

BIRTH PLAN

The staff of OB-GYN Specialists wishes to encourage you to discuss concerns and/or questions you have about your anticipated birth experience. With this in mind, please consider reviewing and completing the following "Personalized Birth Plan". Keep in mind that unforeseen complications might necessitate some adaptations.

Upon completion please feel free to bring with any appointment after 28 weeks gestation for discussion with your health care provider. Take the finalized plan with you in labor to be placed with your chart.

PLACE A CHECK BESIDE THOSE YOU DESIRE

COMFORT MEASURES DURING LABOR

- I-lave clear liquids available.
- Suck on popsickles/suckers to keep my mouth moist.
- Have ice chips.
- Walk around as tolerated and if safe for my baby and myself.
- Be free to use various positions, if needing to remain in bed.
- Use music and videos for relaxation.
- Take a shower/bath.

HAVE THE FOLLOWING PERSONS WITH ME

- My partner.
- An additional birth coach.
- A doula.
- Friends.
- Family members.
- Other children.

PAIN CONTROL FOR CHILDBIRTH

- Wish to receive NO medication.
- Wish medication only if needed for relief/relaxation/or rest.
- Desire any/all available pain relief.
- Desire to try alternative pain relief i.e. breathing techniques, massage, relaxation.
- Do not ask me about my pain.
- IV medication.
- Epidural anesthesia.

PROCEDURES PRIOR TO OR DURING LABOR

- No enema.
- No perineal shave.

Rupture of membranes

- To accelerate labor.
- To start labor.
- With explanation of need.

Fetal Monitoring

- By external fetal monitor.
- By internal fetal monitor only if necessary as determined by my healthcare professional.
- By Doppler.
- Upon admission and at intervals needed to evaluate baby's response to labor.

IV in place

- To maintain adequate fluid intake.
- To receive pain relief.
- In case of emergency i.e. bleeding or fetal distress.
- Heparin lock for emergency access.
- Only if absolutely necessary.
- Whatever healthcare provider suggests.

Episiotomy

- Prefer no episiotomy.
- If my health care provider believes I will tear if baby is large,

Induction

- If I go past my due date.
- If my baby or myself is in danger.
- Do not desire.

Anesthesia

- Epidural (monitoring and IV required).
- Local only.
- Pudendal

Cesarean Birth – No-one necessarily plans to deliver by Cesarean but if the need arises:

- Desire to be awake (epidural or spinal).
- Desire to be asleep (general anesthesia).
- Wish my partner to be with me.
- Staple/sutures per healthcare provider discretion.

