SPECTRUM HEALTH

My Birth Plan

The Spectrum Health Family Birthplace looks forward to sharing in your baby's birth. To help us understand your wishes regarding your labor and delivery, please answer the questions below.

The safety and well-being of you and your baby is our top priority. Keeping this goal in mind, even if unexpected events arise, we will try to meet as many of your wishes as possible. Share this plan with your health care providers so they are aware of your preferences and can answer any of your questions. Bring a copy to the hospital when you come in for your baby's birth.

Name: _____

Your date of birth: _____

Due date: _____

Your health care provider: _____

Partner's name: _____

Baby's health care provider: _____

Childbirth education classes taken through:

- ☐ Spectrum Health Healthier Communities
- ☐ Lamaze
- ☐ Bradley
- ☐ Other: _____
- ☐ None

At the Family Birthplace, up to five people can be with you in the labor and delivery area. Please write down those who you would like to be with you in labor.

1. _____
2. _____
3. _____
4. _____
5. _____

Labor

In labor, I would like to:

- ☐ move around and change positions throughout labor.
- ☐ use a shower and/or a Jacuzzi tub if possible
- ☐ have a birthing ball available
- ☐ have a rocking chair available
- ☐ have a squatting bar available
- ☐ drink fluids during labor
- ☐ play my own music during labor
- ☐ keep the room as quiet as possible
- ☐ dim the lights in the room.
- ☐ be informed of all procedures and have time to discuss my choices in private, when possible
- ☐ other: _____

Fetal Monitoring

- ☐ I would prefer occasional, instead of continuous monitoring of my baby's heart rate, if the baby's condition allows.
- ☐ I would like to walk around during labor while the monitor is on my baby.
- ☐ Other: _____

Labor Progress

- ☐ I do not want my bag of water broken unless my baby needs special monitoring.
- ☐ If my labor is not progressing, I would like to have my bag of water broken before other methods are used to move my labor along.
- ☐ I would prefer to try changing positions or walking before Pitocin, a medicine that can help move labor along, is given.
- ☐ Other: _____

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Pain Medication

- ☐ I will ask for pain medication when I feel I want it.
- ☐ I would like to try other forms of pain relief and comfort measures before an epidural.
- ☐ I would like to have an epidural.
- ☐ Other: _____

Delivery

I would like to:

- ☐ photograph the birth (ask your health care provider if cameras are allowed in the birth room.)
- ☐ choose my position for giving birth
- ☐ dim the lights for delivery
- ☐ have the room as quiet as possible during my baby's birth
- ☐ touch my baby's head when it comes out
- ☐ watch my baby's birth
- ☐ have my support person cut the umbilical cord
- ☐ cut the cord myself
- ☐ Other: _____

Cesarean Birth

If a cesarean birth is recommended, I would like to:

- ☐ participate in the decision for a Cesarean birth.
- ☐ have my support person with me in the Cesarean birth room.
- ☐ have a mirror available so I can see my baby's birth.
- ☐ have the baby given to my support person as soon as possible after birth
- ☐ Other: _____

After Delivery

Research shows that babies do best if they have skin-to-skin contact with their mothers after birth. We always encourage mothers and babies to bond this way following birth until after the first time the baby eats.

- ☐ If I am unable, I would like my support person to provide skin-to-skin contact.

I would also like to:

- ☐ have my baby start the hepatitis B vaccine while in the hospital.
- ☐ delay eye medication for the baby for the first hour after birth.
- ☐ donate the umbilical cord blood and will bring the kit with me to the hospital.
- ☐ bank the umbilical cord blood and have made arrangements to do so.
- ☐ see the placenta after it is delivered.
- ☐ Other: _____

Postpartum

I would like:

- ☐ my partner or support person to stay with me
- ☐ my baby to stay in my room with me. This will help me and my baby get to know each other.
- ☐ to go home after 24 hours with follow-up home visits from a nurse if my insurance permits this

Feeding

- ☐ I plan to breastfeed.
- ☐ I do not want my baby to have a pacifier.
- ☐ I would like more information about breastfeeding.
- ☐ I plan to formula feed.

Circumcision

- ☐ I do not want my baby circumcised.
- ☐ I would like my baby to be circumcised while in the hospital.
- ☐ Other: _____

The health care provider's signature means that I have talked about this birth plan with my health care provider and both the provider and I understand it. It does not promise that the birth plan will be followed as written. The labor, delivery and postpartum experience may change to help ensure the safety of mother and baby during the hospital stay.

Health care provider's signature: _____ Date: _____

My signature means I understand my birth plan may need to be changed for my safety and/or the safety of my baby.

Patient's signature:_____ Date: _____