MY BIRTH PLAN

This plan below is a checklist of options to guide and inform my birthing process. I understand that circumstances may change and that every labor experience is unique. If my labor has unexpected events, I understand that my doctor and care team will do their best to discuss all procedures and potential problems. If there is an emergency, I trust that my physician is acting in my and my baby's best interest to keep us both safe.

Name: _____

DOB: _____ Due date: _____

OB Physician: _____

Baby's Physician: _____

Planned Hospital: _____

DURING LABOR:

I would like the following people present for labor (Please indicate doula if applicable):

For coping with labor pain, I would like:

- | | |
|---|---|
| <input type="checkbox"/> Breathing/relaxation techniques | <input type="checkbox"/> Essential oils |
| <input type="checkbox"/> Changes of positions and moving freely | <input type="checkbox"/> Birthing ball |
| <input type="checkbox"/> Drinking and eating as desired | <input type="checkbox"/> IV pain medication |
| <input type="checkbox"/> Tub/shower | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Massage/counter pressure | <input type="checkbox"/> Other Request |

For labor progress:

- | | |
|---|---|
| <input type="checkbox"/> I would like capped IV only. (You will need an IV for antibiotics if your GBS screen is positive or you desire pain medication.) | <input type="checkbox"/> I would prefer not to be offered pain medication. |
| <input type="checkbox"/> I would like infrequent vaginal exams (if appropriate). | <input type="checkbox"/> I am OK with suggestion of non-medication methods for pain. |
| <input type="checkbox"/> I would like intermittent monitoring (if appropriate). | <input type="checkbox"/> I prefer IV pain medication and/or epidural. |
| | <input type="checkbox"/> I would like to stay as covered as possible in labor and delivery. |

My planned delivery method is:

- Vaginal delivery
- Cesarean section
- VBAC
- Low intervention

DURING DELIVERY:

The following people may be present for the delivery:

- I desire coaching (from a nurse) with pushing.
- I would like a mirror to watch my pushing progress.
- I would like to use a squat bar if available.
- I would prefer alternate positions for delivery (Most physicians feel most comfortable with patient delivering on their back as this allows for intervention of a shoulder dystocia).
- I do not want an episiotomy but am open to this if emergent (Episiotomy is a rare occurrence unless there is obvious scar tissue present preventing delivery, or if there is an emergency and baby needs to be delivered immediately).
- I desire warm packs to the perineum and perineal massage if available.
- I would prefer a cesarean section to operative delivery (vacuum or forceps).
- I would like my partner to announce gender.
- I would like immediate skin to skin (baby on my chest).
- I would like baby cleaned off before putting on my chest.
- I would like to begin breastfeeding as soon as able.
- I am happy with delayed cord clamping as this is standard of care.
- I would like my partner to cut the umbilical cord.
- I want to see/save my placenta (preserving or ingesting placenta would be discouraged if any evidence of infection).

Immediately after delivery:

- I know pitocin will be administered in my IV or with an intramuscular injection after baby delivers to prevent postpartum hemorrhage.
- Eye ointment for baby is to prevent infection which is a state mandate and the most effective way to prevent the primary cause of blindness worldwide.
- Vitamin K injection is highly encouraged to prevent brain bleeding and is required if baby is male, and circumcision is planned. Oral vitamin K is not effective.
- It is OK to delay exams for skin to skin if baby is doing well.
- I desire pictures/video at delivery (This is typically not an issue but may be at discretion of delivery team/hospital policy if emergency in progress).

If cesarean section is necessary:

I would like the following support person: _____

- My partner would like to trim the umbilical cord.
- I would like to breastfeed as soon as possible.
- I would like my partner to go with baby to the NICU/or stay with me if applicable.

AFTER DELIVERY:

- I would like sitz baths, ice packs, and other suggestions for pain management postpartum.
- I would like stool softeners and Miralax to avoid need to strain for bowel movements.
- I would like to exclusively breastfeed. I am open to lactation support.
- I am formula feeding (Recommend tight sports bra to avoid engorgement).
- I would like to be consulted prior to use of pacifier.
- I would like as much rest as possible and limited visitors.
- I would like my baby to stay in the room with me at all times.
- I plan to use cord blood banking. I am donating cord blood.
- I plan on circumcision for my baby.