

Birth Plans are a popular method for expressing your vision of your ideal birth. We welcome your thoughts and ideas on how we can achieve this birth together. We all share the main goal of having a healthy mom and baby. A goal of this document is to support positive communication and a trusting partnership between you and your obstetric care team. We encourage you to discuss your wishes with your provider at your 34 - 36 week prenatal visit.

As your obstetric care team, we make every effort to see each family as unique as they experience labor and delivery. However, please keep in mind we are bound by some hospital and national guidelines, which have been developed for the safety of you and your baby. During labor, your provider will inform you about the benefits, risks and alternatives of the decisions you may face. We encourage you to voice your priorities and preferences during your hospital stay. We want to know how we can help you feel confident and relaxed during this important time.

**Are you planning to take any classes during your pregnancy?**  YES  NO

*Please circle all that apply:* Breastfeeding | Boot Camp for New Dads | Boot Camp for New Moms  
Childbirth Preparation | CPR | Infant Care | IHA Third Trimester Class

## HOSPITAL ARRIVAL AND ADMISSION

Your Name \_\_\_\_\_ Estimated Due Date \_\_\_\_\_

Support people (*limited to a total of four*) \_\_\_\_\_

## FETAL MONITORING

In some cases, based on a woman's medical/obstetrical history, standards of care will guide decision-making about how to best monitor baby's well being in labor.

**What is your preferred method of fetal monitoring in labor?**

Intermittent fetal monitoring  Continuous fetal monitoring  No preference at this time

## PAIN RELIEF DURING LABOR

**What are your plans for comfort in labor? (*check all that apply*)**

- Natural/unmedicated childbirth. You may also be able to utilize relaxation and breathing techniques, massage, shower or Jacuzzi, birthing ball, intradermal water blocks etc.
- Use of IV pain medication, such as morphine
- Epidural placement
- Nitrous oxide
- Unsure at this time

## DELIVERY

During the delivery process (also known as the "second stage of labor"), we will encourage you to push when you have an urge and do what feels most natural for you. We may make suggestions at times to help you.

**What we DO at delivery:** immediate skin-to-skin for at least the first 60 minutes of life or until the first feeding; delayed cord clamping; stem cell cord blood collection (if desired).

**What we DON'T routinely do at delivery:** enemas; shaving for a vaginal birth; episiotomies

I would like \_\_\_\_\_ **to cut the baby's umbilical cord.**

## St. Joe's Birth Wishes (continued)

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### CESAREAN DELIVERY PREFERENCES

Our goal is always for a healthy, normal vaginal birth. If cesarean birth becomes necessary, we will continue to consider your preferences as much as possible. Sometimes emergency situations necessitate a rapid conversation about the risks and benefits of cesarean birth. We encourage your active participation in this discussion. We aim to keep your family unit together, even when a cesarean delivery is required.

- \_\_\_ Support person to stay with me, if possible (Name \_\_\_\_\_ )
- \_\_\_ Skin-to-skin in the operating room if mom and baby are both doing well
- \_\_\_ Other \_\_\_\_\_

### POSTPARTUM PREFERENCES

Who is your pediatrician? \_\_\_\_\_

What are your plans for feeding your baby? \_\_\_\_\_

If you are having a boy, do you plan on circumcision? \_\_\_ YES \_\_\_ NO

There are two matching identification bracelets that match those that baby will wear. One will be placed on your wrist after delivery. Please identify another adult you would like to wear the second bracelet \_\_\_\_\_

**Rooming-in with your baby is the norm at our hospital.** Keeping you and your baby together all the time has many benefits for both you and your baby. Except in special circumstances, newborn tests and assessments will be done at the bedside.

**We encourage you to consider one additional support person to stay with you and your partner/primary labor support person at night.** This is when most parents find that they could use the additional help in the hospital.

Will someone be staying with you in your postpartum room? \_\_\_ YES \_\_\_ NO

If so, name/relationship \_\_\_\_\_

### SPECIAL REQUESTS

Please describe any religious, cultural, dietary and/or personal preferences or concerns pertinent to your labor, birth, postpartum stay, or to the care of your newborn. We want to be sure we know what is important to you.

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I have talked about and shared my **Birth Wishes** with my provider and both of us understand it. We will work together toward a healthy and satisfying birth experience. I recognize that my preferences may not be followed just as written and may need to change if medical needs arise in order to ensure a safe and healthy birth for my baby and me.

My Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Labor & Delivery RN Signature \_\_\_\_\_ Date \_\_\_\_\_