



Your Birth Plan

Think of your birth plan as a way to help your care team understand what a positive birth experience looks like for you. While our top priority is for parents and babies to be as safe and healthy as possible, we also know that your birth experience truly matters. Just remember, the only person who doesn't mind what you have written is your baby. They usually have their own plans, and we often find we're along for the ride. Since every birth is different, you may change your mind on some of your preferences and that's fine! We will help you with decision making and do our best to honor your preferences.

Many parents find the majority of their preferences are standard for both our practice and for Duke Regional Hospital. Below are 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 birth in whatever position feels most comfortable
- » Encouragement to drink clear fluids and eat a light diet, unless you are in active labor and plan an epidural, or you may need a Cesarean birth
- » 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 TENS unit (if available)
- » IV access port, but no IV fluids and tubing unless medically indicated
- » Patience with labor progress; our primary Cesarean rate is around 15% (this estimate is for birthing parents who come to the hospital with the goal of a vaginal birth)
- » Unless a medical indication might mean an earlier planned birth, waiting until 41 weeks for spontaneous labor before discussing a post-dates induction
- » No routine use of episiotomy; our episiotomy rate is 1%
- » Forceps or vacuum-assisted vaginal birth for a clear medical indication only; this option would be discussed as an alternative to a Cesarean birth
- » Baby to have immediate skin-to-skin contact after birth for the golden hour or longer
- » Newborn care is done with baby on your chest.
- » Warm compresses on the perineum during pushing
- » Delayed cord clamping
- » Baby skin-to-skin in the OR within 10 minutes of a Cesarean birth
- » Encouragement and support for breastfeeding within the first hours after birth, with continued support from staff throughout your stay
- » Complete newborn assessment and routine newborn medications given about an hour and a half after birth
- » Routine rooming-in, pediatric exams and newborn bath will be done in the room with parents
- » No routine use of formula, sugar water, or pacifiers unless consent from parents for medical indication
- » *You will always be involved in any decision making about your labor and birth.*
- » *Your consent is required before any intervention.*

This birth plan is for _____.

About Our Family

Coach/Partner:

Baby Number:

Baby Name:

Due Date:

Pediatrician:

Labor Logistics

I am planning

- for labor to start on its own
- to be induced
- Planned Cesarean birth
- VBAC

My baby is a

- surprise
- male
- female

My provider for birth will be

- midwife
- physician
- don't care
- depends who's on call

I am group B strep:

- positive
- negative

About Me

I have prepared for birth by:

- | | |
|--|--|
| <input type="checkbox"/> reading | <input type="checkbox"/> talking to family and friends |
| <input type="checkbox"/> watching videos on social media | <input type="checkbox"/> praying |
| <input type="checkbox"/> practicing breathing/meditation | <input type="checkbox"/> giving birth before |
| <input type="checkbox"/> taking classes | <input type="checkbox"/> other: _____ |

This is what I'd like you to know about my past birthing experience:

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 taken these childbirth and/or infant care, breastfeeding, and infant CPR classes:

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

I'm nervous or scared about:

Pain Management

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"/> get really quiet |
| <input type="checkbox"/> whine | <input type="checkbox"/> cuss | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> smile/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: _____ |

My plan for pain medicine in labor is...

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

If I ask for medication, please...

- | | |
|---|--|
| <input type="checkbox"/> give me medication | <input type="checkbox"/> don't give me medication unless I say my code word which is _____ |
| <input type="checkbox"/> talk to me about options | <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 Preferences for Birth

Baby

- use mirror
- immediate skin to skin
- dry and clean baby, then skin-to-skin
- clean and swaddle first, then hold baby
- other: _____

If I have a Cesarean birth, I would like to...

- music/my playlist in the OR
- see your baby through a clear drape
(Don't worry, you won't see your surgical site!)
- have my support person in the OR with me
- have baby skin-to-skin
- other: _____

For Baby

We plan to

- breastfeed
- formula feed
- bottle feed expressed breast milk
- other: _____

Please give my baby these routine and recommended medications:

- erythromycin eye ointment
- vitamin K injection

With signed consent, baby will receive the recommended hepatitis B vaccine during our hospital stay.

- accept
- decline

Umbilical Cord

- I want _____ to cut the cord
- delayed clamping
- delayed cord clamping for 2 minutes, then donate cord blood to the public Carolina Cord Blood Bank
- immediate clamping

Placenta

- see it
- don't see it
- discard it
- family to keep it
- other: _____

We plan to

- bathe the baby before discharge
- not bathe the baby before discharge
- other: _____

We plan to

- circumcise
- not circumcise

Any additional preferences or requests: