

Personalized Birth Plan

Singing River Health System's Personalized Birth Plan is a set of custom instructions our guests can provide their care team. This information is best to share with your provider, your family, and your support group about your baby's birth plan and postpartum wellness.

Birth Plan For: _____ Due Date: _____

Physician: _____

Please note that I:

- Have group B step Have gestational diabetes Am Rh incompatible with baby

Other complications: _____

My delivery is planned as:

- Vaginal Cesarean Section Vaginal Birth after Cesarean Section

My two Support persons for labor are:

During labor I'd like....

- | | |
|---|--|
| <input type="checkbox"/> Music played that I provide | <input type="checkbox"/> To wear my own clothes |
| <input type="checkbox"/> Dimmed lights | <input type="checkbox"/> My partner to take pictures |
| <input type="checkbox"/> The room as quiet as possible | <input type="checkbox"/> My partner to be present the entire time |
| <input type="checkbox"/> As few interruptions as possible | <input type="checkbox"/> To eat and drink as approved by my doctor |
| <input type="checkbox"/> Vaginal exams only when needed | <input type="checkbox"/> Aromatherapy that I provide |
| <input type="checkbox"/> Saline lock rather than IV if approved by my physician | |
| <input type="checkbox"/> Hospital staff limited to my own doctor and nurses (no students) | |

I'd like fetal monitoring to be:

- Continuous Wireless Intermittent with the approval of my physician
 Whatever is deemed necessary by my physician for the safety of myself and my baby

For labor induction or to assist with natural labor I prefer:

- Rupture of bag of water Cervical ripening by medication Pitocin
 Mechanical cervical dilation by Foley or Cooks catheter

For pain relief I prefer:

- | | |
|---|---|
| <input type="checkbox"/> Breathing techniques | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Demerol/Stadol | <input type="checkbox"/> Distraction |
| <input type="checkbox"/> Meditation | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Only what I request at the time | <input type="checkbox"/> Do not offer pain medication |
| <input type="checkbox"/> Whatever is suggested at the time | <input type="checkbox"/> Position changes |
| <input type="checkbox"/> I'd like to be offered pain relief as soon as possible | |



During delivery I would like to:

- Use foot pedals
- Use people for leg support
- Use birth bar (squat bar)
- Lie on my side
- Use a birthing ball or peanut ball for positioning
- Lean on my partner
- Semi-recline
- Lie on my back
- Be assisted with positioning and comfort

As the baby is delivered I would like to:

- Be coached on pushing
- Use a mirror to see the baby crown
- Touch the baby's head as it crowns
- Let the epidural wear off while pushing
- Have as full a dose of epidural as possible
- Avoid the use of forceps or vacuum unless it is deemed necessary by my physician for the safety of myself and my baby
- Avoid an episiotomy unless it is deemed necessary by my physician for the safety of myself and my baby

Immediately after delivery I would like:

- My birth partner to cut the umbilical cord
- The umbilical cord to be cut only after it stops pulsating unless deemed necessary by my physician
- To bank the cord blood
- To see the placenta before it is discarded
- To donate the cord blood
- To hold my baby skin to skin

If a Cesarean section is necessary, I would like:

- To make sure all other options have been exhausted
- To stay awake unless it is an emergency
- My partner to attend the birth
- A clear screen to be used so that I can see the birth
- The surgery explained as it happens
- Skin to skin with my baby as soon as possible

Whenever possible one support person is allowed to attend the Cesarean delivery. After delivery, photos of the family and baby are encouraged. Your doctor will perform an unplanned C-section only when medically necessary. It is our policy to discuss this with you first. However, in rare cases of extreme emergency, there may not be time to thoroughly discuss all issues prior to the procedure. We recommend you discuss a possible C-section with your provider prior to delivery.

My feeding choice for my baby is:

- Exclusive breast feeding
- Formula feeding
- Both formula and breast feeding
- With the help of a lactation nurse

I would like baby's medical exam and procedure:

- Given in my presence
- Given after we've bonded
- I prefer vitamin K and erythromycin ointment to be given after bonding
- I prefer vitamin K and erythromycin ointment to be given while baby is skin to skin
- To be made aware beforehand of any procedures done and medications given to my baby



I'd like my baby's first bath:

- Given after 6 hours Delayed for 24 hours
 Given in my presence Given by me
 Given by my partner

I prefer my baby's hearing screen and lab work to be done:

- In my room In the nursery

If I have a boy:

- I do not want a circumcision
 I want to arrange for a circumcision before discharge if approved by my insurance and a provider is available to perform
 I will arrange for a circumcision after discharge before 2 weeks of age in the physician's office

After delivery I would like to stay in the hospital:

- As long as possible
 As briefly as possible

If baby is not well, I'd like:

- My partner and/or I to accompany the baby to the Special Care Nursery or another facility
 To breastfeed or if possible provide pumped breastmilk
 To hold him or her whenever possible

