

## **Birth Preparation**

You may find it helpful to take some time and express to us your thoughts and desires regarding your upcoming birth. This will allow us time to discuss it with you and also share it with the hospital staff so they will be aware of your plan too. Birth preparation is an expression of your wishes for your birth plan. You may change your mind at any time, just as the circumstances of your labor may unexpectedly change and cause you to make additional decisions with the help of your physician or labor.

Your baby will be monitored during labor to make sure your baby stays safe during the process of labor. This can be done in a few different ways depending on your labor. If your labor is very low risk, we may intermittently monitor your baby. If a need arises, we may recommend continuous monitoring of the use of an internal monitor.

Please answer the questions that you feel are appropriate for you:

Name of Mother-To-Be and partner/support Person \_\_\_\_\_

### **1.) Labor:**

- I agree to the recommended IV saline lock (“capped IV”)  
 I request no IV unless it is absolutely necessary. (Could delay receiving lifesaving treatment)  
I would like to wear:  a hospital gown  my own clothing  
Genesis is a teaching hospital and occasionally we have students working with us. I’m happy to work with  any student  Midwifery student  Nursing Student  Family Practice Resident   
No students

### **2.) Pain relief:**

- I’m uncertain what I will want and will wait and see what I need at the time.  
 I strongly desire a drug free birth. (Only offer medication if I ask)  
 I would like the “big tub” room to help facilitate this.  
 I am planning IV pain medication when I am in active labor.  
 I am planning on an epidural when I am in active labor.  
 I am planning on using nitrous oxide.

Other comments \_\_\_\_\_

### **3.) Birth:**

I plan to have the following labor support person(s) present:

\_\_\_\_\_  I have hired a doula for extra labor support. Her name is \_\_\_\_\_

\_\_\_\_\_  I wish to see the baby’s head (in a mirror) as it crowns.

\_\_\_\_\_  I wish to touch the baby’s head as it crowns.

\_\_\_\_\_  I wish for my partner \_\_\_\_\_ to help catch the baby.

I would like \_\_\_\_\_ to cut the cord.

\_\_\_\_\_  I have made special arrangements to store the cord blood. (You must bring the cord blood collection kit with you in labor)

Other

Comments \_\_\_\_\_

Upon delivery, we plan to bring your baby up to your chest then delay clamping of the umbilical cord. We encourage immediate skin to skin bonding and nursing unless a medical situation requires more urgent evaluation of your baby.

4.) **Feeding:**

- I plan to breastfeed my baby. Please assist me with nursing as soon as possible after the birth.
- I need a prescription to get a breast pump (check with your insurance regarding coverage)
- Please do NOT give formula to my baby without my permission.
- Please NO pacifiers without my permission.
- I plan to formula feed my baby.
- I plan to breastfeed and formula feed.

5.) **Baby procedures:**

Antibiotic eye ointment: (Given to help prevent infection from the birth canal.)

- I would like the treatment given after the Golden Hour of skin to skin time and nursing. (Recommended)
- I do NOT want my baby to have the standard eye ointment.

Vitamin K: A one-time shot of vitamin K is given to help your baby's blood clot and prevent dangerous bleeding on the brain. It is given after the Golden Hour of skin to skin time and nursing. If you are considering declining this please check here so your physician can discuss this with you and provide additional educational information

Hepatitis B Vaccine: (The first in a series of three Hepatitis vaccinations recommended in kids)

- I would like the first Hepatitis B vaccine given prior to discharge as usual.
- I would like to delay the first Hepatitis B vaccine until a later date.

Circumcision: (The optional removed of the foreskin of the penis. This is not medically necessary.)

- We do not want our son circumcised.
- We would like our son to be circumcised before discharge. (Must get Vitamin K)

6.) **Discharge timing:**

- I am planning the usual discharge timing ( 2 days – vaginal birth, 3 days – C-section)
- I would like early discharge – 1 day after a vaginal birth or 2 days after a Cesarean delivery (discuss with baby's provider, if you are GBS+ your pediatrician will likely want you to stay the full 2 days.)

7.) **C – Section:**

- I would like \_\_\_\_\_ to be back with me in the operating room.
- I wish to have the drape lowered to allow me to see my baby's birth.
- I want my baby placed skin to skin on my chest while in the OR.
- I want my partner and our baby to stay with me in the OR until I am ready to move to recovery.
- I do NOT want any medication given to me without my permission that could cause me to forget meeting my baby for the first time if I am stable and calm.
- It is okay if family members see/hold our baby in the recovery room before I do.
- I would like only my partner to see/hold our baby in the recovery room.

What was the best &/or worst thing about your previous labor and birth? Other comments or special requests:

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