

Birth Plan

Names: ZO and DP
Support People: MO, mother and Kim James, doula



We understand that this will be an induced birth and that necessitates more interventions and management. However, we ask that whenever possible, you consult with us before performing any procedures, explain risks and benefits of each intervention, and explain whatever alternatives may be available. We ask for your help in keeping our birth as normal as possible and involving us as partners in this very important event. **Our goal is a healthy baby and mother, and secondly, a vaginal birth.**

Special Concerns

I am somewhat fearful of the pain of childbirth. I've done a lot of reading, attended CBE classes and retained a doula in preparation for labor. To help control my fear, I ask that you always point out the positives: good vital signs, good EFM readings, good protein readings. Also, let me know when I'm handling the contractions well and when progress is being made.

- ◆ Quiet, peaceful environment. Please keep voices soft and conversations low.
- ◆ Adjust volume on monitors, infusion pumps and other equipment to non-intrusive levels.
- ◆ We'll play our own music.

First Stage

We understand controlling Z's blood pressure is paramount. However, if all vital signs are stable, we'd like to spend early and active labor in a variety of upright and active positions, mainly for Z's comfort and to keep labor progressing normally. Please suggest any positions you think would be helpful for us to try.

- ◆ We plan to alternate activity (walking, standing, leaning) with rest (rocking chair, birth ball).
- ◆ Labor in the tub once early/active labor is established.
- ◆ We'd like to eat and drink to thirst and hunger during early labor.

Pain Relief

Z is looking forward to her epidural once active labor is firmly established. Her goal is to labor without pain medications until 5 cms dilation. We understand an epidural may be suggested before 5 cms for therapeutic reasons. However, your suggestions for helping us reach our goal will be greatly appreciated. We do not plan on using IV narcotics.

- ◆ Epidural at or around 5 cms. dilation.
- ◆ No IV narcotics.
- ◆ Prefer to remain in upright and active positions on the bed once the epidural is in place.

Medical Interventions

- ◆ Prefer no internal monitoring
- ◆ Strongly prefer no amniotomy. If this is suggested, please explain why.
- ◆ Limit vaginal exams upon my request, or until necessary to track labor progress.

Pushing and Birth

We'd like to try a variety of positions to facilitate rotation and descent. Please suggest any positions you think would help. We'd also like to avoid an episiotomy and any instrumental delivery.

- ◆ I want to "labor down" and avoid pushing before I feel the urge.
- ◆ Avoid pushing on my back with legs in stirrups. Avoid directed pushing.
- ◆ Please provide warm compresses and perineal massage.
- ◆ Please delivery baby skin-to-skin on my abdomen.

Newborn Procedures

We understand that our baby will likely be born before term and that may necessitate closer observation and more invasive newborn procedures. We understand that newborn resuscitation is the priority if necessary. However, we'd prefer Z hold our baby, skin-to-skin for the first hour. Please delay all newborn procedures until after the first reactive period.

Infant Feeding

We plan to exclusively breastfeed. No glucose, formula, or artificial nipples, if at all possible. If baby is born too young to suck or latch well, please suggest alternatives to formula/bottle feeding.

Cesarean Section

- ◆ I'd like at least two support people to attend.
- ◆ I'd like to hold baby and establish breastfeeding as soon as possible.

Sick Baby/NICU

We understand that babies born before term may need more close observation and monitoring. We ask that:

- ◆ D go with the baby to the NICU and be allowed to feed and hold the baby.
- ◆ Explain events and procedures as they happen.