

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

Full name:

Doctor's name:

Partner's name:

Due date:

Our goal for your delivery is healthy mom and healthy baby(babies) with minimal interventions. We also strive to honor your desires as much as possible. Every birth is different and no one can completely control the labor and delivery process. We are well aware that during childbirth, many women feel like they are losing control. Reviewing labor and delivery before getting 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 so there is time to review options and decide management together.

This is a review of your care, including delivery, 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 you want to avoid? 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? _____

Support: who do you want present during labor and delivery, who will help you feel confident and supported?
(During COVID this is limited, we will review; the most up to date visitor policy is on the hospital website):

- Partner: _____
- Other (family/parents/friend): _____
- Preferences: _____

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, we want your partner comfortable as well, snacks for after delivery or for your partner while you are in labor
- During COVID the number of bags you can bring will be limited: current: _____
- Hospital staff may include students, either nursing or anesthesia
- Pictures/video: hospital policy: no video during pushing, delivery or before the baby is delivered by c-section
- Preferences: _____

DURING LABOR:

IV (hospital policy is to have either a heplock or an IV hooked up to IV fluids):

- Heplock in early labor, some women prefer this to allow for more movement, the downside is that it is more likely to get knocked out and it would have to be replaced and 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
- Preferences: _____

Fetal monitoring:

- Continuous: used most often, 2 belts on your belly, one for baby's heartbeat and the other measures frequency of contractions
- Intermittent or wireless: this is an option if fetal monitoring is reassuring and you are low risk
- Internal fetal heart rate monitor: typically avoided unless there is fetal distress or unable to monitor the baby
- Internal contraction monitor: monitors strength of contractions, typically use this if you are not progressing
- Preferences: _____

Positioning during Labor:

- If no epidural, moving around feels best, bring a birthing ball because it will give you more options to find comfortable positions (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
- Preferences: _____

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
- Preferences: _____

Labor augmentation (augmentation means ways to keep labor progressing, this is different from induction because induction is starting labor)

- If you stop dilating your risk for c-section starts increasing therefore we may recommend pitocin or rupture membranes or both to increase the strength of your contractions to improve chance of vaginal delivery. If your contractions are strong enough to keep labor progressing, we wouldn't recommend these interventions.
- Concerns: _____

PUSHING/DELIVERY:

Pushing: Pushing typically takes 1-2 hours, some women deliver more quickly and some women push longer. Our goal for you is to push as effectively as possible so that you don't have to push as long.

- No epidural: we will first try the positions that you feel most comfortable, if you are not progressing while pushing, we will recommend other positions
- Epidural: women are often most effective if they are semi-reclining with people supporting their legs
- Preferences: _____

Coaching while pushing (everyone benefits from 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 from coaching someone without an epidural.

- Some women prefer to push spontaneously, if pushing is not effective, we will make 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!
- Preferences: _____

Position during delivery: when the baby is coming out, the best position is usually semi-reclining with your bottom at the end of the bed so we can help prevent tearing and if your baby gets stuck, we are immediately able to help your baby deliver quickly.

- Preferences: _____

INTERVENTIONS:

C-section: most common reasons for recommending a c-section: your baby is not tolerating labor OR you stop dilating or the baby stops descending into your pelvis

- Pain control: Typical anesthesia: spinal (one shot) or epidural if you already have one. Rarely, in an emergency, general anesthesia is necessary (you will be asleep and your partner won't be in the OR).
- Your partner will come 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 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
- Your arms won't be strapped down
- Right after delivery, if the baby is doing well, we will wait about a minute for cord clamping, your baby will be taken to the nursery team to assess your baby, this is done a couple feet from you so you can watch. As soon we know your baby is fine, the team will bring your baby to you and your partner will get to hold the baby.
- Once surgery is complete, you will go to the recovery room and be there for about an hour. If you both are doing well, the baby will be with you and you can breast feed right away.
- After the recovery room, you will be taken to a postpartum room where you will stay until you go home.
- Concerns: _____

Vacuum/Forceps: most common reasons for recommending vacuum or forceps: your baby is showing signs of stress while you are pushing and your baby needs to deliver ASAP OR you are pushing for a long time, you are getting tired and so your pushing is no longer effective enough to bring the baby down and deliver

- Concerns: _____

Episiotomy: Typical approach: avoid episiotomy unless emergency situation or expectation of multiple tears, type of episiotomy depends on clinical situation - midline or to the side. If you do not have an epidural, it will be performed with local anesthesia, if time permits.

- Perineal massage: 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
- Concerns: _____

IMMEDIATELY AFTER VAGINAL DELIVERY :

- Your baby will be placed on your chest for skin to skin contact, your partner will cut the umbilical cord, we typically wait about a minute to cut the cord for your baby's benefit
- Initial assessment of your baby is performed while on mom's chest if your baby is doing well.
- If your baby is having any health issues the cord may be cut quicker and your baby will be taken to the team who will assess your baby. The initial evaluation will be in a baby bed, in your delivery room, close enough for you to watch
- Your placenta usually delivers on its own within 10minutes of delivering your baby. Sometimes we have to remove your placenta to reduce risk of heavy bleeding.
- After delivery of the placenta, you will most likely get a dose of pitocin in your vein to reduce the risk of heavy bleeding
- If you have tears or an episiotomy, repair will typically be done while you are holding the baby, if both of you are doing well
- Concerns: _____

POSTPARTUM:

- Your initial recovery will be in the delivery room (or recovery room if you had a c-section), then you will go to a post-partum room until you go home.
- Procedures/testing for the baby:
 - 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 to prevent infection)

- 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 your baby:
 - Breast feeding: the recommendation is exclusive breast feeding for the first 6 months (meaning no formula) unless there are problems
 - Suggestion: in labor either wear a nursing bra or no bra, other bras are more difficult to remove.
 - You will automatically see the lactation specialist to help you after you go to the post-partum floor
 - Pacifier: typically not available in the hospital because there is some evidence this MAY decrease success of breast feeding.
 - Formula: the hospital has formula
- Rooming In: your baby will stay in the room with you unless there is a problem and your baby needs to go to the NICU or have a circumcision. Rooming in helps you learn your baby's feeding cues and that improves your success with 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 so getting help so you can sleep will become even more important when you go home.
- Medications after delivery:
 - Vaginal delivery: most women only need Motrin and Tylenol
 - C-section: you will need Motrin and probably Percocet
 - Percocet can help the pain but also causes constipation that is worse than surgery pain
 - Percocet does go to the breast milk in small amounts, reason we only give you a short supply after you go home. Fortunately, most women will not need Percocet for long
 - Constipation can be an issue, even if you don't take Percocet, so we recommend taking a stool softener such as colace, miralax, or milk of magnesia until you are regular. It is a good idea to increase fiber (goal 30gm/d) and water (at least 80 oz/d).
 - Breast feeding:
 - Sore nipples: Lanolin, you will get this in the hospital, over the counter.
 - Cracking, bleeding or blisters, we can give you a prescription for Newman's Nipple cream, this is a compounded medication that can only be filled at a compounding pharmacy.
 - Anemia: it is normal to lose blood during delivery, you may need a prescription for iron.
 - Concerns: _____
- Typical stay after delivery
 - Vaginal delivery is 24-48 hours, staying the full 48 hours can be beneficial if you are having issues with breast feeding
 - C-section is typically 48 hours
 - Group B strep positive - stay 48 hours to watch the baby
 - Concerns: _____