

Your Birth Plan

Think of your birth plan as a way to communicate what you need from your care providers so we can help you have a positive birth experience. Tell us what that looks like for you. It should be less of a laundry list of what you will and won't accept for labor and birth, and more of a way to help us understand you, your support team, and your preferences. Our number one goal is to have a healthy mom and a healthy baby. As midwives, we understand that a woman's experience of giving birth is very important, and we will work with you to have the best possible outcome while also honoring your preferences.

Bring a draft of your birth plan to a prenatal visit after 34 weeks so we can discuss, and bring a copy to the hospital when you come to have your baby. You will find your care providers to be very respectful of your wishes. The only person who does not mind at all what you have written is your baby! They generally have their own plans, and we often find we're along for the ride.

Many parents use an online template for their birth plans and find much of what they request is standard for our midwifery practice and for Duke Regional Hospital. Below are some examples of standard practice that do not need to be included in your birth plan:

- Intermittent fetal monitoring for low-risk women.
- Freedom and encouragement to walk, move around, change position, and to push and give birth in whatever position is most comfortable.
- Encouragement to drink clear fluids and to eat a light meal unless you are in active labor and planning an epidural, or might need a Cesarean.
- Respect from all staff for your pain management plan, whether it's support for a natural birth, or an epidural ASAP.
- Access to a birth stool, birth ball, peanut ball, squat bar, and mirror.
- IV access port, but no IV fluids and tubing unless medically indicated.
- Waiting until 42 weeks for spontaneous labor if you prefer.
- No routine use of episiotomy. Our episiotomy rate is 1%.
- Patience with labor progress. Our primary C-section rate has been about 12% since our midwifery practice began in 2011.
- Baby to have immediate skin-to-skin contact after birth for as long as you want. Newborn procedures are done with baby on mom's chest.
- Baby skin-to-skin in the OR within 10 minutes of a Cesarean birth.
- Encouragement and support for breastfeeding within the first hour after birth, with continued support from staff throughout your stay.
- Baby's bath is done in the room, usually the next day.
- No routine use of formula, sugar water, or pacifiers.
- *You will always be involved in any decision making about your labor and birth. Your consent is required before any intervention.*

Here is a template to get you started on your birth plan. Feel free to use the options here, or you may simply use it as a guide to write your birth plan in the format that works best for you.

Birth plan for: _____

This is our (1st, 2nd...) _____ baby, who is due _____

Prenatal care site: <input type="checkbox"/> Durham Women's Clinic <input type="checkbox"/> Chapel Hill Ob/GYN <input type="checkbox"/> Brier Creek	I am planning: <input type="checkbox"/> for labor to start on its own <input type="checkbox"/> to be induced <input type="checkbox"/> C-section <input type="checkbox"/> VBAC	Provider for birth will be: <input type="checkbox"/> midwife <input type="checkbox"/> physician <input type="checkbox"/> don't care <input type="checkbox"/> depends who's on call
I am group B strep: <input type="checkbox"/> positive <input type="checkbox"/> negative	Baby is a: <input type="checkbox"/> surprise <input type="checkbox"/> boy <input type="checkbox"/> girl	We plan to _____ our baby boy <input type="checkbox"/> circumcise <input type="checkbox"/> not circumcise

Our baby's name is: _____

OR: it's a secret we have a short list no clue yet

Our pediatrician is (name/group): _____

Our support team includes: _____

Other expected visitors: _____

This is what I'd like you to know about my past birthing experience (if applicable): _____

Something about my past or my medical history that I want you to know is:

Something I want you to know about me is:

Something I would like you to know about my coach/partner is:

I have prepared for birth by:

- | | | |
|---|--|--|
| <input type="checkbox"/> reading | <input type="checkbox"/> taking classes | <input type="checkbox"/> praying |
| <input type="checkbox"/> watching videos | <input type="checkbox"/> talking to family and friends | <input type="checkbox"/> giving birth before |
| <input type="checkbox"/> practicing breathing or meditation | <input type="checkbox"/> remaining blissfully unaware | <input type="checkbox"/> other: |

I have taken these classes (*what class/where/teacher*):

When I think about giving birth, I am looking forward to:

I'm nervous or scared about:

When I am in pain or uncomfortable I tend to:

- | | | |
|--|---|---|
| <input type="checkbox"/> cry | <input type="checkbox"/> panic | <input type="checkbox"/> yell at people |
| <input type="checkbox"/> yell | <input type="checkbox"/> tune out | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> whine | <input type="checkbox"/> cuss | <input type="checkbox"/> get really quiet |
| <input type="checkbox"/> smile and act like nothing is wrong | <input type="checkbox"/> curl up in bed | <input type="checkbox"/> other: |

This helps me when I'm uncomfortable:

- | | | |
|---|--|---|
| <input type="checkbox"/> light touch | <input type="checkbox"/> calm words of support | <input type="checkbox"/> social interaction |
| <input type="checkbox"/> firm touch | <input type="checkbox"/> distraction | <input type="checkbox"/> watching TV |
| <input type="checkbox"/> no touch | <input type="checkbox"/> a bath or shower | <input type="checkbox"/> listening to music |
| <input type="checkbox"/> enthusiastic encouragement | <input type="checkbox"/> privacy | <input type="checkbox"/> other: |

These things drive me crazy and I would not find them helpful:

I would like my birthing environment to include:

My plan for pain medicine in labor is:

- | | | |
|---|--|---|
| <input type="checkbox"/> no IV medication or epidural | <input type="checkbox"/> epidural | <input type="checkbox"/> would like to discuss with my provider |
| <input type="checkbox"/> IV medication | <input type="checkbox"/> wait and see | <input type="checkbox"/> other: |
| | <input type="checkbox"/> go as long as I can before using medicine | |

If I ask for pain medicine, please:

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> talk to me about options | <input type="checkbox"/> don't give me any unless I say the code word which is | <input type="checkbox"/> other: |
| <input type="checkbox"/> give me medication | | |
-

Preferences for birth include:

BABY

- | | | |
|--|--|---|
| <input type="checkbox"/> midwife or physician to catch | <input type="checkbox"/> dry and clean baby, then skin-to-skin | <input type="checkbox"/> touch baby's head as it crowns |
| <input type="checkbox"/> support person to help catch | <input type="checkbox"/> clean and swaddle first | <input type="checkbox"/> other: |
| <input type="checkbox"/> immediate skin-to-skin | <input type="checkbox"/> use mirror | |

UMBILICAL CORD

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> I want _____ to cut the cord | <input type="checkbox"/> delayed clamping for a few minutes, then donate | <input type="checkbox"/> other: |
| <input type="checkbox"/> delayed clamping | <input type="checkbox"/> immediate clamping, then donate | |

PLACENTA

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> see it | <input type="checkbox"/> discard it | <input type="checkbox"/> keep to encapsulate |
| <input type="checkbox"/> don't see it | <input type="checkbox"/> family to keep it | <input type="checkbox"/> other: |

IF I HAVE A CESAREAN BIRTH I WOULD LIKE TO:

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> see the birth through a clear drape | <input type="checkbox"/> have baby skin-to-skin | <input type="checkbox"/> other: |
| <input type="checkbox"/> have my support person present in the OR with me | <input type="checkbox"/> have my support person hold the baby | |

Plans for baby:

WE PLAN TO:

- | | | |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> breastfeed | <input type="checkbox"/> formula feed | <input type="checkbox"/> bottle feed expressed breast milk |
|-------------------------------------|---------------------------------------|--|

PLEASE GIVE MY BABY:

- | | | |
|--|--|--|
| <input type="checkbox"/> erythromycin eye ointment | <input type="checkbox"/> vitamin K injection | <input type="checkbox"/> Hepatitis B vaccine |
|--|--|--|

WE PLAN TO:

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> bathe baby before discharge | <input type="checkbox"/> not bathe baby before discharge | <input type="checkbox"/> other: |
|--|--|---------------------------------|

These are some additional preferences and requests: