

BIRTH PLAN



Mother:

Baby's name:

Attending Physician:

Early Labour

- Would prefer low lighting in evening
- Wearing hospital clothes
- Would like photos once baby is born
- Would like to keep contact lenses in
- Grandparents allowed to visit but want them to leave during active labour

Mobility

- Would like to have freedom to move within the room, use fitness ball, sit in chair, etc

Shaving / Enema

- Would prefer to avoid

I.V

- If necessary access is acceptable at any point
- Would prefer on the right side

Hydration

- Clear fluids

Fetal Monitoring

- If there is no cause for concern please monitor intermittently

Catheterization

- Only if required

Pain Relief

- TENS machine
- Massage (including perineal)
- Entonox Gas
- Would like to have an option of epidural

Labour Augmentation / Induction

- If necessary – as advised by Doctor

Second Stage of Labor

- Be allowed to bear down in a position that I feel comfortable with (as upright as possible)
- Push with medical direction

Father:

Expected date of Delivery:

Stem Cell Collection:

Delivery

- I would like to touch baby's head when it crowns
- If possible, would like to view with a mirror, baby's head crowning

Episiotomy

- I would like to avoid an episiotomy (1st degree tear preferred above on episiotomy)
- I would like to have a local anesthetic during repair of tear / episiotomy

Immediately Following Delivery

- I want my baby placed on my chest
- I want skin to skin contact immediately
- I want my husband to cut the cord
- I want to hold my baby while the placenta is being delivered
- I agree on syntocinon injection after delivery
- I wish my baby to be examined in my presence
- If our baby cannot be examined in my presence, I want my husband to be there
- I want the collection of stem cells as pre arranged by us

Caesarean Section in the case of Emergency

- I want my husband to be present
- I would love to pictures of my newborn

In the Event of Baby Admitted to NICU

- I want to use my breast pump to express
- My husband will accompany our baby to the unit

Baby Care

- I wish to breastfeed immediately
- I agree for my newborn to receive Vitamin K
- I agree for my newborn to have the BCG and Hepatitis B vaccines
- I agree for my newborn to have a blood screening test

Privacy

- I want my baby in my room with me
- I welcome all visitors