

Birth Plan Worksheet

A birth plan is a tool used to share your hopes for the birth experience with your care providers (family, friends, midwives, physicians, nurses). This worksheet may help you identify our usual care during labor, birth, and recovery and options to consider for your birth. You can learn more about our facility and birth care by attending the hospital tour (in person or a virtual tour) and attending childbirth, breastfeeding, and baby care classes.

During your prenatal visits discuss the topics below with your midwife or physician. Share your desires and concerns but also ask about practices and guidelines they commonly follow during labor and birth. Write your wishes and choices on the “Our Birth Plan” form. Share this with family, friends, nurses and the care provider who is with you at the hospital.

Labor Support

Most women choose a main support person who will accompany them throughout the labor; this is often the parenting partner. Some women want to have another person to share the responsibility. This is usually someone close to the new mother such as her mother or a good friend. Siblings attending the birth need to have another adult with them all the time. Remember, while we do not limit visitors, for safety and comfort, we recommend that only 4 persons attend the birth itself.

Most women have their support person(s) screen their visitors using a cell phone. We can restrict visitors who come to the labor room when this is what you wish.

When you are in active labor you will have a nurse who is assigned to you. You may communicate any needs that you have to her/him. If you have needs that aren't being met, please ask for the Charge Nurse.

First Stage of Labor:

It is divided into early labor and active labor.

Early Labor: Early labor is defined as the beginning of labor until the labor becomes strong and regular. This part of labor is usually spent at home and can last many hours. Part of your birth plan will be how to spend your time at home so that you will feel comfortable and safe during your early labor. Be sure to include how to contact your support persons when you need them and how they will support you during this time. Discuss your plans with your doctor or midwife. We know that waiting until labor is well established is important. Women in active labor will be admitted to the hospital.

Active Labor: Active labor is the part of labor when the cervix opens more quickly and lasts until the cervix is completely thinned (effaced) and dilated (10 cms). Your support person(s) will have a lot of influence on the atmosphere in your labor room. If you have a strong desire for quiet, or low lighting, music, water immersion, or anything else please put it into your plan and let your support person and nurse know how to

help make you comfortable. Remember, your plans may change when you are in labor. Be ready to try something different than you may have planned. Your nurse and your support persons will be there to help. Comfort measures can reduce fear and pain.

Consider these comfort measures and if you might use them:

- Pillows, blanket, clothing from home
- Atmosphere including lighting, music, number of people in the room
- Positions for labor including sitting, tub or shower, use of bed positions, standing, walking, assisted squat, use of labor balls
- Other comforts: massage, focal points (no open flames), scents (we provide two essential oil patches for use during labor (lavender and peppermint)), fans, hot or cold packs
- Food and drink: We offer juice, water, popsicles, jello, and Sprite. We also have crackers. Most women in active labor have little appetite. If an epidural is in place, only ice chips are allowed. Check with your care provider to see if they have recommendations about food and drink in active labor.
- Support persons: Do you want constant touch, eye contact, massage, or will you want to focus inward? You may not know until you are in active labor. You and your support person will need to be ready to communicate about your needs as they occur.

Procedures and Interventions: During active labor we use a plan of care to keep you and your baby safe. We will explain procedures as we recommend them for you.

- Fetal Monitor: We monitor your baby's heartbeat and your contractions using a "Fetal Monitor". If you are not familiar with the fetal monitor and how it works, please ask your care provider during your pregnancy or your nurse when you are placed on the monitor. Understanding its use will help you understand how we confirm that you and the baby are safe and that the labor is going well. We usually monitor for 20-30 minutes when you are admitted and then intermittently during the rest of your labor. If there are concerns, the nurse may want to keep the monitor on for longer times or constantly (women who use epidural will have constant monitoring). Please ask your nurse if you have any questions about the use of the monitor. You may still move to different positions with the monitor in place. Usually you may still be out of bed and in the water while being monitored. A hand-held ultrasound (called a Doppler) might also be used to listen to the baby's heartrate during your labor.
- Internal Monitor: Occasionally we are unable to watch the baby's heartbeat or contractions by using the external (outside) monitor. We have special equipment that we can place directly onto the baby and into the uterus to watch your labor. This equipment is used only in special circumstances.
- IV and blood testing: Every woman has a blood sample taken in case of emergency. We can use this sample to find blood quickly if necessary. During the blood draw, the nurse may place an IV catheter. This can be used later to administer fluids or medication. The IV can be left in place without any

attachment to tubes or fluids unless you need them. In an emergency it is helpful to have an IV already in place. You must have an IV if you want to receive pain medication of any kind. If you prefer not to have an IV placed, you may tell your care provider and nurse.

- Breaking the bag of water: The bag of water is a tough, skin-like bag that surrounds the baby. The bag of water sometimes breaks before or during labor. Sometimes your care provider will recommend breaking the bag of water to stimulate stronger labor.

Medications for pain: When mothers are admitted to the hospital, their nurse will ask if they plan medication for pain. You may not want to make a firm decision before labor. It may be that you want to experience the labor and make decisions as the labor advances. This is an important decision and one that requires more information about the risks and benefits of medication in labor. We recommend that you take a childbirth class and read about pain medications available and have a discussion with your care provider. Choices available at this time are:

- Fentanyl given IV
- Epidural anesthesia

Second Stage of Labor

The second stage of labor lasts from the time of complete dilation (10 cms) of the cervix until the birth of the baby. There are many positions that can be used during the pushing phase of labor. Most women use more than one position.

Pushing without epidural: Pushing is usually spontaneous when a mother has not had an epidural. We encourage mothers to experience the urge to push and follow their body's instincts. Many positions can be used for pushing: squatting, assisted squat, side-lying, hands and knees, semi-sitting holding legs open, or putting legs into stirrups to support them.

Pushing with epidural: When a mother has an epidural, we often wait for one to two hours after complete dilation to begin pushing. Some women will have an urge to push as the baby descends low in the pelvis. Others must be directed to push since they have little urge. Most women with an epidural in place will push with head of bed raised slightly and legs in the stirrups. They may also try side-lying.

The Golden Hours-The first two hours after birth

We are a Baby Friendly hospital. We recommend that every new baby spend the first hours after birth skin-to-skin with his/her mother. This helps the mother and baby recovery from the birth. Babies often begin breastfeeding during the first two hours. Your nurse will care for you and the baby together and do any necessary procedures without separating you. It is the ideal time for the new family to be together. You will spend approximately two hours recovering from the birth before you are transferred to the Mother/Baby Unit.

- Newborn procedures: Apgar scores are done by the nurse at one minute and five minutes of age. The umbilical cord can usually be cut by your support

person if they would like. You may request delayed cord clamping from your care provider. Vital signs are done while you are holding the baby. After the first hour or the first feeding the baby will be weighed and measured, foot printed, offered Vitamin K injection, Erythromycin eye ointment, Hepatitis B vaccine (ask your pediatrician about these). The newborn bath is optional during the first two hours. You may ask for it to be delayed if you would like to participate at a later time.

- Mom's Recovery: We want the mother to be able to eat, drink, and shower before she moves to the Mother/Baby Unit. If an epidural is in place, the medication will be stopped. Mothers can usually be out of bed after about an hour. You may want to put on your own bedclothes.
- Support Person: We hope that during this time you will be able to take pictures, communicate with friends and family outside the room, encourage mom, appreciate baby, and hold the baby when mom gets out of bed. You may wish to hold the baby skin-to-skin at this time. Your job will be to coordinate visitors so that mom and baby are comfortable and your families are happy. It's a big job. You might want to discuss the plan before the birth.

Cesarean Birth

We have planned and unplanned (urgent or emergency) cesarean deliveries. If you have an unplanned cesarean birth, we will communicate with you and your support person as the decision is made. When possible, the reasons for the recommendation for surgical birth are discussed with the mother and her support person with plenty of time for questions and discussion. The only time that we hurry this process is when we are very concerned about the health of the mother or the baby. We will still explain all the reasons for the recommendation and we still ask for your permission before taking you to the surgery for the birth. Because we don't know who will have an unplanned cesarean birth it is helpful to have thought about the possibility during your pregnancy. Here are some choices to consider for a cesarean birth:

Support persons: Only one person can be with you for a cesarean birth. You may choose that person.

Newborn resuscitation: When the baby is born, he/she will be assessed close to you in the operating room and then put skin-to-skin with you while the surgery continues. If the baby needs further resuscitation to begin breathing on his/her own or there are other concerns about your health, the baby will be taken to an adjoining room where a special care team will care for your baby. Your support person may choose to accompany the baby.

Recovery: Since recovery from a surgery is more complicated, we will restrict visitors until we are sure you are both doing well. This may be one or two hours. During this time the baby may be nursing and will be skin-to-skin with you. After this time, or when you are both doing well, you may have family come into the room to visit. (See the recovery information above for vaginal birth) Mom is not expected to get out of bed during the first two hours of recovery. Oral pain medication is used during the recovery.

Complicated or Prolonged Labor

Sometimes labor doesn't go as expected. Everything will be done to be sure you and your baby have a safe birth. Extra interventions may be recommended.

Pitocin: This is a medication that will make contractions stronger. It is given when your care provider suggests it and has discussed the reasons with you.

Induction: When a pregnancy goes past the due date or a medical condition makes it necessary for the baby to be delivered, the care provider may recommend induction of labor. There are several methods that might be used to induce a labor. Talk to your care provider about these methods if necessary.

Episiotomy: This is a surgical cut made at the base of the vagina just as the baby's head is crowning. It is not done all the time, only if the baby needs to be born more quickly. Talk to your care provider about their use of episiotomy.

Vacuum or Forceps assisted vaginal birth: These tools can be used in rare instances to try to avoid a cesarean birth. They assist the baby who is close to delivery and needs help.

Post Partum Recovery

If you have had a vaginal birth you will probably stay one or two nights. If you have had a cesarean birth, you will stay two or three nights. The midwife or doctor will see you in the hospital and decide (with your input) when you might go home safely. The pediatrician is responsible for sending the baby home. Please let your family and friends know the best times to visit. There are no visitor restrictions.

The Mother/Baby nurses will be your support and guides during your stay. Ask them for any help that you need to feel confident when you go home. They are experts in early postpartum recovery, breastfeeding and newborn behavior and care.

- Mother/Baby Recovery: Mothers and babies will be kept in the same hospital room all of the time unless there is a medical emergency. We recommend continued skin-to-skin time and breastfeeding whenever the baby shows feeding cues. You can order food from our cafeteria and you are welcome to have special food brought in for you and your support person. The Mother/Baby nurses are expert in breastfeeding challenges and will help you. We also have Lactation Specialists who are available. There is also a flip chart in the room that will give lots of helpful information about care of the newborn, discharge routines, and safety recommendations.
- Support persons: You will have great responsibilities during this recovery time. There is a cot for you to make up into a bed. We hope that you will spend the night and help mom with the baby. Moms and babies are often awake feeding several times during the night and will need help during that time especially. You may want to have an alternate support person stay part of the time so that you can get good sleep and be ready for the time ahead.
- Placenta: You may take your placenta home with you. Be sure to mention your desire to take it and put it on your birth plan.

We want you to have a Happy Birth Day. Please make sure that you talk to your care providers, nurses, support persons, and family about what will make your birth more satisfying.