

Madigan Army Medical Center

Birth Plan

This is a sample of a birth plan, which you can use to guide you in creating your own individual birth plan. Problems in your medical condition prior to labor or problems that occur during labor may result in changes in your birth plan for your safety and that of your baby. The more prepared and knowledgeable you are regarding labor, delivery, and postpartum, the better chance you will have in achieving your birthing goals. A plan is a guideline; you can change your mind about any of the provisions. You and your delivery team will work together to make this the best possible event for you!

First Stage of Labor: (check as many as you prefer)

Environment:

- ☐ Dim Lights
- ☐ Peace and quiet
- ☐ Music
- ☐ Wear own clothing
- ☐ Other (please specify) _____

Mobility:

- ☐ I wish to move around freely and change positions as much as possible throughout my labor
- ☐ I prefer to get up only if I need to use the bathroom
- ☐ I have no preference about moving around

Hydration/Nutrition: (Madigan requires access to a vein in case you require antibiotics in labor and/or in the event of an emergency)

- ☐ Saline Lock (to allow for rapid IV access if it is required)
- ☐ IV Fluids
- ☐ Clear fluids (i.e. juice, jell-o, broth, popsicles)
- ☐ Ice chips/sips of water

Monitoring: Please indicate your preference. Monitoring depends on many factors such as: fetal well-being, gestational age, induction, etc.... Monitoring methods (intermittent auscultation, continuous external monitoring, and continuous internal monitoring) and the purposes for use will be discussed with you in more detail when you are admitted.

- ☐ Intermittent monitoring
- ☐ Continuous external fetal monitoring

Pain Relief: (all patients who are admitted to Labor & Delivery are interviewed by the assigned Anesthesia Provider to obtain critical medical information in case of an emergency. This is done solely as a safety issue and should not be perceived as an influencing factor for choosing an epidural in labor). Choose as many options as you are interested in.

- ☐ I am planning an un-medicated delivery, so I would appreciate the staff not offering me pain medication. I will request medication if I feel like I need it. (If you choose this option, we encourage you to take classes that provide methods and techniques to help you manage the discomforts of labor.)
- ☐ Offer medication if I appear uncomfortable
- ☐ Offer medication as soon as possible!!!
- ☐ Non-medicinal: positioning, shower, hydrotherapy tub, heat or cold therapy, acupressure, aromatherapy, sit on the labor ball
- ☐ HypnoBirth
- ☐ I know I want an epidural
- ☐ I won't know until I see what labor feels like - tell me what my options are

Labor Induction: (Inductions happen for specific medical reasons that affect you or your baby. If you require an induction, that decision will usually be made before you arrive at the hospital. It is important to know that you still have options).

- ☐ Natural methods (sex, walking, membrane "sweeping")
- ☐ Cytotec® (oral or vaginal tablet recommended for unfavorable cervix ripening
 - * It is important to know that it is **NOT** used if you have had a prior C-section)
- ☐ Foley bulb (to cause mechanical dilation, often used in conjunction with Pitocin®)
- ☐ Pitocin® (synthetic oxytocin given through the IV to start contractions)
- ☐ Amniotomy ('breaking' the bag of water)

Labor Augmentation: (If your labor slows down, or there is a medical reason that your labor should move along more quickly, the physician or midwife may recommend augmentation of your labor)

- ☐ Natural methods (walking and nipple stimulation)
- ☐ Pitocin® (synthetic oxytocin given through the IV to enhance contractions)
- ☐ Amniotomy ('breaking' the bag of water)
- ☐ Nipple stimulation

Second Stage of Labor:

Pictures: It's okay to have an additional person with you to take pictures so your coach can concentrate on helping you and sharing in the birth experience first-hand. Madigan Army Medical Center requires you to obtain verbal permission from the health care providers/nurses helping with your delivery if you are taking pictures, video or audio taping the delivery. All video/audio recording equipment must be shown to staff in advance of use and the taking of any photos, video or audio recordings without prior permission, is forbidden. Recording of a cesarean section is not allowed at any time before, during or after the procedure.

- ☐ I plan on taking pictures during my birth experience
- ☐ I plan on video and/or audiotaping my birth experience

Pushing: (some of your options will be dependent whether you have received medication or an epidural, how your labor is going and the health of your baby)

- ☐ Choice of positions for pushing and delivery
- ☐ Push as long as the baby and I are stable and making progress
- ☐ Spontaneous bearing down (push when your body tells you to bear down)
- ☐ Directed pushing (being told when to push and how long)
- ☐ I would like my coach and/or my nurse to support my legs as necessary for pushing
- ☐ I would like to use the foot supports for pushing
- ☐ I would like to use the squatting bar

Perineal Care: (It is our practice at Madigan to avoid the use of episiotomy, unless there is a medical reason to do it.)

- ☐ Prefer to avoid an episiotomy (massage, compresses, positioning) if at all possible
- ☐ Prefer to tear rather than have an episiotomy
- ☐ Prefer episiotomy rather than to tear
- ☐ I would like a mirror available so I can see my baby's head as it crowns

Cord Cutting: (It may be medically necessary for the physician or midwife to cut the cord)

- ☐ Partner to cut cord
- ☐ I want to cut the cord
- ☐ Delay cord cutting until pulsation stops
- ☐ I am planning on cord blood donation (public donation)
- ☐ I am planning on private cord blood banking, and will bring the kit with me to the hospital

Baby Care:

Skin - to - Skin contact:

- ☐ Place on my abdomen immediately as long as we are both doing well
- ☐ Place baby on warmer and clean up before being brought to me

Eye care/Newborn medications:

- ☐ Delayed for ____ minutes (Recommended no longer than 60min after birth)
- ☐ Immediate application of the eye ointment
 - *The American Academy of Pediatrics recommends that each infant receive a dose of Vitamin K (essential to avoid bleeding)
- ☐ I do want my baby to receive:
 - ☐ Vitamin K
 - ☐ Hepatitis B vaccine
- ☐ I do not want my baby to receive:
 - ☐ Vitamin K (I am willing to sign the appropriate documentation)
 - ☐ Hepatitis B vaccine (I am willing to sign the appropriate documentation)

Feeding Baby: (Some babies are born with a low blood sugar and may need to eat very soon after birth)

- ☐ Breastfeeding only
- ☐ Bottle feeding only
- ☐ Combination of breast and bottle feeding
- ☐ Pacifier (must bring from home)
- ☐ No pacifier

Circumcision:

- ☐ None
- ☐ For cultural or religious reasons will be done outside of Madigan Army Medical Center
- ☐ Done at Madigan Army Medical Center
- ☐ Use of anesthesia (ask at time of circumcision)

Rooming In: Madigan Army Medical Center supports mother-baby (couplet) care unless the baby requires more intensive medical care. If separation is necessary please indicate your wishes:

- ☐ If my baby needs more intensive medical attention, I want _____ to accompany my baby to the Neonatal Intensive Care Unit (NICU) if possible
- ☐ I am comfortable with the health care providers/nurses who are wearing appropriate identification taking my baby to the NICU to provide care

In the event of infant admission to the NICU:

- ☐ Breastfeeding if possible
- ☐ Breast pump
- ☐ Open visitation for parents except during Physician Rounds
- ☐ Parent involvement in care (holding, feeding, changing diapers, etc...)

Assisted Vaginal or Cesarean Births: Some vaginal births may require interventions such as vacuum assistance or forceps to deliver the baby's head. It is important to know that not all mothers deliver vaginally. The c-section birth rate at Madigan Army Medical Center is lower than the national average. If you have a planned or unplanned non-emergency C-section birth, you can still discuss some options with your physician:

- ☐ Spinal/epidural anesthesia
- ☐ Partner present
- ☐ Pictures of birth
- ☐ Screen lowered to view baby immediately after birth
- ☐ Description of surgery
- ☐ Touching the baby
- ☐ Breastfeeding as soon as possible in the recovery area

I have some special requests: _____

I, _____ have indicated my preferences for my birth experience and have discussed them with my health care provider, my support person and have attended the Birth Plan Class.

Patient: _____

Support person: _____

Health Care Provider (title): _____