

My Preferences for Labor and Birth: A Plan to Guide Decision Making and to Inform My Care Team

Name: _____ Date of Birth: _____

Due Date: _____ Physician/Midwife: _____

Prenatal office visits are a great time to talk with your provider about options and plans for your upcoming birth. This birth plan can help guide some of your talks. We want our families to be aware of measures within their control to increase the chance of a vaginal birth.

Women with certain medical conditions may need procedures, such as constant monitoring or induction of labor, to have a safe and healthy birth. Your provider can tell you about the benefits, risks, and options for decisions you may face during labor and birth. Some of your decisions before and during birth may affect your risk of cesarean. We hope you will share your values and preferences so that you can make informed decisions together based on your needs.

Some points to discuss at your visits:

- Admission to the hospital in early labor vs. waiting until you are in active labor**
(Admission to the hospital when you are in active labor increases the chance of a vaginal birth)
- Continuous labor support by a professional doula**
(Support of a doula improves your chance of a vaginal birth)
- Movement and position changes in labor and timing of pain medicine if needed**
(Being upright, moving around, and changing position while in labor helps to position your baby for birth. Malposition is a common reason for a first cesarean birth)
- Ways to stay hydrated during labor**
(Fluids are important to give you energy and produce birth hormones so labor will progress)
- Push with an open glottis (breathe baby down and out) vs. closed glottis (hold breath)**

Attending childbirth classes will inform you about:

- How to get mentally ready for labor and birth
- The process of labor
- Options you have to manage labor progress and pain
- Interventions: why they may be needed and how to avoid if possible



Mother's name and birth date: _____ Due Date: _____

Labor and Birth Preferences in the Hospital

Please choose your preferences in each section below. Provide a copy to your OB and bring one copy with you to the hospital.

- Un-medicated
- Medicated: Narcotics Epidural
- I prefer an un-medicated birth, but I will decide when I am in labor

Food and Fluid Preferences

I understand IV fluids may be needed, but I prefer:

- To drink fluids by mouth to hydrate
- If safe for me to do so, I would like to eat small snacks in labor

A relaxing atmosphere for me:

- Dim Lighting/natural light
- Dark as possible
- For privacy, please close our labor room door
- I will bring items from home to enhance my comfort:
 Music, blanket, pillows, affirmations, focal point...
 Sound machine or other background sounds...
- Quiet as possible
- Room temperature Cool
 Warm



Coping tools for pain management/comfort

I understand I cannot use an essential oil diffuser in the hospital.

- Frequent movement, position changes:
 - Walking, sitting, standing, rocking, squatting....
- If on bedrest: frequent position changes
- Use of birth and peanut balls
- Rocking chair
- Showering
- Warm/Cold compresses
- Relaxation techniques
- Focused breathing
- Massage
- Acupressure
- Music
- Focal Point

Pushing:

- I would like to change my position at least every 15 minutes during pushing
- Warm tap water compresses to perineum
- Use a squat bar
- Push using open glottis, (breathing baby down)
- Push using closed glottis (holding breath to push)
- Mirror to watch the birth of the baby
- I would like to touch my baby's head when crowning



Interventions

I would like to keep interventions to a minimum but I do understand they may be necessary.

Please confirm that I understand the reason for interventions, such as use of Pitocin and breaking of the water.

Cesarean Birth Preferences

I understand an emergency cesarean may be needed. If a cesarean birth is necessary, I ask that you consider my preferences as much as possible.

- If cesarean birth is recommended if labor is not progressing and baby and I are healthy, I would like to discuss the safety of having more time before proceeding to a cesarean.
- I would like my partner to be with me in the operating Room (OR).
- I would like to have the OR drape lowered so I can watch the birth.
- If a clear drape is available I would like to have that option.
- Placing the baby Skin-to-Skin in the OR and recovery area is important to me.

Please list any other preferences, concerns, anxieties that will allow us to provide the best care possible for you physically and emotionally:

Newborn Preferences

- I plan to exclusively breastfeed so please do not give my baby formula unless discussed with me. If my baby needs supplementation for a medical reason, I prefer that expressed breast milk or donor milk be used.
- Avoid giving baby bottles/pacifiers
- I plan to formula feed
- If I have a boy:
 - I plan to have him circumcised
 - I do not plan to have him circumcised

Standard of Care at Doylestown Hospital VIA Maternity Center

- Baby Skin-to-Skin immediately after birth
- Delayed cord clamping
- Partner is given the option to cut the cord
- Baby led feeding
- After parents have Skin-to Skin time with baby in recovery, baby will receive erythromycin ointment in eyes and vitamin K
- Baby care, testing and assessments done at bedside
- Rooming-in
- Breastfeeding babies will not be given formula, bottles or pacifiers without talking with parents
- Baby bath in parents room when baby is 24 hours old

