

My Birth Plan

At Lafayette General's Pavilion for women and children, we want your birth experience to be based on your choices. In order to achieve this goal, we have created an outline to assist you in creating your very own Birth Plan. Please use this guide to define exactly what you and your family expect of your birth experience.

Once you have completed your Birth Plan, make a copy and bring it to your next doctor's appointment. You will want to discuss this plan with your physician in detail, so that there are no surprises or disappointments on your big day. Once you and your physician have agreed on all the details, you can send us a copy by e-mail, fax or regular mail.

Please know that this plan is not a binding agreement. You may change the decisions made on the document at any time you wish. However, a well-thought-out Birth Plan is your best opportunity for a delivery that will go according to your wishes. With the exception of an unexpected medical emergency, we will work very hard so that your plan is followed as closely as possible.

If you have any questions about your Birth Plan call the Birthplace at 289-7210.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

Name of Delivering Physician: _____

Name of Pediatrician: _____

Due Date: _____

During my labor experience I would like to have:

- Open visitation by friends and family.
- No one in the room except my labor coach who is: _____
- My coach and a few other support people present who are: _____
- I will decide who I want in my room as my labor progresses, dependent on how I feel at the time.
- Other: _____

Labor Plan

- I would like to avoid an enema.
- I would like to walk around and change position whenever I feel I need to during labor.
- I would like to use aromatherapy and will be bringing my favorite fragrance. (no open flames)
- I would like to utilize the birthing ball.
- I would like to be offered the option of laboring in the shower, utilizing the shower massage.
- I would like to be offered the option of hydrotherapy (laboring in a tub).
- I would like to wear my own clothing during the first stage of labor.
- I would like to have ice chips by mouth throughout the first stage of labor.
- I will be bringing my own music to play during labor.
- I would like the lights to be low and the room to be as quiet as possible during my labor.
- I would prefer to have only a saline lock and no fluids administered intravenously unless I am in danger of becoming dehydrated. (A saline lock is required by the hospital for use in the event of an emergency, Also, intravenous fluids are required if epidural anesthesia is requested.)
- I would prefer to keep the vaginal exams to a minimum.

- I do not wish to have continuous fetal monitoring unless the baby has shown some sign of distress, or it is required by the condition of the baby.*
- I do not want an internal fetal monitor unless the baby has shown some sign of distress.*
- I do not wish to have the amniotic membrane ruptured artificially unless signs of fetal distress require fetal monitoring, or unless labor is not progressing.
- I do not wish to have my labor augmented by pitocin unless other natural methods such as walking and nipple stimulation have failed.
- Other: _____

*does not apply to pitocin inductions/augmentations

Anesthesia Plan

- I will ask for pain medication when or if I need it.
- Before considering an epidural, I would like to try an injection of narcotic pain relief.
- I would like to have epidural anesthesia.
- Other: _____

During my delivery experience I would like to have:

- Only my coach present.
- My coach and other support people who are (limit 3): _____
- Baby's siblings (please provide names and ages): _____
- No students or residents as observers.
- Other: _____

Delivery Plan

- Unless absolutely necessary, I would like to avoid a Cesarean Section.
- I would like my coach present if I require a Cesarean Section.

- I would like to have epidural anesthesia for the Cesarean Section if at all possible.
- I would like to hold the baby immediately after birth unless it is hindered by the baby's condition.
- I would like to be allowed to choose the position in which I give birth, which may include squatting.
- I would like a mirror available so that I can see the baby's head when it is delivered.
- Even if I am fully dilated, and assuming the baby is in no distress, I would like to try to wait until I feel the urge to push before beginning the pushing phase.
- I would prefer not to have an episiotomy unless absolutely required for the baby's safety.
- I would appreciate guidance in when to push and when to stop pushing so the perineum can stretch.
- If possible, I would like to use perineal massage to help avoid the need for an episiotomy.
- I would like a local anesthetic to repair a tear or an episiotomy.
- Other: _____

Plan for Immediately After Delivery

- I would like to have the baby placed skin to skin on my chest immediately after delivery.
- I would like my coach to cut the umbilical cord.
- I would appreciate the opportunity to breast feed as soon as possible after birth.
- I would like to hold the baby while the placenta is delivered and while any tissue repairs are made.
- I would prefer to keep the baby skin to skin on my chest rather than under a baby warmer, and would like for all baby assessments and treatments to be done while I am holding the baby whenever possible.
- If I am unable to hold the baby immediately after delivery, I would like for my coach to be offered

the opportunity to hold the baby skin to skin as long as the baby's condition is not compromised.

- I would like the baby's eye treatment and Vitamin K to be delayed for the first hour so that we might be able to see each other clearly and bond.
- Other: _____

Postpartum Plan

- Unless required for health reasons, I do not wish to be separated from my baby.
- I would like the baby to stay with me during the day and night, and for baby care to be done in the room whenever possible.
- I am planning to breastfeed and would like to do so whenever the baby is hungry.
- I do not want the baby to be given a pacifier.
- Unless medically necessary, I do not want the baby to be given any bottles, including glucose water or plain water.
- I would like to meet with a Lactation Consultant.
- I do not plan to breastfeed.
- I am unsure of whether I want to breastfeed or not and would like more information about breastfeeding.
- I plan to both breast and bottle-feed the baby.
- If the baby is a boy, I do not want him to be circumcised.
- If the baby is a boy, I do want him circumcised and would like the opportunity to decide whether or not to observe the procedure.
- I plan on my coach or a support person staying overnight with me while I am in the hospital.
- I would like to have my family and friends visit me at their convenience during visiting hours.
- I want the postpartum time to be an intense bonding experience for my immediate family, and only want certain people to visit. Upon admission I will provide a list of these people to my nurse.
- Other: _____

(See reverse to finalize plan)

**I understand that my plan will be followed unless
my situation becomes medically unsafe.**

Mom-to-be Name (Printed)

Mom-to-be (Signature)

Date_____

Physician's Signature

Date_____

