PREPARING FOR BIRTH
(THIS IS NOT A BIRTH PLAN):

Full name: Doctor's name:
Partner's name: Due date:

Our goal for delivery is healthy mom and healthy baby(babies) with minimal interventions. We also strive to honor your desires. Please, keep in mind that every birth is different and that the definition of a "normal" birth can vary and we cannot absolutely control the labor and delivery process. Therefore, it is helpful for many women to discuss their desires and review their concerns their desires while still pregnant. We are well aware that during childbirth, many women feel like they are losing control. Reviewing labor and during delivery before you get to the hospital can help us understand your desires and help you understand reasons for recommending interventions and benefits of those interventions.
Fortunately, most situations during labor and delivery are not emergencies. That means there is usually time to review options and decide plan of management together.

This is a review of the birth process and after care while you are in the hospital.

Before reviewing this, please consider:
- What is most important to you in the birth process?
- What are your goals for birth?
- What are your fears?
- Any treatments or interventions that you don't want? Why?
- If labor doesn't go as expected, how would you like to address interventions?
- After delivery, how do you want to initially interact with your baby? Feed your baby? Care for your baby?

People I would like present during delivery, who would help you feel confident and supported:
[ ] Partner:
[ ] Other (family/parents/friend):_____

You have control over the atmosphere in your room, what would make you feel comfortable, supported and relaxed, things to consider:
[ ] Music, the lights dimmed, the room as quiet as possible, bring your favorite pillow, we want your partner comfortable as well, snacks for after delivery or for your partner while you are in labor
[ ] Hospital staff limited to my own doctor and nurses, possible students - nursing or anesthesia
[ ] Pictures/video (hospital policy: no video during pushing and delivery or before the baby is delivered during a c-section)
[ ] Other:_____

IV (hospital policy is to have either a heplock or an IV hooked up to IV fluids):
[ ] Heplock in early labor (most women will need IV fluids to remain hydrated in active labor, being hydrated will give you more energy to push)
[ ] IV fluids will be necessary if you are getting medications IV or if you have an epidural

Fetal monitoring:
[ ] Continuous - used most often
[ ] Intermittent or wireless (can consider if fetal monitoring is reassuring and you are low risk)
[ ] Internal - typically avoided unless there is fetal distress or unable to monitor the baby

Positioning during Labor:
[ ] If no epidural, moving around feels best, consider bringing a birthing ball (your biggest limitation to moving around in labor is pain and fatigue)
[ ] If you have an epidural, even though movement is limited, we will help you get in comfortable positions
[ ] Other:_____

Labor augmentation (augmentation is different from induction, augmentation means ways to keep labor progressing, induction is starting labor), ways to help labor progress if your cervix stops dilating (if you are dilating, we won't intervene): options: pitocin, rupture membranes or both.

[ ] Concerns:_____

Pain Relief, what resources do you want available for your comfort and support?:

[ ] If you prefer to avoid epidural, options include: breathing techniques, massage, moving around

[ ] If you prefer to avoid epidural, some women prefer not to be asked about pain relief or epidural and some women are fine with suggestions, what would you prefer:_____

[ ] IV pain meds can be used EARLY in labor: stadol, fentanyl (not used late in labor because narcotics go to the baby and can affect breathing)

[ ] Epidural: timing -need to be in active labor, won't increase risk of c-sections or vacuum/forceps

[ ] Other: _____

Position during pushing/delivery:

[ ] If you do not have an epidural, we will first try the positions that you feel most comfortable, if you are not progressing while pushing, we will try other positions

[ ] If you have an epidural, you will be semi-reclining and people will help hold your legs

[ ] While delivering, the best position is typically semi-reclining with your bottom at the end of the bed so we can help prevent tearing and prevent the baby from getting stuck, if your baby delivers smoothly then we can place your baby on your chest right away for skin to skin contact

[ ]Other: _____

Coaching while pushing (In my experience of >18 years, everyone needs coaching, even moms who've had many babies, how we coach depends on your needs and your progress, for example, coaching women with epidurals is different than coaching someone without an epidural.

[ ] Some women prefer to push spontaneously, if pushing is not effective, we will give other suggestions.

[ ] Some women prefer to push without time limits if they and the baby are not at risk, remember your biggest limitation while pushing is your energy, pushing is hard work!

[ ] If you become very tired while pushing and you are no longer making progress or the baby is in distress, we will suggest interventions that may include: vacuum, forceps, episiotomy or c-section

[ ] Other: _____

Episiotomy (consider perineal massage before labor to possibly reduce risk of episiotomy or tearing, how: 5 minutes 2x/day from 34-36 weeks until delivery, using lubricants may help):

[ ] Typical approach: avoid episiotomy unless emergency situation or expectation of multiple tears, type of episiotomy depends on clinical situation - midline or mediolateral)

[ ] If you do not have an epidural, it will be performed with local anesthesia, if time permits

Immediately after vaginal delivery:

[ ] Baby placed on your chest for skin to skin contact, partner will cut the umbilical cord, we wait about a minute to cut the cord (risks - jaundice, benefit- reduce risk of low iron levels in the baby.

[ ] Typical: initial assessment of the baby is performed while mom and baby are skin to skin.

[ ] If the baby is having any health issues the cord will be cut quicker, the baby will be taken to nursing team, they will check out your baby, this is in the room and close enough for you to watch

[ ] You will be given a dose of pitocin in your vein to reduce the risk of heavy bleeding after delivery

[ ] The placenta usually delivers spontaneously within 10 min of delivering the baby, sometimes we will have to remove the placenta.

[ ] If you need a repair, typically done while you are holding the baby

[ ] Other: _____

If a C-section is necessary:

[ ] We prefer for you to be awake (rarely, in an emergency, general anesthesia is necessary. Typical anesthesia: epidural if you already have one or spinal)

[ ] Your partner will be brought into the operating room to be with you after the drape has been placed over your body and we are sure you are not feeling any pain

[ ] The drape is placed so there is a screen between your head and the rest of your body, it can be lowered so you can watch your baby come out

[ ] You won't have your arms strapped down

[ ] In the OR, your partner will get to hold the baby right after the nursing team makes sure your baby is fine, if there is a problem the neonatal nurse practitioner will discuss with you

[ ] In the recovery room, you will breast feed, then typically the baby will be bathed. When you leave the recovery room, you will go a postpartum room where you will stay until you go home.

[ ] Concerns:_____

Additional evaluation, procedures or testing for your baby includes:

[ ] First bath, given in your presence (unless the baby is having health issues)

[ ] Heel stick blood draw for screening tests including PKU

[ ] Hearing screen

[ ] Vitamin K shot to prevent bleeding

[ ] Vaccines: hepatitis B vaccine, you will have the opportunity to discuss with your pediatrician

[ ] Antibiotic eye treatment (in Tennessee, there is a law that requires us to give the baby eye drops)

[ ] Circumcision: Done in a different room, performed after your baby has been evaluated and cleared by your pediatrician. Do you want a circumcision? (circle): YES NO

[ ] Concerns:_____

Feeding the baby:

[ ] Breastmilk, recommend exclusive (meaning no formula) unless there is a problem, you will automatically see the lactation specialist. One suggestion: wear a nursing bra or no bra in labor, other bras are more difficult to remove.

[ ] Formula

[ ] Pacifier (typically not available in the hospital). Some evidence this MAY decrease breast feeding.

Healthy babies will room in: this means they are not taken out of the room unless there is a problem and the baby needs to go to the NICU or for circumcision. Rooming in helps you learn your baby's feeding cues which helps breast feeding. There is no official nursery but there are options for the nurses to take the baby if you are exhausted and you need to sleep without interruption. Your sleep is necessary for you to care for your baby.

Medications after delivery:

[ ] If you have a vaginal delivery, most women only need Motrin and Tylenol

[ ] If you have a c-section, you will need Motrin and probably Percocet (remember Percocet can cause constipation and does go to the breast milk in small amounts. Most women will not need Percocet for long but if you still need it for pain control after a week, make sure your baby isn't too sleepy to suck while breast feeding.

[ ] Most women will need a stool softener/Laxative - colace, miralax, milk of magnesia, fiber, water

[ ] If breast feeding: Lanolin (you will get this in the hospital, over the counter) is good for sore nipples. If you having cracking or blisters, we will give you a prescription for Newman's Nipple cream.

[ ] You may need a prescription for iron.

[ ] Other: _____

Typical stay after delivery

[ ] Vaginal delivery is 24-48 hours

[ ] C-section is 48 hours

[ ] Group B strep positive - stay 48 hours to watch the baby